

**Federal Ministry of Health,
Nigeria**

National Guidelines on Self-Care for Sexual, Reproductive and Maternal Health

NOVEMBER 2020



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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 wellness provider. In view of the rapidly growing population of Nigeria and the consequent pressure on available resources for providing qualitative health care services, it is necessary to build the capacity of individuals and communities to reduce total dependence on health facilities for services they could provide for themselves. Self-Care is an integral and complementary component of the overall health care system. Self-Care benefits include reduced workload on Health workers, increased access to Sexual and Reproductive Health (SRH) and Health Services in a safe and private space and leveraging on innovations and digital platforms to access or deliver safe and appropriate health care services.

The process of developing the National Self-Care Guidelines commenced with a planning meeting followed by a stakeholders meeting in January 2020, to draw up and agree on advocacy priorities for a road map for Self-Care. This was followed by a virtual inception meeting in July 2020, focused on the context of Self-Care, delivering the Self-Care Disk Project, summary of WHO Guideline on Self-Care and the rationale for adaptation as well as update on the advocacy roadmap for development of Self-Care. This initiative continued with work on the zero draft from 8th to 10th October, 2020 to produce the first draft, the contents of which was reviewed and validated to ensure that the strategic objectives were appropriate to the Nigerian context. A costed action plan was developed and aligned to the objectives, targets/milestones were set and indicators developed from 3rd to 5th November, 2020. The costing of the Guidelines was finalized at a two days meeting from 29th to 30th January, 2021.

The National Guideline on Self-Care for Sexual, Reproductive and Maternal Health and the costed Implementation Plan (CIP) contains services that require self care, which must be regulated and guided from the higher national level. Government and all stakeholders and Partners will work to achieve holistic implementation of these services.



Dr. E. Osagie Ehanire, MD, FW ACS
Honourable Minister of Health

November, 2020

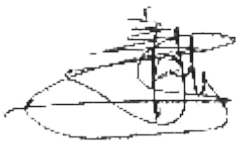
ACKNOWLEDGEMENT

The Federal Ministry of Health in collaboration with the World Health Organization (WHO), White Ribbon Alliance, Society for Family Health (SFH), Pathfinder International, Population Services International Washington, JHPIEGO, Pharmacist Council of Nigeria, Community Health Practitioners Registration Board, State representatives and other critical stakeholders agreed on the modalities, scope and Road Map for the practice of Self-Care in the country. Deliberations at the various meetings held emphasized the need for a National Guideline on Self-Care.

The Ministry appreciates the immense contributions of members of the National Reproductive Health Technical Group for their critical review and technical input into the entire process. World Health Organization (WHO), Society for Family Health (SFH) and Pathfinder International are appreciated for their financial support.

The technical contributions of the Editorial Team including the Self -Care Trailblazers Group at the Global level and Ugonwa Unaogu of CHAI with the Costed Implementation Plan are highly commendable.

Finally, I appreciate the highly dedicated staff in the Reproductive Health Division under the leadership of Dr. Kayode Afolabi, the Director and Head, for their diligence and hard work. To all others who contributed to the realization of the National Guideline for Sexual, Reproductive and Maternal Health you are highly appreciated.



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ACRONYMS

ACPN	Association of Community Pharmacists of Nigeria
AGMPN	Association of General Private Medical Practitioners of Nigeria
AGPNP	Association of General Private Nursing Practitioners
CBD	Community Based Distributors
CP	Community Pharmacist
CS	Cesarian Section
CHEW	Community Health Extension Worker
CHIPS	Community Health Influencers Promoters and Services
CHO	Community Health Officers
CORPs	Community Oriented Resource Persons
CPR	Contraceptive Prevalence Rate
CV	Community Volunteer
DMPA	Depot Medroxyprogesterone Acetate
DMPA-IM	Depot Medroxyprogesterone Acetate-Intramuscular
DMPA-SC	Depot Medroxyprogesterone Acetate- subcutaneous
FCT	Federal Capital Territory
FMOH	Federal Ministry of Health
FMOYD	Federal Ministry of Youth and Sports Development
FMHDS	Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development
FP	Family Planning
GON	Government of Nigeria
HE	Health Educator
HIV	Human Immuno-deficiency Virus
JCHEW	Junior Community Health Extension Worker
LGA	Local Government Area
LMIS	Logistic Management Information System
MOH	Medical Officer of Health
mCPR	Modern Contraceptive Prevalence Rate
NAFDAC	National Agency for Food and Drug Administration and Control
NASCP	National AIDS/STDs Control Programme
NPHCDA	National Primary Health Care Development Agency
NREC	Nigerian Recommendations (for self-care interventions)
NRHTWG	National Reproductive Health Technical Working Group
PCN	Pharmacist Council of Nigeria
PHC	Primary Health Care
PPMV	Proprietary and Patent Medicine Vendor
REC	WHO Recommendation (for self-care intervention)
RH	Reproductive Health
RHTWG	Reproductive Health Technical Working Group
RIRF	Requisition, Issue and Report Form
SBC	Social and Behavioural Change
SCS	Self Collection Samples
SCTF	Self Care Task Force
SDP	Service Delivery Point
SI	Self Injection
SMOH	State Ministry of Health
SPHCDA	State Primary Health Care Development Agency
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health and Rights
SRMH	Sexual Reproductive and Maternal Health
UHC	Universal Health Coverage
VAPP	Violence Against People Prohibition

KEY DEFINITIONS

Self-care is 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 health care provider.

Self-care interventions are all interventions initiated and or conducted by self with or without assistance to improve one's health and well-being.

Self-care products refers to the 4D's: drugs, diagnostics, digital, and devices used to conduct self-care interventions.

EXECUTIVE SUMMARY

The Federal Ministry of Health (FMOH) of Nigeria prioritized the development of a self-care guideline as a timely response to the COVID 19 pandemic and a potential route to achieving universal health coverage (UHC). The guidelines development process started in July 2020, one year after the WHO launched its Consolidated Guidelines for Self-Care for SRHR (June 2020) and a series of stakeholder consultations on self-care was initiated in Nigeria (July 2019). While Nigeria's self-care guidelines were developed in response to COVID 19, these guidelines offer the opportunity to strengthen health systems even after the pandemic subsides. These guidelines provide national direction on the integration of self-care interventions for SRMH into the Nigerian health system and its implementation in an enabling environment in line with WHO's Consolidated Guideline on Self-Care Interventions for SRHR.

Following stakeholder engagement, the FMOH oversaw a rapid landscape analysis which mapped the extent to which the WHO self-care recommendations (REC) were supported in policy and practice in Nigeria. This resulted in the adoption of 26 self-care recommendations for Sexual Reproductive and Maternal Health (SRMH).

Summary of new recommendations that did not exist in Nigeria before the adaptation of WHO self-care guideline

- (1) OPK
- (2) self-assessing completion of abortion
- (3) self-initiation of hormonal contraception post-abortion
- (4) HPV self-sampling, and self-collection of STIs.

Summary of additional recommendations

1. Self-application of **terramycin eye ointment** to baby's eye at birth.
2. **Community-level antenatal distribution of misoprostol** for self-administration during the third stage of labour for the prevention of PPH, where health institution/facility delivery as well as provider-assisted delivery are extremely low
3. **Educational BCC materials** (e.g. pamphlet, videos, role play) on the use of home monitoring gadgets such as fetal doppler monitoring, pulse oximeter, blood pressure apparatus and glucometer are recommended.
4. **Health education** on early initiation of breastfeeding immediately postpartum and immunization of new-born.
5. **Self-screening of the breast for early detection** and prevention of breast cancer.

Summary of modifications.

1. WHO REC 3 on the use of Ginger and Chamomile for nausea etc was modified to " An array of recommended relief for nausea and vomiting in early pregnancy based on medical advice and woman's preference".
2. WHO abortion RECs: Nigeria recommended self-care for safe post abortion management through on self-assessment of completion of medical abortion.
3. WHO REC Provision of OCP up to three months re-supply at public health facilities.

The principles of Nigeria's guidelines on self-care for SRMH are grounded in and advocates for a strengthened, comprehensive, people-centred approach to health and well-being. This guideline

stipulates that adequate information and links to access self-care interventions be available, accessible when and where needed to individuals over a life course.

The places or points of access to self-care include home, pharmacies, chemists, patent medicine stores, supermarkets, online stores, community, peer groups, health facilities. The supply of self-care products or provision of services are available at all SDPs with a few restrictions. For example, providers at patent medicine stores (PPMVs) and community levels (CORPS) can only refill OCP and DMPA SC-SI but cannot initiate OCPs for new users of these methods.

The financing mechanism for self-care interventions is mainly through out of pocket, going forward the financing of self-care through health Insurance and government subsidies, implementing partners and donor funding is advocated in this guideline.

The last chapter discusses the goal, strategies and action plans to roll out the guideline and implement self-care in Nigeria. The overall goal is to accelerate progress towards achieving universal coverage of sexual, reproductive and maternal health-care services through rapid, safe and effective uptake of self-care interventions by 30% of potential users by year 2025.

To achieve this goal, well-defined strategic objectives and a costed implementation plan were developed. The strategies propose concrete interventions across 6 thematic areas: demand generation and SBC; service delivery; supply of products; supervision, monitoring and data management; advocacy and financing; and coordination and regulation.

Demand Generation and SBC strategic objective is to ensure that health information on self-care is available, accessible, tailored to individual needs and acceptable to the potential users/ community. Key interventions include awareness creation, sensitization/orientation of all stakeholders and ensuring that providers have adequate information to disseminate key messages freely.

Service delivery strategic objective is to ensure providers' capacities are built to provide accurate and adequate information on self-care with the right attitude to assist potential users to make informed decisions about their health and well-being. Furthermore, to ensure that places of access for self-care and self-care products are accessible and available to potential users where and when needed. Digital technology is being introduced to drive both demand generation and service delivery.

Supply of self-care products strategic objective is to strengthen the existing supply chain system, including through public private partnership, to ensure quality self-care products are available and accessible at all service points. The strategies are to leverage both social marketing and total market approaches to supply the private sector channels, while FMOH/Partners will take the lead to procure and distribute products to the for public facilities. States are encouraged to procure and distribute additional self-care products to their facilities.

Advocacy & financing strategic objective seeks to strengthen the enabling environment for self-care interventions through advocacy to relevant leaders and stakeholders to mobilize resources and support for the scale-up across the country. The strategies also include utilizing public-private partnerships to mobilize resources and drive affordability of products.

Coordination and regulation strategic objective is to ensure strong leadership and accountability to roll out the guidelines and execute the CIP through a sub-committee of the National Primary Health Care Development Agency (NRHTWG). At national level, FMOH will appoint a chair to lead the sub-committee and the subcommittee will lead the execution and monitoring of self-care CIP while the equivalent of such committee at state levels will conduct similar roles. The registration, regulation and

quality assurance of self-care products will be based on activities of established mechanisms under National Agency for Food and Drug Administration and Control (NAFDAC), Pharmacy Council of Nigeria (PCN). In order to strengthen mechanisms for good waste product management, FMOH will initiate partnerships mechanisms with manufacturers to ensure use of biodegradable materials for selfcare products and packages. Also, Public Private Partnership (PPP) will be explored to ensure that free-toll lines for feedbacks, management and support are inserted on self-care product for user's benefit.

Supervision, Monitoring and Data management strategic objective is to integrate self-care monitoring and data management into existing structures (ISS, DQAs and NHMIS). Thus, the existing government mechanism for Integrated Supportive Supervision and DQA will be leveraged to monitor self-care interventions and report data. Quality and appropriate use of self-care products will be also monitored through pharmacovigilance.

The five-year action plan distils these strategic objectives into a costed implementation plan to guide scale-up of activities. The exact annual targets for the national uptake of self-care by potential users depends on the speed of roll-out by the states and available resources to fund activities' implementation. This implementation plan identifies different activities for national and subnational actors. The national-level action plan will start off with launch and dissemination of the guideline, followed by ongoing coordination/inauguration of a SCTG/subcommittee to advocate, lead and monitor implementation at national levels. At the state-levels the action plan includes adaptation of the national guidelines, development of tailored, age-appropriate demand generation and SBC messages, orientation and training of providers at all places of access/delivery channels and where applicable provision of additional self-care products to support supplies from federal. The implementation plan provides guidance on the need to tailor interventions and activities to address self-care needs of vulnerable population based on the varying settings, social and life experiences across the states.

By jointly committing to this plan, the Ministry, its agencies, and all partners will ensure that Nigeria quickly progresses towards its goal of achieving 30% self-care interventions uptake by 2025 in pursuit of the Sustainable Development Goals (SDGs).

CHAPTER 1: INTRODUCTION

1.1 Global Context and Overview of WHO Consolidated Guidelines on Self-Care for SRHR

At least half of the world's population still lacks access to basic health services, due in part to overstretched health systems with the shortage of health workers which have been further strained by the COVID-19 pandemic. Every year 100 million people are pushed into poverty due to unaffordable care¹. Innovative strategies that go beyond traditional health sector responses are urgently needed to contribute to universal health coverage (UHC).

According to the World Health Organization (WHO), self-care is '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'². This includes a broad set of interventions and approaches, such as health promotion, disease prevention and control, self-medication, providing care to dependent persons, seeking hospital/specialist/primary care if necessary, and rehabilitation including palliative care.

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. Self-care builds on existing movements, such as task sharing and task shifting, and has the potential to contribute to all aspects of WHO's strategic priorities and "triple billion" goals. As such, it is increasingly being acknowledged in global initiatives, including advancing primary health care (PHC) with the new Declaration of Astana through effective, equitable, efficient and sustainable means.

While self-care is not a new term or concept, rapid advancement in medical and digital technologies is accelerating the range of interventions which were previously delivered by clinical providers that can now be acquired and managed more directly by individuals. Self-care interventions have the potential to increase choice, where they are accessible and affordable, and they can also provide more opportunities for individuals to make informed decisions regarding their health and health care. Consequently, self-care interventions represent a significant push towards new and greater self-efficacy, autonomy and engagement in health for caregivers.

With appropriate normative guidance and a safe and supportive enabling environment, self-care interventions offer an exciting way forward to reach a range of improved outcomes, including:

- increased coverage and access;
- reduced health disparities and increased equity;
- increased quality of services;
- improved health, human rights and social outcomes; and
- reduced cost and more efficient use of health-care resources and services.

On 24 June 2019, the WHO released Consolidated Guideline on Self-Care Interventions for Health: Sexual and Reproductive Health and Rights³ which provides people-centred, evidence-based normative guidance to support individuals, communities and countries with quality health services and self-care interventions. The guidelines include:

¹ World Health Organization. (2017). Tracking universal health coverage: 2017 global monitoring report. <https://apps.who.int/iris/bitstream/handle/10665/259817/9789241513555-eng.pdf?sequence=1>

² WHO consolidated guideline on self-care interventions for health: SRHR, June, 2019

³ WHO consolidated guideline on self-care interventions for health: SRHR, June, 2019.

- **24 Evidence-Based Recommendations (REC)** on key public health self-care interventions for SRHR, with a focus on vulnerable populations and settings with limited capacity and resources in the health system. This includes interventions for antenatal, delivery, postpartum and newborn care; providing high-quality services for family planning, including infertility services; eliminating unsafe abortion; and combating sexually transmitted infections, including HIV, reproductive tract infections, cervical cancer and other gynecological morbidities see Annexure 1 for the complete list of WHO RECs for self-care interventions.
- **13 Good Practice Statements (GPS)** on key programmatic, operational and service-delivery issues that need to be addressed to promote and increase safe, equitable access, uptake and use of self-care interventions for advancing SRHR. These statements address environmental considerations; financing and economic considerations; training needs of health-care providers; implementation considerations for vulnerable populations (including the use of digital health). See Annexure 2 for the complete list of WHO GPS for self-care.

1.2 Country Response to WHO Recommendations

In response to the WHO Consolidated Guideline on Self-Care Interventions for Health and in pursuit of UHC, the FMOH constituted a multi-stakeholder group on self-care which included key representation from partners and FMOH. There were a series of in-country advocacy consultations between July 2019 and January 2020 on self-care. These in-country consultations informed the development of a “Self-Care Advocacy Roadmap”⁴ which is a blueprint for collective advocacy action at global and national levels. The roadmap outlines cross-cutting advocacy themes, asks and activities to foster a ripe SRHR self-care movement, both within and across countries.

During the January 2020 consultation, the multi-stakeholder group recommended the development of a specific country advocacy strategy and self-care guideline. However, before the documents could be developed, there was a COVID-19 outbreak in March. The country’s response to the pandemic with lockdowns, restriction of movement and access to health care resulted in people especially (women) being further cut off from SRHR services, therefore the multi-stakeholder group prioritized the development of a self-care guideline as a timely response to the COVID 19 pandemic and a potential route to achieving universal health coverage. Subsequently, the process for the development of the Nigerian Self-Care guideline was initiated in July 2020.

1.3 The Nigerian Context, Policy, Practice and Gaps

As a first step toward the development of Nigeria’s national guidelines on self-care for SRHR, a rapid landscape analysis was conducted to map Nigerian policies/guidelines against the 24 WHO Self Care recommendations for SRHR. The aim of the landscaping assessment was to understand the extent to which Nigeria is implementing the WHO self-care recommendations in policy and practice and therefore to identify opportunities to improve the policy environment. The landscape analysis started with a desk review of policy documents, followed by select key-informant interviews and was completed with key stakeholders during Nigeria’s 3-day National Guideline on Self-Care for SRHR workshop held in October 2020. The mapping is reported in the table below:

Table 1 Policy Mapping of Self Care interventions for SRMH in Nigeria

POLICY KEY	National Policy (or another doc) says yes	National Policy (or another doc) says no	Not specified/addressed	Secondary or informal sources say yes
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⁴ Available online at: <https://www.psi.org/project/self-care/igniting-a-self-care-movement-for-sexual-and-reproductive-health/>

PRACTICE KEY	Practiced as recommended	Not Practiced	Practice but not as specified	Secondary or informal sources say yes
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Sub-Area from WHO Guidelines	WHO endorsed recommendations (REC)	Policy	Practice	Reference	Gaps	Adopt/Adapt	Action
ANC, Delivery PNC	REC 1: Health education as a part of ANC; educational interventions and support programmes are recommended to reduce caesarean births only with targeted monitoring and evaluation.			FMOH 2017, ANC Model.	ANC Orientation Package for Health Care Providers training manual specifies health education on various ANC topics but does not specify Health Education/ recommendations to reduce caesarian section as stated in WHO REC.	Adapt	Update ANC training manual
	REC 2: When considering the educational interventions and support programmes, no specific format (e.g. pamphlet, videos, role play education) is recommended as more effective			NHPP	Health promotion strategy includes the use of various formats of SBC including those suggested by WHO REC. However, they are not available on CS reduction. Hence there is a need to develop promotional materials on indications, advantages and disadvantages etc of CS. Also re-orientate pregnant women and health workers on CS to enable them to make informed decisions with each pregnancy.	Adapt	Update ANC Orientation package and produce SBC materials on CS.
	REC 3: Nausea and vomiting prevention and treatment			FMOH 2017, ANC Model	ANC Orientation Package for Health Care Providers Training Manual states that chamomile is known to cause uterine contraction and invoke miscarriage. Also, the efficacy of ginger to address nausea and vomiting is inconclusive. However various local options are used to prevent or address nausea and vomiting.	Adapt	There is a need to review the ANC manual to update and standardize local options
	REC 4: Heartburn prevention and relief			FMOH 2017, ANC Model.	Nil	Existing	Nil
	REC 5: Treatment for leg cramps			FMOH 2017, ANC Model.	Nil	Existing	Nil
	REC 6: Low back and pelvic pain prevention and treatment			FMOH 2017, ANC Model.	Nil	Existing	Nil
	REC 7: Fibre supplements for constipation			FMOH 2017, ANC Model.	Nil	Existing	Nil
	REC 8: Non-pharmacological options for varicose veins and oedema			FMOH 2017, ANC Model.	Nil	Existing	Nil
	REC 9: Pain relief for prevention of delay in the first stage of labor is not recommended			FMOH 2017, ANC Model.	Nil	Existing	Self-therapy is not encouraged in pregnancy or labour.
	Added by FMOH Nigeria: Antenatal distribution of misoprostol for self-administration during the third stage of labour for the prevention of PPH.			National Guidelines on the Community Use of misoprostol for the prevention and treatment of PPH (NGCU)	Evidence exists on community-based distribution of Misoprostol (first studied in Zaria Nigeria) in Zaria, which was adopted by some other States. Community distribution of misoprostol and use for prevention of PPH is recommended in regions of the country where institution delivery as well as provider-assisted delivery are extremely low (e.g. in Northern and hard-to-reach Southern States).	Existing	Add recommendation to Nigeria's self-care guidelines

Sub-Area from WHO Guidelines	WHO endorsed recommendations (REC)	Policy	Practice	Reference	Gaps	Adopt/Adapt	Action
Family Planning	REC 10: Self-injection—NEW			National Guidelines for the introduction and Scale -up of DMPA-SC SI	Nil	Existing	Nil
	REC 11: Oral contraception pills (OCP) over-the-counter--NEW			Essential Medicine List	Nil	Existing	Nil
	REC 12 Ovulation Predictor Kits – NEW			Nigerian National FP/RH Service Policy and Standards.	OPK is readily available and accessible over the counter without a prescription. Use of OPK to monitor ovulation is not specified as part of infertility services at PHC level Fertility management at the PHC includes counselling, use of SBC materials, clinical and syndromic management of STI's for the prevention of infertility caused by infections and referral to secondary or tertiary level for definitive treatment.	Adopt	Update National FP/RH Service Policy and standards to include this REC at all levels of service delivery.
	REC 13 & 14 Condoms			National Condom Strategy (2017-2021) Nigeria National Operational Plan for Condom Strategy. National FP/RH Service Policy and Standards	Nil	Existing	Nil
	REC 15: OCP (1 year's supply)			National Training Manual on Family Planning for Physician and Nurses/Midwives.	Guidance for 3 months' supply is the recommended period at public health facilities and clients are advised to revisit after 1 month for review. However, clients can have up to a 1-year supply over the counter from private outlets.	Nil	Nil
Abortion	REC 16: Self-assessing eligibility for medical abortion			Violence against Persons Prohibition Act 2015 (VAPP) Criminal Code 1990 (228-230) And Penal Code 1990 (232-233) National Guideline on Safe Termination of Pregnancy for Legal Indications	According to VAPP , abortion is legally permitted if the pregnancy resulted from rape in FCT and States that have adopted VAPP. The Criminal Code and Penal Code restrict abortion. In cases where it is legally permitted to preserve maternal health, clinicians are responsible for deciding termination of pregnancy and must seek a second opinion for confirmation of indication to terminate.	Nil	Policy/ guideline update required to address gap.
	REC 17: Self-management without direct supervision of health-care provider (Mifepristone and misoprostol)			National Guideline on Safe Termination of Pregnancy for Legal Indications	In the guideline administration of drugs is in a healthcare facility.	Nil	There is a need to update guideline to include self-management.
	REC 18: Self-assessing completion of abortion			National Guideline on Safe Termination of Pregnancy for Legal Indications	Self-assessing completion of abortion was not specified or addressed in the guideline.	Nil	If the National Guideline on Safe Termination of Pregnancy is updated, self-

Sub-Area from WHO Guidelines	WHO endorsed recommendations (REC)	Policy	Practice	Reference	Gaps	Adopt/Adapt	Action
							assessment of completion could be included.
	REC 19-20: Self-initiation of hormonal contraception post-abortion			Nigeria National FP/RH Service Policy and Standards.	Mentioned as indicated for Post abortion FP in the document but self-initiation of hormonal contraception was not specified	Adopt	Update guideline to include self-initiation of hormonal contraception post-abortion
STIs	REC 21: HPV Self-Sampling—NEW			Adenifujal et al 2018 ⁵	This local study report showed a moderate correlation between self and provider sampling techniques for HPV DNA testing.	Adopt	It should be adopted. Develop Operational Guideline/SOP for HPV Self-Sampling
	REC 22: Self-collection of samples for STIs—NEW			Nil	No Operational Guideline/ SOPs	Adopt	Develop Operational Guideline/SOP for STI self-collection
	REC 23: HIVST			HIVST National Guidelines	Nil	Existing	Nil
	REC 24: Self-efficacy and empowerment for women living with HIV				Policy required. Many empowerment programs exist, but coverage is low.	Adopt	Establish a sustainable empowerment program for WLWHIV.

Based on the mapping exercise, the RMNCAH stakeholders decided to adopt or adapt the majority of the WHO recommendations which resulted in 26 Nigerian recommendations on self-care for SRMH. See the table below for the final list of Nigeria’s Recommendations for Self-Care Interventions (NREC).

Given the significant number of recommendations for maternal health, the Nigerian FMOH decided to call the guidelines National Guidelines on Self Care for Sexual, Reproductive, and Maternal health (SRMH).

⁵ Adenifuja et al “Comparison between self- sampling and provider collected samples for Human Papillomavirus (HPV) Deoxyribonucleic acid (DNA) testing in a Nigerian facility” PanAfrican Medical journal. June 2018 30 (110).14321, ISSN: 1937- 8688.

Self-care interventions	Nigeria's Self-care recommendation (NREC)	New recommendation for Nigeria, or ongoing practice?
1.Improving antenatal, delivery, postpartum and newborn care		
Non-clinical interventions targeted at women to reduce unnecessary caesarean sections	NREC 1: Health education for women is an essential component of antenatal care. The following educational interventions and support programmes are recommended to advocate for acceptance or reduction of caesarean births where or when appropriate.	New
	NREC 1a: Childbirth training workshops (content includes sessions about childbirth fear and pain, pharmacological pain-relief techniques and their effects, non-pharmacological pain-relief methods, importance, safety, indications, contraindications, advantages and disadvantages of caesarean births).	New
	NREC 1b: Nurse-led applied relaxation training programme (content includes group discussion of anxiety and stress-related issues in pregnancy and purpose of applied relaxation, deep breathing techniques, among other relaxation techniques).	New
	NREC 1c: Psychosocial couple-based prevention programme (content includes emotional self-management, conflict management, problem-solving, communication and mutual support strategies that foster positive joint parenting of an infant).	New
	NREC 1d: Psychoeducation (for women with fear of pain; comprising information about fear and anxiety, fear of childbirth, normalization of individual reactions, stages of labour, hospital routines, the birth process, and pain relief [led by a therapist and midwife], among other topics).	New
Positive pregnancy experience	NREC 1e: Couple based counselling on family planning/childbirth spacing	New
	NREC 2: Educational SBC materials (e.g. pamphlet, videos, role play) on the use of home monitoring gadgets such as fetal doppler monitoring, pulse oximeter, blood pressure apparatus and glucometer RDT kits for early detection of malaria are recommended to improve health of pregnant women through early detection or prevention of high blood pressure or gestational diabetes.	New
	NREC 3: Educational SBC materials on the use of home monitoring gadgets such as fetal doppler monitoring, pulse oximeter, blood pressure apparatus and glucometer RDT kits. (Added by Nigeria RMNCH stakeholders)	On-going
Nausea and vomiting	NREC 4: An array of recommended relief for nausea and vomiting in early pregnancy based on medical advice and woman's preferences.	New
Heartburn	NREC 5: Advice on diet and lifestyle is recommended to prevent and relieve heartburn in pregnancy. Antacid preparations can be offered to women with troublesome symptoms that are not relieved by lifestyle modification.	On-going
Leg cramps	NREC 6: Magnesium, calcium or non-pharmacological treatment options can be used for the relief of leg cramps in pregnancy, based on a woman's preferences and available options.	On-going
Low back and pelvic pain	NREC 7: Regular exercise throughout pregnancy is recommended to prevent low back and pelvic pain. There are a number of different treatment options that can be used, such as physiotherapy and support belts, based on a woman's preferences and available options	On-going
Constipation	NREC 8: Wheat bran or other fibre supplements can be used to relieve constipation in pregnancy if the condition fails to respond to dietary modification, based on a woman's preferences and available options	On-going
Varicose veins and oedema	NREC 9: Non-pharmacological options, such as compression stockings, leg elevation and water immersion, can be used for the management of varicose veins and oedema in pregnancy, based on a woman's preferences and available options.	Ongoing
Pain relief for prevention of delay in the first stage of labour	NREC 10: Pain relief for preventing delay and reducing the use of augmentation in labour is not recommended.	On-going
Self-care for prevention of postpartum haemorrhage (PPH)	NREC 11: Community-level antenatal distribution of misoprostol for self-administration during the third stage of labour for the prevention of PPH, where health institution/facility delivery as well as provider-assisted delivery are extremely low. (Added by Nigeria RMNCH stakeholders)	On-going
Breastfeeding	NREC 12: Health education on early initiation of breastfeeding immediately postpartum and immunization of new-born. (Added by Nigeria RMNCH stakeholders)	New
2. Providing high-quality services for family planning, including infertility services		
Self-injection	NREC 13: Self-administered injectable contraception should be made available as an additional approach to deliver injectable contraception for individuals of reproductive age.	On-going
Over-the-counter oral	NREC 14: Over-the-counter oral contraceptive pills (OCPs) should be made available without a prescription for individuals using OCPs.	On-going

contraceptive/EC pills (OTC OCP/ECs)		
Number of progestogen-only pill (POP) and combined oral contraceptive (COC) pill packs that should be provided at initial and return visits	NREC 15a: Provide up to 3 months' supply of pills, depending on the woman's preference and anticipated use. NREC 15b: Programmes must balance the desirability of giving women maximum access to pills with concerns regarding contraceptive supply and logistics NREC 15c: The re-supply system should be flexible so that the woman can obtain pills easily in the amount and at the time she requires them	On-going On-going On-going
Ovulation predictor kits (OPKs) for fertility regulation	NREC 16: Home-based ovulation predictor kits (OPKs) should be made available as an additional approach to fertility management for individuals attempting to become pregnant.	New
Condoms	NREC 17a: Correct and consistent use of male condoms and female condoms is highly effective in preventing the sexual transmission of HIV; reducing the risk of HIV transmission both from men to women and women to men in serodiscordant couples; reducing the risk of acquiring other STIs and associated conditions, including genital warts and cervical cancer; and preventing unintended pregnancy NREC 17b: The correct and consistent use of condoms with condom compatible lubricants is recommended for all key populations to prevent sexual transmission of HIV and STIs.	On-going On-going
3. Safe Post Abortal Care		
Self-assessing completion of abortion	NREC 18: In the management of post abortal care in circumstances where medical abortion was for legal termination of pregnancy, self-assessment of completeness of abortion process using checklists is recommended. We recommend this option and where women have a source of accurate information and access to a health-care provider should they need or want it at any stage of the process	New
Post-abortion hormonal contraception initiation	NREC 19: Self-administering injectable contraceptives is recommended in specific circumstances. We recommend this option in contexts where mechanisms to provide the woman with appropriate information and training exist, referral linkages to a health-care provider are strong, and where monitoring and follow-up can be ensured. NREC 20: For individuals undergoing medical abortion with the combination of mifepristone and misoprostol regimen or the misoprostol-only regimen who desire hormonal contraception (oral contraceptive pills, contraceptive ring, contraceptive implant or contraceptive injections), we suggest that they be given the option of starting hormonal contraception immediately after the first pill of the medical abortion regimen.	On-going New
4. Combating sexually transmitted infections, including HIV, reproductive tract infections, cervical cancer and other gynaecological morbidities		
HPV self-sampling	NREC 21: HPV self-sampling should be made available as an additional approach to sampling in cervical cancer screening services for individuals aged 30–60 years.	New
Self-collection of samples for STI testing	NREC 22a: Self-collection of samples for Neisseria gonorrhoea and Chlamydia trachomatis should be made available as an additional approach to deliver STI testing services for individuals using STI services NREC 22b: Self-collection of samples for Trichomonas vaginalis as an additional approach to deliver STI testing services for individuals using STI testing services is recommended	New New
Prevention of mother to child transmission of chlamydia/Neisseria gonorrhoea at birth.	NREC 23: Self-application of Terramycin eye ointment to baby's eye at birth (Added by Nigeria RMNCH stakeholders)	New
HIV self-testing	NREC 24: HIV self-testing should be offered as an additional approach to HIV testing services.	Ongoing
Self-efficacy and empowerment for women living with HIV	NREC 25: For women living with HIV, interventions on self-efficacy and empowerment around sexual and reproductive health and rights should be provided to maximize their health and fulfil their rights.	New
Prevention of Breast Cancer	NREC 26: Self-awareness and self-screening for early detection and prevention of breast cancer is recommended for WRA. (Added by Nigeria RMNCH stakeholders)	New

Those highlighted in orange; refer to areas of NEW recommendations for Nigeria that are not yet in practice.
Areas highlighted in green refer to ADDITIONAL self-care recommendation added by Nigeria's RMNCH stakeholders.

CHAPTER 2: PURPOSE, OBJECTIVES, AND CONCEPTUAL FRAMEWORK OF SELF CARE

2.1 Purpose

The main purpose of this guideline is to standardize guidance on self-care for SRMH including creating an enabling environment for the implementation across Nigeria, based on WHO's Consolidated Guideline on Self-Care Interventions for SRHR.

2.2 Specific Objectives

1. To provide national direction on the integration of the recommended self-care interventions for SRMH into the Nigerian health system using people centered approach and evidence - based recommendations.
2. To provide national direction on the delivery of self-care interventions for SRMH in an enabling environment in the country.

2.3 Target Audience for the Guidelines

Primary target audience:

National and state policymakers, programme managers, health workers (including pharmacists, PPMVs), donors and civil society organizations responsible for making decisions or advising on delivery or promotion of self-care interventions and players in digital technology (digital health) etc.

Secondary target audience:

Product developers, manufacturers, community and individuals (men, women, adolescents, young adults, elderly) affected by the recommendations, i.e. persons taking care of themselves, and or caregivers.

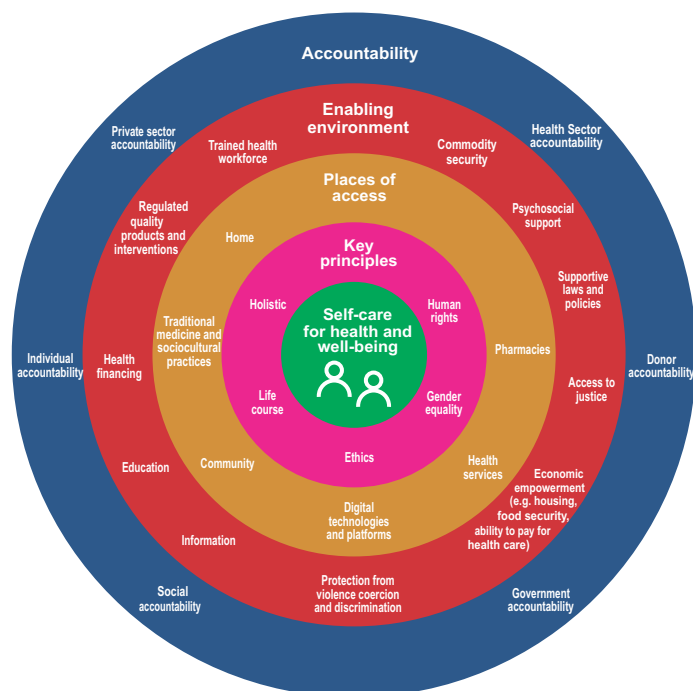
2.4 Living Guideline Approach

Self-care is a quickly evolving field, therefore the interventions included in this guideline is just the starting point. As new areas of self-care emerge or additional self-care are prioritized in Nigeria, this guideline will be updated. This approach will allow for continual review to inform further versions; it is a "living" document which will gradually include a broader set of self-care interventions in future. Self-care could be expanded to include NCDs and mental health in the subsequent versions. The self-care RMNCAH will take the lead in developing subsequent versions.

2.5 Conceptual Framework for Self-Care

People-Centred approach lies at the core of this conceptual framework (green circle) and is underpinned by "key principles" (pink ring). With this as a foundation, the framework then shows key places of access for self-care interventions (mustard ring), and then the key elements of a safe and supportive enabling environment (red ring). The outer blue ring highlights accountability at different levels.

Figure 1: Conceptual Framework for Self-Care interventions



Source: adapted from Narasimhan M, Allotey P, Hardon A. Self-care interventions to advance health and well-being: a conceptual framework to inform normative guidance. *BMJ*. 2019;365:1688. doi:10.1136/bmj.1688.

2.6 Approach and Key Principles of Self-Care

Nigeria's guidelines on self-care for SRMH is grounded in and advocates for a strengthened, comprehensive, people-centred approach to health and well-being. Self-care interventions should meet the health needs and aspirations of potential users at all stages of their life course. Their health should be considered holistically to ensure that the needs of different age groups are considered and that people's changing vulnerabilities over time are considered in terms of both access to and use of self-care interventions. People-centeredness requires taking account of their circumstances, needs and desires across their whole life course, as well as the environment within which they live.

People-centred Approach:

- Promotes strategies for people's participation in their health care.
- Empowers individuals through education to enable make informed and early decisions in all aspects of their lives about SRMH.
- Recognizes individuals as active agents concerning their health and not merely passive recipients of health service.
- Ensures the health system is organized around the health needs and priorities of people rather than disease management and control.
- Ensures individuals are active participants, trustees as well as beneficiaries of a health system
- Responds to individual's needs, right and give preferences in humane and holistic ways.
- Reduce patient –health worker interaction or contact which allow low transmission of disease during outbreak or epidemics

CHAPTER 3: GUIDANCE FOR SELF-CARE INTERVENTIONS FOR SRMH IN NIGERIA

This chapter discusses the recommended self-care interventions prioritized for SRMH in Nigeria

3.1 Improving antenatal, delivery and post-partum

Nigerian Self Care Recommendation (NREC 1-12)

Health education for women is an essential component of antenatal care in Nigeria. In 2017, FMOH published ANC Orientation package for health care providers as a model for providers' ANC training. The content includes health promotion; specifically, education on prevention of complications of pregnancy and childbirth, early detection and treatment of problems, birth planning, complication readiness and Focused Antenatal Care (FANC) for a positive experience⁶. In Nigeria, SBC materials are available on these areas of health education. Also, psychosocial support for women during labour is part of the delivery package as partners can stay with and support pregnant women during labour however SBC materials do not address psychological couples' support for the reduction of caesarean births.

NREC1 and NREC2 address **reduction of caesarian section (CS)**, in Nigeria the perception and disposition of birth attendants, community members and pregnant women on CS varies across different settings⁷, locations and health facilities^{8,9}. Thus, reduction of CS may not be relevant in some settings in Nigeria. As the country is adapting WHO REC 1 and 2, health education/SBC materials design and contents should take into cognizance the perception, behavior, sociocultural and religious peculiarities of each community regarding caesarian births.

NREC 3 is new and it entails **self-examination by pregnant women** such as blood pressure, urinalysis, and temperature checks. It is particularly important because antenatal care clinics are crowded, and pregnant women are unable to follow COVID 19 protocols because of the crowd. This self-care intervention is recommended as a response to COVID 19, it should be followed until COVID 19 test kits are made available and post COVID 19 to reduce waiting time at ANCs. This also will improve the health of pregnant women through early detection and prevention of high blood pressure or gestational diabetes.

NREC 4-9 are all **existing recommendations** for common conditions in pregnancy which may **not necessarily require pharmacological treatment**¹⁰. However, according to a 2012 systematic review referred to in the FMOH ANC model manual, chamomile is known to cause uterine contraction that can invoke miscarriage and the US national institute of health recommends that pregnant and nursing mothers should not consume chamomile. FMOH ANC manual also states that the efficacy for ginger to address nausea and vomiting is inconclusive¹¹. Therefore, chamomile and ginger are not recommended, however they have been substituted with an array of local options prescribed under medical advice.

⁶ WHO recommendations on antenatal care for a positive pregnancy experience, 2016

⁷ Aziken M, Omo-Aghoja L, Okonofua F. "Perceptions and attitudes of pregnant women towards caesarean section in urban Nigeria". *Acta Obstet Gynaecol Scand* 2007;86(1):42

⁸ Eziome IV, et al "Beliefs, perceptions, and views of pregnant women about cesarean section and reproductive decision-making in a specialist health facility in Enugu, Southeast Nigeria". *Nigerian Journal of Clinical Medicine* 2018; 21(4)423-428

⁹ Faremi AF et al " Attitude of pregnant women in south western Nigeria towards caesarean section as a method of birth". *International Journal of Reproduction, Contraception, Obstetrics and Gynaecology* 2014; Vol3 (3) Online ISSN 2320-1789

¹⁰ FMOH 2017 ANC model

¹¹ Systematic review of randomised clinical trial, *British Journal of Anaesthesia* 84 (3), pg 367-371.
Roman chamomile medicen plus National institute of health 16- 2-2012

NREC10 is on **pain relief** is recommended in line with the FMOH ANC manual which states that “Pregnant women should use only medications or drugs that are prescribed by a skilled attendant” even now during labour or at birth.

NREC 11: is an additional recommendation suggested by Nigerian stakeholders for **prevention of postpartum haemorrhage (PPH)**. It is currently being practiced in the north and hard to reach regions of the southern states at the community-level in settings where health institution/facility delivery as well as provider-assisted delivery are extremely low. Thus, community distribution of misoprostol for self-administration during the third stage of labour for the prevention of PPH is recommended in Nigeria.

NREC 12: This is an additional recommendation to further promote **breastfeeding** and improve the health and wellbeing of mothers and newborns. This recommendation is important in empowering women to make informed decision to self-initiate breastfeeding immediately postpartum especially in cases where birth was not assisted by skilled birth attendant.

3.2 Providing high-quality services for family planning, including infertility services

NREC 13: Self-administered injectable contraception (DMPA-SC self-injection)

Injectable contraception is widely used globally. One form of injectable contraception, depot medroxyprogesterone acetate (DMPA), which contains only progestogen and no estrogen, is widely used in its intramuscular form (DMPA-IM) in many countries. Recently, a subcutaneous form (DMPA-SC) was introduced which can be injected by women themselves and is safe and effective in preventing pregnancy with typical use. There is an existing guideline for the scale-up and implementation of DMPA-SC self-injection (SI) in Nigeria. DMPA-SC SI is currently being rolled out in Nigeria under this guideline although support and funding are required to scale up and increase coverage. Based on global evidence,¹² it is expected that the self-injection option will improve method continuation by removing the need to return to health-care facility every three months for a repeat injection. In that way, SI is expected to expand access to contraception for those facing challenges in accessing health-care settings regularly and in places where there are shortages of health-care providers. Due to its ease of use, SI offers many opportunities for task sharing and is therefore included under the Task Shifting Task Sharing (TSTS) policy’

Table 2 Summary guidance for DMPA-SC SI:

Permitted uses	Contraception
Channel availability	Public and private sector facilities including community health extension workers
Provider roles	Providers can supply self-injection, refill, follow up and counsel users.
Restrictions	Guidelines restrict activity of some providers; CORPS and PPMVs cannot initiate for new users but can refill, follow up and counsel existing users.
OTC status	Available at approved resupply locations such as; PMS, pharmacy, public and private clinics/health facilities.
Key policies and existing guidance:	National Guidelines for the introduction and Scale -up of DMPA-SC/ SI

¹² Burke HM, Chen M, Buluzi M, Fuchs R, Wevill S, Venkatasubramanian L, et al. Effect of self-administration versus provider-administered injection of subcutaneous depot medroxyprogesterone acetate on continuation rates in Malawi: a randomised controlled trial. *Lancet Glob Health*. 2018;6(5):e568–ee78. - [PubMed](#)

NREC 14; Self-management of contraceptive use with over-the-counter oral contraceptive pills (OTC OCPs and OTC ECP)

Oral contraceptive pills (OCPs), including combined oral contraceptives (COCs) and progestogen-only pills (POPs), are widely used, safe and effective methods of birth control. OCPs are available over the counter (OTC) meaning without the need for a prescription. However, there is a restriction on the initiation of OCPs by PPMVs. PPMVs can only refill and not initiate OCP for new users.

Access to Emergency Contraceptives (EC) does not require a prescription from a health-care provider and there are no restrictions on the amount of OCP/EC available to users over the counter except that the quantity provided to clients at the public health facilities is limited to three-months supply (**NREC 15**)

Table 3 Summary guidance for OCPs:

Permitted uses	Non-prescriptive contraceptive	
Channel availability	All, Public, Private sectors and community	
Provider roles	Counsel, dispense and follow-up	
Restrictions	Adolescents can access without barriers or age restrictions. PPMVs can only refill for existing users but cannot initiate for new users. 3-month OCP supply at public health facilities.	
OTC status	Available	
Key policies and existing guidance:	Essential Medicine List National Training Manual on Family Planning for Physician and Nurses/Midwives	Essential Medicine List

NREC 14: Home-based, self-screening with ovulation predictor kits for fertility management.

This recommendation is to prevent fertile individuals and couples from assuming a status of infertility, when they may be able to help themselves to become pregnant with better knowledge of their reproductive cycles and fertile window. Use of ovulation predictor kits (OPKs) can support better timing of unprotected intercourse or self-intravaginal insemination during the fertile window for couples trying to get pregnant, thus empowering them to avoid high costs or recourse to more expensive assisted reproductive technologies were possible.

Also, individuals with HIV sero-discordant partners could use OPKs to time intercourse for conception and limit exposure to unprotected sex to reduce the risk of transmission of HIV and other sexually transmitted infections¹³. Single individuals who wish to observe specific religious or cultural traditions, migrants/irregular workers, or couples in unconsummated marriages (e.g. due to male erectile dysfunction or physical disabilities) might benefit from using OPKs to appropriately time unprotected intercourse or attempt self-intravaginal insemination¹⁴, therefore the importance of OPK cannot be over emphasized in a reproductive life course.

¹³ Letchumanan M, Coyte PC, Loutfy M. An economic evaluation of conception strategies for heterosexual serodiscordant couples where the male partner is HIV- positive. *Antiviral Ther.* 2015;20(6):613-21. doi:10.3851/IMP295.

¹⁴ Banerjee K, Singla B. Pregnancy outcome of home intravaginal insemination in couples with unconsummated marriage. *J Hum Reprod Sci.* 2017;10(4):293-6. doi:10.4103/jhrs.JHRS_5_17.

OPKs are readily available in Nigeria OTC without the need for a prescription at pharmacies, supermarkets and other shops, as well as online which has wider coverage, but it is not part of the PHC essential medicine list. Infertility management at the PHC is limited to counselling and referral to higher levels of health facilities for further management¹⁵, however as this recommendation is being adapted in Nigeria, couples trying to get pregnant can be counseled even at PHCs on how to use OPK to conceive. Thus, a lot of sensitization and re-orientation amongst service providers, community and individuals need to be conducted to promote the use of OPK for self-initiated infertility management and other indications above.

Table 4 Summary guidance for OPKs:

Permitted uses	Self-initiated infertility management, appropriately timed unprotected intercourse or attempt self-intravaginal insemination. Prevention of pregnancy (contraception)
Channel availability	All private outlets and online
Provider roles	Dispense and counsel
Restrictions	No restrictions
OTC status	Available over the counter
Key policies and existing guidance:	Nigerian National FP/RH Service Policy and Standards.

NREC 17 Self-care with use of condoms

Consistent and correct use of male and female condoms is highly effective in preventing the sexual transmission of HIV; reducing the risk of HIV transmission both from men to women and women to men in sero-discordant couples; reducing the risk of acquiring other STIs and associated conditions, including genital warts and cervical cancer; and preventing unintended pregnancy. The correct and consistent use of condoms with condom-compatible lubricants is recommended for all key populations to prevent sexual transmission of HIV and STIs.

Table 5 Summary guidance for Condoms:

Permitted uses	Contraception, prevention of HIV/STIs.
Channel availability	All service points, public and private
Provider roles	Dispense for a fee at private outlets or provide free at public health facilities.
Restrictions	None
OTC status	Available
Key policies and existing guidance:	National Condom Strategy (2017-2021) Nigeria. National Operational Plan for Condom Strategy. National FP/RH Service Policy and Standards.

3.3 Eliminating unsafe abortion

NREC18-20

Individuals have a role to play in managing their health and this constitutes another important component of task sharing within health systems. Therefore, these recommendations are specific self-assessment and self-management approaches in contexts where pregnant individuals have access to appropriate information and health services should they need it and when needed.

¹⁵ Nigerian National FP/RH Service Policy and Standards 2017.

The laws governing abortion are restrictive in Nigeria, therefore there are legal indications for termination of pregnancy. However, adoption of **self-care for post abortion care and post-abortion contraception** is within the scope of existing laws and policies.

Table 6 Summary guidance for post-abortion self-care and contraception

Permitted uses	Conditions when mifepristone and misoprostol were used to conduct legal termination of pregnancy.
Channel availability	Health facilities (Clinics and hospitals)
Provider roles	Counsel, supervise and follow up
Restrictions	Legal restrictions on self-initiation of medical abortion. Termination permitted only under conditions indicated by the law
OTC status	Yes
Key policies and existing guidance:	National Guideline on Safe Termination of Pregnancy for Legal Indications. Violence against Persons Prohibition Act 2015 (VAPP) Criminal Code 1990 (228-230) And Penal Code 1990 (232-233)

3.4 Combating STIs (including HIV), reproductive tract infections, breast and cervical cancer and other gynaecological morbidities

NREC 21: HPV self-sampling.

Cervical cancer is one of the most common types of cancer among women, it is the leading cause of cancer deaths in women¹⁶. Cervical cancer develops from persistent infection with high-risk types of human papillomavirus (HPV)¹⁷. Although there are vaccines that protect against infection and disease associated with specific types of HPV, many women do not have access to them, and women still die of preventable cervical cancer¹⁸. Secondary prevention measures include early detection and treatment of precancerous lesions. Primary high-risk HPV testing is a relatively new method of secondary prevention for cervical cancer, with or without HPV immunization. A 2018 study found that self-collected HPV samples showed reasonably high diagnostic accuracy, compared with clinician samples¹⁹. This was confirmed in a similar report from a pilot study conducted in south-west Nigeria²⁰. While HPV self-sampling does not provide a diagnosis of cervical (pre-)cancer, it identifies women who are at higher risk. HPV self-sampling has gained attention for its potential to increase participation in screening, especially due to the privacy afforded by this approach. Self-sampling requires an individual to obtain a kit, collect one's own (cervico-)vaginal sample, and send the specimen to a laboratory where it is tested and then the results returned to the individual²¹. The available collection methods of sample include lavage, brush, swab and vaginal patch. Using a kit for self-sampling can be conducted alone in private either at a health-care facility or elsewhere and can be initiated either by health-care providers or by clients themselves.

¹⁶ Chabra S. Cervical cancer preventable, treatable, but continues to kill women. *Cerv Cancer*. 2016;1(3):112. doi:10.4172/2475-3173.1000112.

¹⁷ LaVigne AW, Triedman SA, Randall TC, Trimble EL, Viswanathan AN. Cervical cancer in low and middle income countries: addressing barriers to radiotherapy delivery. *Gynecol Oncol Rep*. 2017;22:16-20. doi:10.1016/j.gore.2017.08.004

¹⁸ Bosch FX, Broker TR, Forman D, Moscicki AB, Gillison ML, Doorbar J, et al. Comprehensive control of human papillomavirus infections and related diseases. *Vaccine*. 2013;31(Suppl 8):11-131. doi:10.1016/j.vaccine.2013.07.026.

¹⁹ Arbyn M, Smith SB, Temin S, Sultana F, Castle P. Detecting cervical precancer and reaching underscreened women by using HPV testing on self samples: updated meta-analyses. *BMJ*. 2018;363:k4823. doi:10.1136/bmj.k4823.

²⁰ Adenifuja et al "Comparison between self-sampling and provider collected samples for Human Papillomavirus (HPV) Deoxyribonucleic acid (DNA) testing in a Nigerian facility" *PanAfrican Medical journal* June, 2018; 30(110) 14321, ISSN: 1937- 8688. Available online at: <http://www.panafrican-med-journal.com/content/article/30/110/full/>

²¹ Harding-Esch EM, Hollis E, Mohammed H, Saunders JM. Self-sampling and self-testing for STIs and HIV: the case for consistent nomenclature. *Sex Transm Infect*. 2017;93(2):445-8. doi:10.1136/sextrans-2016-052841.

NREC 22: Self-collection of samples for STI testing.

Every year, there are an estimated 357 million new infections of four curable sexually transmitted infections (STIs): chlamydia, gonorrhoea, syphilis and trichomoniasis²². Lack of effective policies affects the uptake of STI testing and treatment. Low coverage of STI testing and high transmission rates are common among at-risk vulnerable adolescents and key populations, including men who have sex with men (MSM), migrants, sex workers, indigenous and minority populations, and those affected by humanitarian emergencies²³.

Greater efforts are needed to expand STI testing. Self-collection of samples (SCS) is one way to facilitate it. HPV /STI self-sampling are new recommendations selected for implementation in Nigeria. There is a need to develop SOP on the modality of its operations across the channels and locations in Nigeria. The report of the local study on HPV self-sampling can serve as a learning platform for the development of SOPs.

Table 7 Summary guidance for HIV self-testing and HPV/STI self-sampling:

Permitted uses	Assisted and unassisted approaches to self-sampling
Channels	Community: One stop shop (Peers and partners of key populations' network), Workplaces, TBAs, Adolescents and young people centers.
	Public facility – All health facilities; OPDs, FP, TB, ANC, PNC, Maternity, Pharmacy, STI and ART Clinics
	Private sector; Private Clinics, Pharmacy Chemist, Patent Medicine Store, Internet and Vending machines ²⁴
Provider roles (dispense, counsel, provide)	Counsel, provide and dispense the kit. Sample is submitted to designated laboratories by clients. Self-initiated, where assistance is needed because of literacy/ age, provider or care giver can render assistance for the sample collection guided by the of principles confidentiality, consent, counselling and correct use of the kits.
Restrictions (e.g. age, spousal consent, etc)	No age restriction, Individual/caregiver give consent for children.
OTC status	Permitted OTC
Key policies and existing guidance:	HIVST National Guidelines

NREC 23: Prevention of mother to child transmission of chlamydia/Neisseria gonorrhoea at birth : An additional recommendation was made on **self-application of terramycin eye ointment** to baby's eye at birth to prevent the transmission of STIs during birth.

NREC 24: HIV self-testing (HIVST) is an empowering, discreet and highly acceptable option for many users, including key populations, men, young people, health workers, pregnant women and their male partners, couples and general population groups. HIVST represents another forward step in line with

²² Newman L, Rowley J, Vander Hoorn S, Wijesooriya NS, Unemo M, Low N, et al. Global estimates of the prevalence and incidence of four curable sexually transmitted infections in 2012 based on systematic review and global reporting. PLoS One. 2015;10(12):e0143304.

²³ Sexually transmitted infections in developing countries: current concepts and strategies on improving STI prevention, treatment, and control (English). Washington (DC): World Bank; 2008 (<http://documents.worldbank.org/curated/en/867421468313772326/pdf/427970WP01NOOP10STINoteFINAL26Feb08.pdf>, accessed 15 May 2019).

Sexually transmitted infections (STIs) fact sheet. Geneva: World Health Organization; 2016 ([http://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-\(STIs\)](http://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(STIs)), accessed 7 May 2019).

²⁴ HIVST Operational Guidelines 2018

efforts to increase patient autonomy, decentralize services and create demand for HIV testing among those not reached by existing services ²⁵.HIVST is already on-going in Nigeria.

NREC 25 is a recommendation for **women living with HIV** to have **self-efficacy and empowerment around sexual and reproductive** health and rights to maximize their health and fulfil their rights. It is being adopted in Nigeria.

NREC26 is recommended for **early detection and prevention of breast cancer** because early detection and early management can eventually lead to a reduction of morbidity and mortality from breast cancer.

²⁵ WHO recommends HIV self-testing. Policy brief: HIV testing services. Geneva: World Health Organization; 2016 (https://www.who.int/hiv/pub/vct/alternate_Policy-brief_HIVST-Asia.pdf, accessed 27 March 2019).

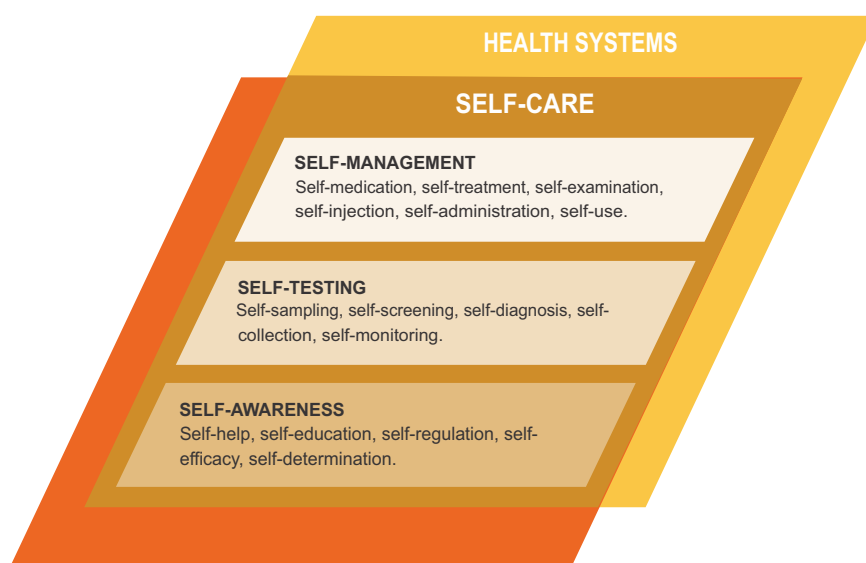
CHAPTER 4: ENABLING ENVIRONMENT FOR SELF-CARE

A safe and supportive enabling environment is essential to facilitate access to and uptake of self-care products and interventions. Creating an enabling environment for self-care requires systematic attention to all aspects of the health system as well as the broader environment within which self-care interventions are delivered.

4.1 Health System Response

Building partnerships between user-led/community-led platforms and health systems around self-care interventions are a promising approach to ensure correct and accelerated implementation of interventions. Outbreaks such as COVID-19 has brought self-care to spot-light as a measure to avoid restriction of access to health care in cases of emergencies and as a tool to rapidly achieve universal health coverage. To ensure that self-care approaches are sustained and utilized effectively to achieve universal health coverage, it is necessary to link self-care interventions to the health system. The Nigerian health system needs to adapt and respond to self-care health interventions across promotive, preventative, curative, rehabilitative and palliative health services. These responses must be people-centred across all sectors of service delivery with ease of access to products without financial barrier, adequate information to make informed decision and trained health workers to provide support where needed. Self-care being a continuum of TSTS is now an integral part of the health system.

Figure 2: Self Care interventions linked to the Health System



adapted from Narasimhan et al., 2019 12)

Self -Awareness; this refers to all self-awareness recommendations for a life course (see WHO guideline recommendations in annexures for more a complete list). Government and partners can provide age-specific interventions on self-awareness from gestation to adulthood.

Self-sampling: means that individuals collect specimen/samples themselves, either at a health-care facility or elsewhere, and send it to a laboratory for testing²⁶. The laboratory sends the result to the

²⁶ Harding-Esch EM, Hollis E, Mohammed H, Saunders JM. Self-sampling and self-testing for STIs and HIV: the case for consistent nomenclature. *Sex Transm Infect.* 2017;93(2):445-8. doi:10.1136/sextrans-2016-052841

individual and initiates follow-up by linking clients (using clients' data) with the appropriate health facility or provider in cases where follow up is required. All SDPs can educate and provide kits for self-collection of samples or testing, with instructions on how to use, indications, contradictions, interpretation of results and links/referral for confirmatory test/ further management.

Self-testing: individuals can conduct tests by themselves or assisted and interpret results. However, in cases where test result is reactive (e.g HIVST), there is avenue for linkage with the health facility for further confirmatory test through helplines and dedicated information/support centers.

Self-Management: This is intervention specific, for existing self-care interventions (and not random self-medication) refer to operation guidelines/SOPs e.g DMPA-SC SI and HIV-STI.

Table 8 Self-care intervention areas and linkage with Health system

Interventions	Access	Financing
Self-awareness	Home, peers, health service providers, shops, religious centers, marketplaces, entire community network and online	Government Partners CSOs
Self-sampling/Self-collection of sample	Health Service providers (All SDPs, /channels can supply sampling kits), Community outreaches Online -supply	Out of pocket Health Insurance Government subsidies /Partners
Self-testing	Service providers (All SDP channels for test kits) Community levels for supply of kit Online -supply	Out of pocket, Government, Implementing Partners, Health Insurance
Self Management.	Health facilities Digital technology; Hotlines , Telemedicines You-tube videos, FAQs Helpline, on-line support etc), community resource persons or facility health worker were necessary	Out of Pocket Health Insurance Government/Partners

This chapter guides the health systems response to self-care and expectations in terms of; service delivery, training of health worker, health information systems, health promotion, leadership/governance and access to self-care interventions.

Guiding Principles; Self Care interventions

- shall be an adjunct to, rather than a replacement for direct interaction with the health system.
- shall not be a cost-shifting mechanism from the Government or existing health care financing structure to clients.
- shall be safe, effective, and able to reach individuals who may not be able to access health services.

Places of access/ Access points to self-care include:

1. All health facilities: Public and Private health delivery channels
2. Community level: Community, home, local shops, pharmacies, supermarkets etc
3. Online

4.2 Service delivery

- The services to be provided at the various service delivery points (SDPs) shall be organized around person's needs and preferences.
- The services shall not be limited to disease or the person's ability to pay.
- SDPs shall provide adequate information and links to access self-care interventions that are responsive and acceptable to the users.
- Service delivery shall be organized to provide an individual with continuity of care across the network of services, health conditions, levels of care needed over the life course.
- The services to be provided at the SDPs shall be based on the facility type and in-line with what is in the guideline for the specific self-care interventions delineated below based on identified levels of SDPs in the guideline.

Levels of SDPs

Level 1: Community Pharmacists and PPMVs

Level 2: Nursing and Maternity Homes

Level 3: Public and Private Clinics, Laboratories and Hospitals

Self-Awareness; all SDPs can provide health talks, educate clients and distribute SBC materials on all self-care interventions

Self-Sampling/Testing: all SDPs can provide a self-sampling product, with instructions on how to use, indications, contradictions, interpretation of results and links for confirmatory test/ further management

Self-Management: This is intervention specific, for existing self-care interventions refer to operational guidelines/SOPs e.g DMPA-SC SI and HIV-ST.

Table 9 Nigerian recommendations and approved services by SDPs

Self Care	NREC	PPMV	CORPS	Community Pharmacist	Community Health Practitioners	Nurses/	Public /Private Clinics/Hospitals
Self Awareness	NREC 1-2: reduction of CS	Distribute SBC materials	Distribute SBC materials	Distribute SBC materials	Health Talks Distribute SBC materials	Health Talks Distribute SBC materials	Health Talks Distribute SBC materials
	NREC 12: breastfeeding	Health Talks Distribute SBC materials	Health Talks Distribute SBC materials	Health Talks Distribute SBC materials	Health Talks Distribute SBC materials	Health Talks Distribute SBC materials	Health Talks Distribute SBC materials
	NREC3-10: non-pharmacological treatments during pregnancy	Health Talks Distribute SBC materials	Health Talks Distribute SBC materials	Health Talks Distribute SBC materials	Health Education,, recommend management, supervise/support implementation and follow up	Health Education, recommend management, supervise/support implementation and follow up	Health Education, recommend management, supervise/support implementation and follow up
Self Management	NREC 26 Breast cancer awareness	Distribute SBC materials	Distribute SBC materials	Distribute SBC materials	Health Talks Distribute SBC materials	Health Talks Distribute SBC materials	Health Talks Distribute SBC materials
	NREC 25 Self empowerment WLWH	Health Talks Distribute BCC materials Refer to facility	Health Talks Distribute BCC materials Refer to facility	Health Talks Distribute BCC materials Refer to facility	Health Talks Distribute BCC materials Refer to necessary MDAs for support where needed	Health Talks Distribute BCC materials Refer to necessary MDAs for support where needed	Health Talks Distribute BCC materials Refer to necessary MDAs for support where needed
	NREC 18-19: post abortion care	Counsel Refer to facility	Counsel Refer to facility	Counsel Refer to facility	Counsel evaluate Provide contraceptives, give instructions and how to use, side effects, and follow up	Counsel evaluate Provide contraceptive, side effects, and follow up	Counsel evaluate Provide contraceptive, Give instructions and how to use, side effects, and follow up
Self Management	NREC 11 Misoprostole prevent PPH	Counsel Health talks on how to use drug, side effect Provide drugs to clients	Counsel Health talks on how to use drug, side effect Provide drugs to clients	Counsel Health talks on how to use drug, side effect Provide drugs to clients	Counsel Health talks on how to use drug, side effect Provide drugs to clients	Counsel Health talks on how to use drug, side effect Provide drugs to clients	Counsel Health talks on how to use drug, side effect Provide drugs to clients
	NREC 13 DMPA-SC SI	Refill. Follow up Community mobilization Counselling Referral	Refill Referral Community mobilization Follow up	Refill Referral	Health talk/education on method, Distribute IEC materials Recruit current users to share testimonials. Counsel client on method Initiate self-injection; Trains clients using job aids, SI videos etc	Health talk/education on method, Distribute IEC materials Recruit current users to share testimonials. Counsel client on method Initiate self-injection; Trains clients using job aids, SI videos etc	Health talk/education on method, Distribute IEC materials Recruit current users to share testimonials. Counsel client on method Initiate self-injection; Trains clients using job aids, SI videos etc
					Follow up: Send reminder messages/phone calls/ SMS. Refill; Assess clients eligibility to continue DMPA-SC SI.	Follow up: Send reminder messages/phone calls/ SMS. Refill; Assess clients eligibility to continue DMPA-SC SI.	Follow up: Send reminder messages/phone calls/ SMS. Refill; Assess clients eligibility to continue DMPA-SC SI.

					Discuss, problems if any with re-injection, storage and disposal of device . Assist with scheduling and provide supply for next injection ²⁷	Discuss, problems if any with re-injection, storage and disposal of device . Assist with scheduling and provide supply for next injection	Discuss, problems if any with re-injection, storage and disposal of device . Assist with scheduling and provide supply for next injection
NREC 16: OPK	Health Talks Distribute BCC materials Provide kits	Health Talks Distribute BCC materials Provide kits	Health Talks Distribute BCC materials Provide kits	Health Talks Distribute BCC materials Provide kits	Health Talks Distribute BCC materials Counsel Referral	Health Talks Distribute BCC materials Counsel Provide kits Manage infertility	Health Talks Distribute BCC materials Counsel Provide kits Manage infertility
NREC 17: Condoms	Health Talks Distribute BCC materials Provide condoms	Health Talks Distribute BCC materials Provide condoms	Health Talks Distribute BCC materials Provide condoms	Health Talks Distribute BCC materials Provide condoms	Health Talks Distribute BCC materials Provide condoms	Health Talks Distribute BCC materials Provide condoms	Health Talks Distribute BCC materials Provide condoms
NREC 15: OCP)	Health Talks Distribute BCC materials Provide OCP	Health Talks Distribute BCC materials Provide OCP	Health Talks Distribute BCC materials Provide OCP	Health Talks Distribute BCC materials Provide OCP	Health Talks Distribute BCC materials Provide OCP (3 months)	Health Talks Distribute BCC materials Provide OCP	Health Talks Distribute BCC materials Provide OCP

²⁷ National Guidelines for the scale up and implementation of DMPA -SC SI

4.3 Health Information Systems/Communication

With self-care interventions available outside the health system, every member of the community, government and SDPs shall play a role in ensuring that potential users have access to quality information that is consistent with the needs of the individuals and the community which support their informed decision-making about their personal health, well-being and their interactions with the health system.

FMOH

FMOH, SMOH, SPHCDA and implementing partners should leverage the existing platforms to design tailored-made SRMH self-care intervention messages for vulnerable population with targeted messages to specific groups who may benefit from self-care (adolescents, unmarried adults, young mothers, older women in different religious and cultural contexts). This should be composed with an attempt to overcome barriers and provider bias, which may restrict access to underserved populations such as adolescents and poor/less-educated women.

FMOH and Implementing partners should increase awareness on existing and new self-care interventions to reach all health workforce in the public, private health facilities, communities and individuals with appropriate information about self-care.

FMOH with the support of implementing partners, the private sector and donor organizations should develop and provide self-care- job aids from the national communication plan with all necessary materials needed by health workers to carry out their duties effectively and efficiently at the facilities.

FMOH and SMOH can also leverage the corporate social responsibility of some private sector organizations (e.g. ICT and communication companies) to support digital media messaging using audiovisuals and flash SMS messages.

FMOH should liaise with product manufacturers to ensure that self-care products leaflet entails adequate information to enable patients to make informed decisions about the safe and effective use of the products and interventions described.

Capturing information about self-care interventions may require the expansion of health management information systems (HMIS) beyond the traditional confines of the health system to capture user's data of self-care. FMOH (NHMIS) and implementing partners shall deploy necessary tools to capture data from the product entry-level and through reports of SDPs/channels supplying self-care products to the users.

SMOH

State Ministries of Health should adapt the guideline and align SBC communication plans to meet their specific needs of the community.

States and SPHCDA should ensure that;

Acceptable health information on self-care is available at the time and place they are needed.

- Potential users have access to reliable, useful, quality information that is consistent with the needs of the individual and the community outside of the health system.
- Information to populations with diverse needs (vulnerable) and those at different levels of literacy are provided using formats and channels that best connects with them.
- Social and Behaviour Change (SBC) communication materials are adapted to suit each State's unique culture, language and religious diversities.
- Programme coordinators at the State/PHC/LGA levels and health educators should support the implementation of the national communication strategy for self-care at the states and community levels.
- LGA Health Educators with the support of relevant State programme coordinators should integrate self-care demand generation activities with the SPHCDA/LGA's annual work plans.
- LGA Health Educators should orientate community health mobilizers/influencers, Promoters, Community Volunteers (CVs) and champions on how to use each SBC material at their levels to generate demand for self-care.

Community level

Based on the needs of each state and communities, the State Ministry of Health (SMoH) personnel should employ the most appropriate community-based approaches to reach the priority audiences. There are:

- **Community dialogues:** This is a gathering of community members to discuss health and social issues for which intervention is being made. It entails questions and answers session. This would be very useful in introducing self-care to the community members, emphasizing, the benefits, the various interventions for different age groups across a life course, sources of product and modalities.
- **Community meeting:** This occurs when the whole community needs to decide on any health and social issues. It requires a skilled facilitator to arrive at a consensus.
- **House to house visit:** This is more personalized to each family and gives room for one-on-one interaction. It helps more reserved community members to ask burning questions which ordinarily would not be asked at a community dialogue
- **Compound meeting:** This is usually for different gender, specifically the female gender in communities where they are not allowed to go out or mix with another gender. Questions could also be asked and answered without any inhibitions
- **Age grade meetings:** Peer support could be very helpful in shaping behaviour and if properly facilitated. This is especially important for young mothers, youth and adolescent groups. Learnings from the DMPA-SCSI BIG SISTER approach could be leveraged for all self-care interventions.
- **August meeting:** Usually in the south-east and some south-south States. It is a potent avenue to reach large female audiences at the same time with messages around health and social issues.
- **Community theatre (Drama):** This is a tool that could be employed in all of the forums including through traditional and digital media.

SDPs

All channels of service delivery, either public or/ private sector providers need to be engaged in the national communication strategy so that they are in line with approved national messages.

Self-care information on SRMH should be made available at all service delivery points as wall posters, leaflets etc. to provide comprehensive, reliable, accurate information trusted by individuals to support informed decision-making about their health and well-being.

Health workforce at the service delivery points across the country including health professionals and community health workers at public, private or community levels shall:

- Provide adequate information on self -care products/interventions to allow individuals to make informed decisions and support them to develop skills to carry out self-care according to acceptable health care practices.
- Allow individuals irrespective of age or status lead decision-making about their own care in an informed and supported fashion.
- Deliver care and treatment services that are people-centred, inclusive, non-stigmatizing and non-judgmental.
- Promote patient safety and equality.

Youth Friendly Family Life and HIV Education (FLHE)

FMOH, FMOE and FMOYSD shall ensure that information on self-care interventions is incorporated into in-school and out of school programs. Youth Friendly services such as Family Life and HIV Education (FLHE) curriculum and other in-school education should include SRMH Self Care interventions as topics or short courses which can be presented to parents during PTA meetings.

SMOH and implementing partners to ensure that age-appropriate SRMH self-care information is provided to young people using traditional and non- traditional youth-friendly outlets including digital technology.

4.4 Access to Self-Care Products

This section seeks to ensure improved access to medical products, vaccines and technology at the time needed and when needed through both public and private sector channels. The sequence of processes to guarantee access to appropriate and safe medical products, vaccines and technologies include supply chain management, health technology regulation, assessment and management of interventions. Necessary medical products and technologies must be made available to allow for uninterrupted delivery of services and implementation of self-care interventions that enable supplies to be accessed outside of traditional health services (e.g. online).

Inclusion of self-care products in the essential medicines list is one of the approaches to ensuring uninterrupted access to self-care product at public facilities while the total market approach will ensure the availability of the products at private facilities and community level.

Quantification and Procurement

FMOH and Other Government agencies e.g NASCP remains the overall coordinating body for the procurement of self-care products for the public health sector, while social/commercial market plays a major role in the provision of commodities for the private sector.

For the Public sector, quantification of Self Care products will be done through the annual national forecasting and quantification process. Procurement will be managed by FMOH and partners for the public facilities while for the private sector it will be done through established commercial procurement processes.

Distribution

Self-care products will be included in the supply chain management system. The distribution will be based on estimates initially and subsequently, forecasting will be based on the consumption of self-care products and national set targets.

4.5 Leadership/Governance.

Coordination and Regulatory functions

Coordination structure at the national level comprises FMOH, NPHCDA, development partners, implementing partners and CSOs. At the state level, it comprises the SMOH, SPHCDA/LGAs and SDPs. SMOH shall coordinate self-care interventions across the States while SPHCDA shall coordinate at the LGA/PHC level.

FMOH shall be responsible for organizing coordination meetings with development partners, implementing partners and other self-care stakeholders. Self-Care Taskforce shall form a unit in the wider RMNCAH stakeholders' group.

FMOH shall ensure that Standard Operating Guidelines (SOPs) are available and used by health workers to address clinical and non-clinical aspects of self-care for SRMH.

FMOH shall ensure that the regulation of self-care interventions is aligned with human rights laws, obligations and are sensitive to the relevant interventions, users and locations (e.g. Abortion, Adolescents, Student environment, Northern and southern Nigeria) where these interventions are purchased and used.

FMOH/NAFDAC shall ensure that regulations are periodically reviewed to balance ensuring quality and safety against restricting access.

FMOH/NAFDAC shall determine and regulate the quality of medical products, vaccines and technologies that can enter the local market.

FMOH shall liaise with manufacturing companies of self-care products to leverage digital technology to provide avenues for users to authenticate products before use.

FMOH/NAFDAC/SMOH and implementing partners shall establish a feedback mechanism for reporting, detection and correction of any undesirable trends and distortions – i.e. any negative impacts or unintended uses of self-care interventions.

NAFDAC shall ensure that self-care interventions available through the private sector and online, informal and/or unregulated vendors are scrutinized to ensure that supply products of unknown quality, safety and performance are not provided to end-users.

NAFDAC shall identify and prevent the spread of counterfeit products.

SMOH

SMOH shall be responsible for the adaptation of the national guideline at the State levels and provide leadership, guidance with support at the State and LGA levels to ensure successful implementation of Self-care

SPHCDA/LGA

SPHCDA shall be the overall coordinator of all self-care activities at the LGA/PHC levels

Self-care focal persons at the LGA level shall be the LGA Medical Officer of Health (MOH) or its equivalent

LGA's MOH or equivalent shall coordinate all self-care activities at the PHC level. They shall liaise with implementing partners to orientate and build the capacity of health workers on self-care.

LGA's MOH shall always monitor and ensure the availability of self-care products and BCC materials at the PHC/LGA level

Community-level

Civil Society Organizations, Consumer protection department and other social accountability mechanisms shall support avenues for reporting counterfeit products, remedy, redress and access to justice through the health system.

CHAPTER 5: GOOD PRACTICE STATEMENTS IN SUPPORT OF SELF-CARE

This chapter presents guidance for scaling up self-care based on WHO's good practice statements (GPS) relevant to four different topics that have implications for self-care interventions for SRHR: environmental considerations; financing and economic considerations; training of health-care providers; and implementation considerations for vulnerable populations.

5.1 Environmental considerations

As we increase reliance on people-centred/user-controlled interventions, an increase in waste disposal of self-care products by the general population is inevitable. For self-care interventions to be sustainable, a change in patterns of healthcare consumption, more sustainable production methods of health-care commodities, and improved waste management techniques will be required. The rising popularity and availability of self-care interventions offer a valuable opportunity to take steps to responsibly manage the environmental impacts.

FMOH, SMOH, donors and relevant stakeholders should work towards environmentally preferable purchasing (EPP) of self-care products by selecting supplies that are less wasteful or can be recycled, or that produce less hazardous waste products, or by using smaller quantities.

Safe and secure disposal of waste from self-care products should be promoted at all levels.

FMOH should:

- allocate a budget to cover the costs of establishment and maintenance of sound healthcare waste management systems
- request donors, partners and other sources of external financing to include an adequate contribution towards the management of waste associated with their interventions
- implement and monitor sound health-care waste management systems, support capacity building, and ensure worker and community health.

Donors and partners should:

- include a provision in their health program assistance to cover the costs of sound health-care waste management systems.

Nongovernmental organizations should:

- include the promotion of sound health-care waste management in their advocacy
- undertake programs and activities that contribute to sound health-care waste management.

The private sector should:

take responsibility for the sound management of health-care waste associated with the products and services they provide, including the design of products and packaging.

All concerned institutions and organizations should:

- promote sound health care waste management
- develop innovative solutions to reduce the volume and toxicity of the waste they produce or associated with their products
- ensure that global health strategies and programs take into account health-care waste management

Service providers

- Should provide proper counselling and information on ways of disposal of used products at every access point. They should emphasize that users read and abide by instructions on the product leaflet.

Community:

- Users should dispose of self-care waste using prescribed modalities on the product packaging or leaflet. While remnants of used products especially blunt object and packages are safely disposed of immediately in enclosed waste bags, extra care should be taken with sharp objects.
- Used sharp objects/devices should be placed immediately after use in a puncture-proof container with the needle or sharp object pointing down. User should store the container with the used device out of reach of children. Where applicable, users should return the container with the used devices to a health facility or community health worker at a convenient time. Proper disposal practices to remove used sharps from circulation, reduce the risk of needle stick injuries and infection is a key responsibility of users, therefore users should abide by the waste disposal information on the product leaflet or information received at the point of access on ways of proper disposal.

5.2 Financing and economic considerations

Using self-care approaches and technologies to deliver certain health-care interventions could affect:

- (i) how much societies pay for delivering these interventions
- (ii) who pays for these interventions; and
- (iii) who accesses them.

The considerations under this section include:

1. Good-quality health services; self-care interventions should be made available, accessible, affordable and acceptable to vulnerable populations, based on the principles of medical ethics; avoidance of stigma, coercion and violence; non-discrimination; and the right to health.
2. Ensuring that all individuals and communities receive the health services and self-care interventions they need without suffering financial hardship.

Financing models: benefit packages and risk-pooling mechanisms should be designed to support access to self-care interventions in a wide range of settings and ensure financial protection.

- Government/donor subsidies at the level of the manufacturer to provide cheap and accessible over the counter self-care products,
- Basic Health Care Provision Fund (BHCPF) should include self-care intervention products in minimum health package. SOML Funding can be explored on State by State basis to fund the products.
- Private health insurance and States Health Insurance Agencies should include provision of self-care intervention/products to users where and when needed as part of basic schemes.
- Partial out-of-pocket payments; subsidized at manufacturer level and offered at an agreed fee at PMS, Community Pharmacist, Community distribution, Peers, social marketing
- Federal and State budgetary allocations as currently available for FP, HIV etc should include self-care intervention products procurement and distribution.

5.3 Training Needs of Health - Care Providers

Health systems, and the training needs of health-care providers, have to be understood not only in relation to the communities and populations they are trying to serve but also in the wider socio-cultural, economic, political and historical context in which they are situated and shaped. For self-care interventions to be successfully accessed and used, learning, communication and intersectoral collaboration are needed amongst community members, patients, health professionals and policymakers. Respectful, non-judgmental, non-discriminatory attitudes of the health workforce will be essential for the effective introduction of self-care interventions (States can adapt the respectful maternity care 'charter' developed by FMOH). This includes, for instance, demonstrating active empathic listening, and conveying information in a jargon-free and non-judgmental manner. To facilitate all of the aforementioned, the following training needs to be conducted for health service providers.

1. Inter-personal communication (counselling) to enable providers counsel potential users on self-care interventions and build a right attitude to communicate and disseminate useful information that will guide users in making informed choices (all service providers at the public and private facilities and community levels).

SMOH and implementing partners should conduct self-care orientation for health workforce to ensure those service providers:

- are well informed about self-care, have the relevant skill, good disposition towards self-care.
- acknowledge and accept self-care interventions, especially results of tests initiated by users and not a health worker.
- deliver services appropriately, meeting standards based on professional ethics and internationally agreed human rights principles.

2. Training to understand the existing and new Operational guidelines/SOPs on self-care interventions and the use of job aids to support clients in making an informed decision on all self-care interventions (bundle trainings on self-care interventions).

FMOH should develop health workers orientation training manual /curriculum for self-care interventions to include core competencies required by health workers to promote and support all self-care interventions.

Training curriculum should include core competencies to

- Advocate for the role of individuals and family members if appropriate in making health-care decisions.
- Familiarize themselves with individual rights and professional obligations to provide safe, high-quality, affordable health and social care, by studying legal instruments: legal rights/civil law; quasi-legal rights, patient charters, patients' bill of rights and consumer protection policies.
- Educate people on their right to health care.
- Encourage and promote patients' broad social participation in the governance of clinical settings by providing feedback on services received, building partnerships, engaging in political advocacy, promoting community leadership, collecting good data on social conditions and institutional factors, and enhancing communication for health equity.
- Advocate for the incorporation of patient outcomes into organizational strategies, with a special focus on vulnerable populations.
- Understand the effects of disparities in the quality of health care and people's access to it.
- Comprehend that effective care planning requires creating a trusting relationship with the patient, by having several discussions with the patient and other parties, over time.
- Provide patient care that is timely, appropriate and effective for treating health problems and promoting health.
- Screen patients for multi-morbidity and assess cognitive impairment, mental health problems (including risky, harmful or dependent use of substances) and harm to self or others, as well as abuse, neglect and domestic violence.
- Assess the extent of the patient's personal and community support network and socioeconomic resources, which may impact the patient's health.
- Match and adjust the type and intensity of services to the needs of the patient over time, ensuring the timely and unduplicated provision of care.
- Balance the patient's care plan with an appropriate combination of medical and psychosocial interventions.
- Incorporate the patient's wishes, beliefs and life course into their care plan, while minimizing the extent to which provider preconceptions of illness and treatment obscure those expressed needs.
- Manage alternative and conflicting views (if appropriate) from family members, caregivers, friends and members of the multidisciplinary health-care team, to maintain focus on patient well-being.
- Use focused interventions to engage patients and increase their desire to improve their health and adhere to care plans (e.g. using motivational interviewing or motivational enhancement therapy).
- Assess all health behaviours, including treatment adherence, in a non-judgmental manner.

The training curriculum should also cover operational guidelines/SOP for specific self-care guidelines where they exist including information about any regulatory permissions in terms of scope of practice e.g. Community Pharmacies (CPs) initiation of DMPA-SC SI, or hospitals allowing only trained personnel to teach self-injection and not passing the responsibility to any available personnel, PPMVs conducting only OCP refills for clients already using OCPs

Mode of training

Pre-service training through high-quality competency-based training curricula should be mandated for all categories of health workforce training institute related to SRMH.

In-service provider training can take several forms depending on the category of the providers to be trained;

1. On the job-training
2. Centralized training to include multiple providers at a time
3. Hybrid training is a combination of centralized and on-site training.
4. Low dose high-frequency training

Digital training: FMOH, SMOH and Partners should explore new and efficient training approaches that have the potentials to contain costs and/or time, such as e-learning adaptations, training materials combined with practical sessions, training videos downloadable onto a mobile phone or other devices. The videos should be adapted in-country into local languages.

5.4 Implementation considerations for vulnerable populations

This section considers using a life-course approach from gestation to late adulthood²⁸ to approach implementing self-care interventions for all age groups. This approach is based on the understanding that health and the risk of disease are as the result of life experiences, social and physical exposures throughout an individual's life.

Thus, timely interventions to support the health of individuals at key life stages, with actions targeting the whole societies as well as the causes of disease and ill health, rather than just targeting the consequences in individuals. In sum, a life-course approach to health and well-being means recognizing the critical, interdependent roles of individual, inter-generational, social, environmental and temporal factors in the health and well-being of individuals and communities²⁹.

The life-course approach allows people to take up relevant self-care intervention which enables well-being at all ages, from gestation and birth, through infancy, early childhood, adolescence and adulthood, to older adulthood³⁰.

FMOH should strengthen collaboration across all contributing MDAs, SMOHs, implementing partners and CSOs in planning actions to deliver self-care interventions using the life course approach.

FMOH should ensure that self-care interventions are sensitive and responsive to equity and gender, lasting an individual lifetime and persisting through generations.

FMOH, SMOH and implementing partners should allocate time and resources to monitor self-care interventions adoption and knowledge sharing amongst all stakeholders for continuous improvement and sustainability of the life-course approach and actions³¹.

SMOH/SPHCDA should ensure that health facilities and other service delivery points are age-friendly environments enabled to meet the SRMH needs of populations across the entire age spectrum and special needs. It is therefore pertinent to ensure the inclusion of youths, all people living with disabilities, people in humanitarian settings and the poor in planning and delivery of self-care at all access points.

²⁸ Jacob CM, Baird J, Barker M, Cooper C, Hanson M. The importance of a life course approach to health: chronic disease risk from preconception through adolescence and adulthood. White Paper. Geneva: World Health Organization; 2017 (<https://www.who.int/life-course/publications/life-course-approach-to-health.pdf>).

²⁹ Jakarta Declaration on Leading Health Promotion into the 21st Century. The Fourth International Conference on Health Promotion: New Players for a New Era, Jakarta, 21–25 July 1997. In: World Health Organization [website]. Geneva: World Health Organization; 2019 (<https://www.who.int/healthpromotion/conferences/previous/jakarta/declaration/en/>).

³⁰ Kuruvilla S, Sadana R, Villar Montesinos E, Beard J, Franz Vasdeki J, Araujo de Carvalho I, et al. A life- course approach to health: synergy with sustainable development goals. *Bull World Health Organ.* 2018;96:42–50. doi:10.2471/BLT.17.198358

³¹ The life-course approach: from theory to practice: case stories from two small countries in Europe. Copenhagen: World Health Organization, Regional Office for Europe; 2018 (https://issuu.com/who/europe/docs/the_life-course_approach).

CHAPTER 6: NATIONAL GUIDELINES ON SELF-CARE FOR SRMH ROLL-OUT STRATEGY AND COSTED IMPLEMENTATION PLAN

Safe and effective implementation of self-care will accelerate progress to achieving universal coverage and SDGs especially; SDG 3 which is to ensure healthy lives and promote well-being for all at all ages. The relevant SDG targets to self-care include³²

- Target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes.
- Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. Hence the overarching goal of this self-care guideline implementation is in tangent with SDG 3.7 and 3.8

The overarching goal of this Costed implementation plan is to accelerate progress towards achieving universal coverage of sexual, reproductive and maternal health-care services through rapid, safe and effective uptake of self-care interventions by 30% potential users by year 2025.

Strategic Priorities

Demand Generation and Social Behavioural Change

Health information and services are important components of self-care that should be available, accessible, reliable and accurate for its acceptability and successful implementation. This is to create awareness, sensitize all stakeholders and generate demand across all potential users. Also, to ensure that service providers at the points of access have adequate information and disseminate correct key messages freely without bias, clear myths and misconceptions. The information or messages are to be freely available when and where needed by potential users.

Strategic Objectives

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

Service delivery

This priority area aims to ensure that places of access for self-care and self-care products are accessible and available to potential users where and when needed and that providers are empowered to provide accurate and adequate information on self-care with right altitude to assist potential users make informed decisions about their health and well-being.

Strategic Objectives

³² United Nations Sustainable Development Goals Knowledge Platform (<https://sustainabledevelopment.un.org/sdgs>).

- Build capacity of providers at all access points with adequate knowledge, skills and right altitude to provide correct information to enable potential users make informed decisions about self-care intervention to improve their health and well being
- Leverage digital health technology to ensure that services are available and accessible at the time and place they are needed and are acceptable and of high quality.
- Scale up access to self-care through existing community distribution channels and targeted outreaches to potential users.
- Update existing preservice and in-service training/ service delivery manuals to include new recommendations on self-care for SRMH (HPV/STI, ANC self-checks, Breast cancer self-awareness and screening and self-initiation of breastfeeding at birth.)
- Provide tailored and timely support for SRMH self-care interventions, in humanitarian settings and emergencies in accordance with international guidance and best practices.
- Promote safe and secure disposal of waste from self-care products at all levels.

Supply of Self-Care Products

Supply of self-care products will leverage on existing concepts through the private and public channels for procurement and distribution of DMPA-SC SI, HIVST and other self-care products. States are encouraged to procure and distribute self-care products while FMOH support future indigenous manufacturers to produce and current suppliers to provide unbranded and subsidized quality selfcare products to improve access and availability.

Strategic objectives

1. Strengthen the existing supply chain system to ensure quality self-care products are available and accessible at all places of access/access points (public /private and community).
2. Strengthen public private partnership to ensure quality and affordable self-care products are available at all service points

Policy, Advocacy & financing

Strategic Objectives.

1. Strengthen the enabling environment by seeking commitments from key decision/opinion leaders to promote uptake of self- care, mobilize resources and support for scale-up across the country
2. Leverage existing programs and funding opportunities for financing self-care interventions to ensure equitable and sustainable access to quality self- care interventions
3. Strengthen Public -private Partnerships to ensure the availability of affordable self- care products.

Coordination and Regulation: Government will provide leadership and ensure that the quality of self-care product is guaranteed, and potential users have confidence in the products available in the system through regulation of the products. Government will formalize national coordinating structure for self-care interventions and subsume it under the broader RMNCAH stakeholder’s forum.

Strategic Objectives

1. Strengthening coordination for monitoring and the rapid scale up of quality of self-care interventions in Nigeria.
2. Leverage existing Government regulatory system to expedite accreditation of self-care products and prevent the spread of counterfeit products.
3. Strengthen Public Private partnership for the implementation of self-care for SRMH
4. Promote safe disposal of used self-care products/materials through PPP.
5. Establish a mechanism to detect and correct any undesirable trends and distortions – i.e. any negative impacts or unintended uses of self-care interventions.

Supervision, Monitoring and Data management: Maintain existing government structure for ISS and DQA to monitor self-care interventions and report data. Activities will be conducted to track progress against targets, and implementing operational research on users, health-workforce/service providers and policy-makers’ response to self-care for programmatic improvement.

FMOH and partners will support and monitor the execution of National guideline on self-care for SRMH by the states, oversee the strategic approach to roll-out and coordination in each state.

Strategic Objectives

1. Integrate self-care interventions into ISS and DQA platforms
2. Evaluate the impact of self-care interventions
3. Integrate self-care services reporting into the NHMIS

The table below summarizes the strategic objectives, actions and responsible persons under each of the thematic areas.

Table 10 Demand Generation and Social Behavioural Change

Strategic Objectives	Actions	Responsible Persons
Increase knowledge of National and States stakeholders on self-care for SRMH.	Launch the National Guideline on Self-Care for SRMH(NGSC-SRMH).	FMOH
	Disseminate and orientate National and State level stakeholders including, programme officers, health professional associations, training institutions and community leaders on self-care interventions in Nigeria.	National level FMOH/Partners
	Launch and adapt the National guidelines on self-care for SRMH at State level.	State level SMOH/SPHCDA /Partners
Ensure health information are available and accessible at the time and place they are needed, and they must also be acceptable and of high quality.	Create awareness on self-care at sub-national levels.	FMOH, SMOH/SPHCDA /Partners
	Engage traditional media including Radio, TV programs, “interactive talk shows” in local languages on popular radio stations to cover target topics on self-care, disband myths, misconceptions on self-care. Where available feature testimonies/ messages from local key influencers.	FMOH and Partners
	Leverage the wide coverage of telecommunication services and social media to reach WRA with key self-care messages	FMOH and Partners
	Develop and disseminate a national communication Logo for Self- Care.	NPHCDA/SMOH/ SPHCDA/ WHO and other Partners

Ensure SRMH health promotion are tailored to people's health need across different settings and circumstances recognizing their right to sexual and reproductive health during life course.	Design tailored communication strategy/messages on self-care specifically for vulnerable population to include key population, all people living with disabilities and individuals in humanitarian settings	FMOH/NPHCDA/ APLWD/SMOH/ SPHCDA/NCC/ Partners
	Develop Age appropriate self-care messages and promotional materials that are responsive to geographical, socio-cultural and religious sensitivity across the country	FMOH, FMOYD, SMOH, Partners
	Leverage digital technology to offer information and provide discussion forums for self-care interventions across life course.	FMOH, FMOYD, SMOH, Partners

Table 11 Service delivery

Strategic Objectives	Actions	Responsible Persons
Increase systematic knowledge of life course approach to health and well-being;	Update existing training modules on Sexual reproductive health and rights to include all self-care interventions and align them to stages of life; from gestation, birth, through infancy, early childhood, adolescence and adulthood, motherhood to older adulthood.	FMOH, SMOH & IPs
Build capacity of providers at all access points to provide correct and adequate information with the right altitude to enable potential users make informed decisions about using self-care intervention to improve their health and well being	Bundle training on Interpersonal Communication and Counselling Skills (IPCCS) and SOPs for recommended self-care interventions.	FMOH, relevant programme or subject area stakeholders, & Partners
	Scale up providers' training on self-care interventions for SRMH to reach all channels provider through digital technology.	FMOH, SMOH and Partners NCDC
	Scale up providers' training on self-care interventions for SRMH at all levels through traditional classroom model.	FMOH, SMOH and Partners.
	Scale up providers' training on self-care interventions for SRMH through On the Job trainings.	FMOH, SMOH and Partners.
Leverage digital health technology to ensure that service points are available and accessible at the time and place they are needed, and are acceptable and of high quality	Strengthen existing social marketing approach to ensure online availability of self-care interventions product in line with existing guidelines	FMOH, SMOH & IPs
	Designate independently manned helplines for selfcare interventions across states of the country with the provision of information, services and support in the local languages/dialect.	SMOH & IPs
Update existing training and service delivery manuals to include new recommendations.	Update ANC/PNC/ICCM/Peer 2 Peer training modules to include new self-care recommendations	FMOH, SMOH, NPHCDA, SPHCDA & Partners
	Develop operational guidelines/SOPs for all newly adopted self-care recommendations Guidelines especially HPV/STI.	FMOH, SMOH & IPs
	Conduct mass HPV/HIV self-screening through outreaches for selected age groups or vulnerable population	FMOH, Partners
Provide tailored and timely support for SRHR self-care interventions, in humanitarian settings in accordance with international guidance, to	Develop SOPs on Self –care for service delivery especially in humanitarian settings, and emergencies.	FMOH, SMOH, NPHCDA, SPHCDA & Partners

form part of emergency preparedness plans and be provided as part of ongoing responses		
Promote Safe and secure disposal of waste from self-care products at all levels.	Develop Job aids, I.E C materials, videos on appropriate home disposal of self-care waste. it should be disseminated by service providers at service points	FMOH/Partners
	Include discussion of safe and secure disposal of waste from self-care products as part of communication between service providers and users in the training curriculum and during on the Job practical sessions.	FMOH/Partners

Table 12 Supply of Self Care Products

Strategic Objectives	Actions	Responsible Persons
Strengthen the existing supply chain system to ensure quality self-care products are available and accessible at all service points (Public /Private and community)	Quantify new self-care products (OPK, Tetramycin ointment, HPV/STI sample kits) and update existing quantification for on - going interventions to scale up implementation across public facilities in the country.	FMOH, SMOH &IPs
	Integrate self-care products into the national PSM chain including LMD.	
Strengthen public private partnership to ensure quality and affordable self-care products are available at all service points	Ensure supply and availability of self -care products in both public and private sectors through the adoption and deployment of the total market approach.	FMOH,SMOH

Table 13 Advocacy and Financing

Strategic Objectives	Actions	Responsible Persons
Secure an enabling environment through commitments from key decision/opinion leaders to help promote uptake of self- care, mobilize resources and support for scale-up across the country	High-level advocacy to the policy makers (executive and legislative) at the National, 36 State and community level on the introduction of self- care interventions in the country.	WHO, FMOH, SMOH &IPs
	Advocate for budgetary allocation for the free distribution of self-care products to potential users in humanitarian settings.	FMOH /IPs
	Develop Advocacy kits/package to include all advocacy -asks at National, State and community levels	FMOH /IPs
Leverage existing programs and funding opportunities for financing self-care interventions to ensure equitable and sustainable access to quality self- care interventions.	Advocate for the Inclusion of self-care interventions in the benefit package of BHCPF and Health Insurance schemes	FMOH /IPs
Promote the availability of affordable self- care products through PPP	Promote the availability of affordable self-care products through government subsidies to manufacturers of self-care products for commercial markets.	FMOH

	Set up a coordination mechanism to work with private sector, manufacturers and donors on affordable and readily available self-care products.	FMOH
	Advocate for waivers and import duty exemptions on key self-care products	FMOH
	Partner with local manufacturing companies of self-care products with the provision of tax exemptions and access to SME loans as well as other low financing options.	FMOH

Table 14 Coordination and Regulation

Strategic Objectives	Actions	Responsible Persons
Effectively, plan, coordinate and execute scale up of self-care interventions in Nigeria	Establish a self-care trail blazer group (SCTG) drawn out of the national and state RHTWGs to coordinate implementation self-care guideline in Nigeria.	FMOH, SMOH, White Ribbon, PCN, NAFDAC Partners
Strengthen Public Private partnership for the implementation of self-care for SRMH	Collaborate with indigenous manufacturers/ importers to produce/supply quality and affordable self-care products.	FMOH,NAFDAC
Leverage existing Government regulatory system to accelerate accreditation of self-care products and prevent the spread of counterfeit products	Expedite registration of self-care products in line with government procedures	FMOH,NAFDAC
	Partner with existing regulatory bodies/ task force; NAFDAC, SON, PCN etc to stamp out counterfeit products	FMOH, PCN, NAFDAC
Promote safe disposal of used self-care products/materials through the private sector.	Incorporate regulation of manufacturing, packaging, storage and post market condition of materials used to develop Self Care products and waste management in the Task-force monitoring checklist.	FMOH, PCN, NAFDAC
	Liaise with Self Care products manufacturers to ensure that adequate information on indications, contraindications and waste management are on product packages.	FMOH, PCN, NAFDAC
	Initiate policies for the importation or production of only biodegradable self-care products	FMOH, PCN, NAFDAC Partners
	Donors who intend implementing in the self-care space should include environmental preferable purchasing considerations in their plans during planning/ proposals	FMOH, PCN, NAFDAC Partners
Establish a mechanism to detect and correct any undesirable trends and distortions – i.e. any negative impacts or unintended uses of self-care interventions	Insert Helplines, links for further information on product packaging.	FMOH, NAFDAC Manufacturers

Table 15 Supervision, Monitoring and Data Management

Strategic Objectives	Actions	Responsible Persons
Integrate self-care interventions into ISS and DQA platforms	Review of the ISS and DQA platforms to include self-care	WHO, FMOH, SMOH & IPs
	Capacity building of key stakeholders on ISS and DQA use	FMOH , IPs
Adapt NHMIS data collection tools to capture self-care for SRMH interventions at the facility and community levels	Conduct desk review to identify indicators for self-care (SRMH) interventions at facility and community levels.	FMOH, SMOH
Evaluate the impact of self-care interventions	Develop an M & E framework for self-care	FMOH, Partners
	Conduct Impact evaluation	DPRS (FMOH), Partners
Leverage digital health to offer knowledge sharing/learnings from providers/users feedback on self-care interventions, for SRMH.	Resource person to compile online feedbacks from digital platforms to offer knowledge sharing/learnings for improved user experience and programming.	FMOH, SMOH

National Guidelines on Self-Care for SRMH Costed Implementation Plan

Overall Goal: The overarching goal is to accelerate progress towards achieving universal coverage of sexual, reproductive and maternal health-care services through rapid, safe and effective uptake of self-care interventions by 30% potential users by year 2025.

Demand Generation and Communication

Strategic Objectives

- Increase knowledge of National and States stakeholders on self-care for SRMH.
- Ensure health information are available and accessible at the time and place they are needed, and they must also be acceptable and of high quality.
- SRMH health promotion are 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.

DGC 1. Increase knowledge of National and States stakeholders on self-care for SRMH

DGC 1. Increase knowledge of National and States stakeholders on self-care for SRMH											
DGC 1.1 Disseminate NGSC-SRMH and orientate National and State level stakeholders including health professional associations, training institutions, community leaders on self-care interventions in Nigeria											
	Sub Activity/Task	Input	Outputs	Timeline	Baseline	Targets	Indicator	Data Source	Frequency of Monitoring	Cost	Responsible Persons
1.1.1	Conduct one day meeting to disseminate National guideline on self-care for SRMH	Hall, Lunch, Tea break, Transport, Communication for (150 physical/virtual participants)	At least 150 stakeholders in SRMH are informed	1 st Quarter 2021	Nil	Disseminate National guideline to 150 participants	Number of participants reached at the launch	Meeting report	once	5,921,370	FMOH, Partner
1.1.2	Conduct three-days orientation workshop	Hall, lunch, tea break, transport,	6 zonal workshops for programme	1 st Quarter 2021	2021	Orientation of State	Number of states' DFH and	Workshop report	Six times	23,938,200	FMOH, NPHCDA, Partners

		care for SRMH.	Outputs	Timeline	Baseline	Targets	Indicator	Data Source	Frequency of Monitoring	Cost	Responsible Persons
		Input									
		Sub Activity/Task									
DGC 2. Ensure health information are available and accessible at the time and place they are needed, and they must also be acceptable and of high quality											
2.1 Create Awareness on self-care at sub-national levels.											
2.1.1	Conduct 5- day workshop to develop key messages on self-care for the media including advocacy briefs (messages should also address myths and misconceptions)	Hall, Lunch, Tea break, Transport, Communication for (40 participants	Final draft of nationally approved messages for each self-care intervention	2 nd Quarter 2021	Nil	10 key messages and Advocacy briefs adaptable for use across all media drafted.	Number of print/electronic/social media key messages and Advocacy briefs developed	Workshop Report	Once	5,632,002	FMOH/ NPHCDA/S MOH/ SPHCDA/ Partners
2.1.2	Pre-test and finalize the messages and advocacy briefs developed and approved.	2-day meeting and field work with 24 participants Hall, Lunch, Tea break, Transport	Key messages and Advocacy briefs finalized	2 nd Quarter 2021	Nil	10 key messages and Advocacy briefs finalized	Number of key messages and Advocacy briefs finalized	Pre-test and meeting reports	Twice	4,291,560	FMOH/ NPHCDA/S MOH/ SPHCDA/ Partners

2.1.3	Print Leaflets, handbill posters, wall charts on each of the approved messages and distribute to 36 states and FCT	Fund Leaflets (5000 copies), handbills (5000 copies) 2000 posters, wall charts and advocacy briefs each. Logistics and distribution cost	Leaflets (5000 copies), handbills (5000 copies) 2000 posters wall charts and Advocacy briefs printed and distributed across 36 states and FCT each	4 th Quarter 2021	0	All planned prints produced	Number of copies printed	Annual report	Once	6,708,000	FMOH/Partners
2.1.4	Disseminate approved messages through electronic media – on National TV and	Cost of air streaming of messages via TV (10 mins) and radio (at	At least 6 TV stations and 6 radio stations airing messages on self-care at least once per	2021-2026	0		Number of people reached with self-care messages via traditional media.	Specific quantitative survey NDHS	Quarterly Every 3years	16,139,992,719	FMOH/Partners

2.1.7	Conduct a week long annual programme to commensurate Global self-care month through the media across the states.	Air streaming of jingles or messages via main States' TV/Radio station across the country every 4 hours for at least 3 days of that week.	Jingles/messages aired on self-care at 36 States and FCT	2021-2026	Nil		Number of States that complied with airing of messages that week.	Reports from media houses	Annual	1,578,163,907	States Partners
2.3 Develop and disseminate a national communication Logo for Self-Care.											
2.3.1	Two-day workshop to develop/adapt a National communication logo on self-care	Hall, Lunch, Tea break, Transport, Communication for (40) participants	National communication logo for self-care developed.	3 rd Quarter 2022	Nil	Nationally approved and accepted logo.	Availability of nationally approved and acceptable logo	Printed logo	Once	3,466,534	FMOH and Partners
2.3.2	Brand 3000 service/ access points within communities with the logo and details of	Identify the access points to be branded.	3000 access points duly branded	2022-2024	0	Public and Private Facilities , CPs, PPMVs,	Number of access points with branded logo	FMOH, SMOH & NPHCDA	Annually	12,466,553	FMOH/NPH CDA/Relevant MDAs/ Partners

		support/helplines e.g phone number, hyperlinks, twitter pages/social media where accurate information on self-care for SRMH are available.	Print 3000 Logos. Brand access points.				NCC, telecom municat ions companies, and other relevant sites per commu nity branded	Number of google adds displaying self-care branded logo with call to action.	Telecom municatio ns companie s/ Google	Annual			FMOH/ NPHCDA/S MOH/ SPHCDA/ WHO and other Partners
2.3.3		Disseminate the self -care logo with call to action messages using SMS flash messages, targeted google adds and other online media	Cost of goggle adds to target population to run for 52 weeks	Wide dissemination of the self-care logo	2022	Nil	Self- logo dissemi nated						
3.0 Ensure SRMH health promotion are tailored to people's health need across different settings and circumstances recognizing their rights to sexual and reproductive health during a life course.													
3.1	Design tailored communication strategy/messages on self-care specifically for vulnerable population to include key population, all people living with disabilities and individuals in humanitarian settings												
3.1.1	Conduct 3-day workshop to design tailored communication strategy/messages on self-care for key population.	Hall, Lunch, Tea break, Transport, Communication for (40) participants	At least 5 varieties of messages on self-care for key population and communication	1 st quarter 2022	Nil	Communication strategy and targeted message for key	Number of planned target population messages developed.	Worksho p report	Once	7,947,191	FMOH/NPH CDA/ APLWD/SM OH/ SPHCDA/NC C/ Partners		

3.1.2	Conduct 3-day workshop to design tailored communication strategy/messages on self-care for all people living with disabilities and individuals in humanitarian settings.	Hall, Lunch, Tea break, Transportation for (40) participants	At least 5 varieties of messages on self-care for all people living with disabilities developed and approved.	2 nd quarter 2022	Nil	Communication strategy and targeted message for PLWD developed	Number of planned target population messages developed.	Workshop report	Once	7,947,191	FMOH/NPH CDA/ APLWD/SM OH/ SPHCDA/NC C/ Partners
3.1.3	Conduct three batches of 3-day workshop to design tailored communication strategy/messages on self-care for individuals in humanitarian settings.	Hall, Lunch, Tea break, Transportation for (40) participants	At least 5 varieties of messages on self-care for individuals in humanitarian settings developed.	1 st quarter 2023	Nil	Communication strategy and targeted message for humanitarian settings developed.	Number of planned target population messages developed.	Workshop report	Once	26,538,510	FMOH/NPH CDA/ APLWD/SM OH/ SPHCDA/NC C/ Partners
3.2	Develop age appropriate self-care messages and promotional materials that are responsive to geographical, socio-cultural and religious sensitivities across the country.										
3.2.1	Conduct 3-day workshop to develop at least 5 varieties of age	Hall, Lunch, Tea break, Transportation for (40) participants	Final draft of 5 nationally approved messages on	3 rd quarter 2021	Nil	5 key messages on self-care	Number of messages developed.	Workshop report	Once	4,813,824	FMOH, FMOYD, SMOH Partners

		appropriate self-care messages and promotional materials that are responsive to adolescents and youth's health needs.	information for (40 participants	self-care targeted at adolescents needs			for Adolescents and Youths developed.					
3.3	Leverage digital technology to offer information and provide discussion forums for self-care interventions across life course.											
3.3.1	Leverage digital technology to create platforms or use existing youth friendly platforms to disseminate information and discuss self-care interventions.	Cost of creating a website supported with live interaction (BOTS) or other means of immediate responses to enquiries on self-care.	Active website for adolescent to access self-information/services	2023-2024	Nil	Use platform to disseminate Adolescent youth friendly message especially on self-care.	Availability of an active website for Youth self-care services	Annual report	Annual	522,524	FMOH, FMOYD, SMOH, Partners.	

DEMAND CREATION AND COMMUNICATIONS

SUMMARY BY OBJECTIVES

S/No	Objectives	2021		2022		2023		2024		2025		2026	
		NGN	NGN	NGN	NGN	NGN	NGN	NGN	NGN	NGN	NGN	NGN	NGN
1	DGC 1. Increase knowledge of National and States stakeholders on self-care for SRMH	86,080,644	9,022,451	10,443,487	0	0	0	0	0	0	0	0	105,546,582
2	DGC 2. Ensure health information are available and accessible at the time and place they are needed, and they must also be acceptable and of high quality	6,381,431,562	257,381,811.12	243,705,397.65	10,086,979,994.37	317,556,971.64	367,572,194.67	17,654,627,931					
3	D.G.C.3.0 Ensure SRMH health promotion are tailored to people's health need across different settings and circumstances recognizing their rights to sexual and reproductive health during a life course.	4,813,824	15,894,383	53,618,674	31,360,798	0	0	0	0	0	0	0	105,687,678
Ground Total: Demand Creation		6,472,326,030	282,298,645	307,767,558	10,118,340,792	317,556,972	367,572,195	17,865,862,191					

Service Delivery/Places of Access

Strategic Objectives

- Build capacity of providers at all access points with adequate knowledge, skills and right altitude to provide correct information to enable potential users make informed decisions about self-care intervention to improve their health and well being
- Leverage digital health technology to ensure that services are available and accessible at the time and place they are needed and are acceptable and of high quality.
- Scale up access to self-care through existing community distribution channels and targeted outreaches to potential users.
- Update existing preservice and in-service training/ service delivery manuals to include new recommendations on self-care for SRMH (HPV/STI, ANC self-checks, Breast cancer self-awareness and screening and self-initiation of breastfeeding at birth.)
- Provide tailored and timely support for SRMH self-care interventions, in humanitarian settings and emergencies in accordance with international guidance and best practices.
- Promote Safe and secure disposal of waste from self-care products at all levels.

SD1 Build capacity of providers at all access points with adequate knowledge, skills and right altitude to provide correct information to enable potential users make informed decisions about self-care intervention to improve their health and well being											
SD1.1: Bundle training on interpersonal Communication and Counselling Skills (IPCCS) and SOPs for recommended self-care interventions.											
	Sub Activity/Task	Input	Outputs	Timeline	Baseline	Targets	Indicator	Data Source	Frequency of Monitoring	Cost	Responsible Persons
1.1.1	Conduct stakeholders' meeting to bundle IPCCS and SOPs/Guidelines on existing and new recommended self-care interventions into a single training manual/curriculum.	Hall, resource persons, training manuals, logistics, hotel accommodation, transportation, feeding, communication and DSA for 30 participants for 5 days.	Training manual on Interpersonal Communication and Counselling skills (IPCCS) and recommended self-care interventions bundled	3rd quarter 2021	0	A single training manual with guidance on all self-care interventions and IPCCS created.	Availability of a Bundled training manual	FMOH Annual workplan report	Once	38,454,943	FMOH, relevant programme or subject area stakeholders, associations, & Partners

	Conduct stakeholders' meeting to test and validate content of the bundled training manual	Hall, resource persons, training manuals, logistics, hotel accommodation, transportation, feeding, communication and DSA for 30 participants for 3 days.	Training manual on Interpersonal Communication and Counselling skills (IPCCS) and recommended self-care interventions.	1 st quarter 2022 Immediately after sub-activity 1.1.1	0	A single training manual with guidance on all self-care interventions and IPCCS created.	Availability of a Bundled training manual	FMOH Annual workplan report	Once	FMOH, relevant programme or subject area stakeholders, /Training Institutions/ associations, & Partners
SD 1.2.2	Scale up providers' training on self-care interventions for SRMH to reach all channels through digital technology.									
SD 1.2.1	Conduct one day non-residential stakeholders' meetings to plan and outline online training model.	24 participants venue, transportation, Lunch, one Tea break, communication DSA, Hotel reservations, workshop materials.	Outline of Online Training Model developed	2nd quarter 2022	NA	IPCCS and 6 self-care interventions (ANC, FP,HIV,H PV/STI Breast cancer and IPC) online training modules developed	Availability of outline for online modules for self-care interventions developed.	FMOH website	Once	FMOH and Partners NCDC
SD 1.2.2	Design online training model for the bundled	30-days Consultancy fee for two subject area consultants	Online Training Model developed	3rd quarter 2022	NA	IPCCS and 6 self-care interventions	Number of online modules developed for	FMOH website	Once	FMOH and Partners NCDC

	not available	create website to publish trainings.							ed websites /platforms.									
SD 1.3 Scale up providers trainings on self-care interventions for SRMH at all levels through the traditional classroom model.																		
1.3.1	Conduct 3 days training of master trainers for HCWs in the 36 states + FCT on self-care	Resource persons, training manuals, logistics (venue, transportation, feeding, communication), per diem	No. of master trainers whose capacity has been built on self-care	2 nd quarter 2021	TBD	185 master trainers having five per state	No. of ToTs conducted in each quarter Number of States having master trainers.	1. Training reports 2. Integrated supportive supervisory visit reports	Annual	323,362,479	FMOH, SMOH, NPHCDA, SPHCDA, NCDC & Partners							
1.3.2	Conduct 3 days Training of trainers (at least 10 private sectors and 10 community level providers) in each of the 36 state and FCT	Resource persons, training manuals, logistics (venue, transportation, feeding, communication), per diem	No. of SDPs trained on self-care in the private/community levels.	2022-2024	TBD	TBD	Proportion of providers at community level trained on self-care No. of private providers trained	Training reports	Quarterly	3,480,930,702	SMOH, NPHCDA, SPHCDA, NCDC & Partners							
1.3.3	Conduct 3 days Zonal training for relevant health workers across public	Resource persons, training manuals, logistics (venue, transportation, feeding, communication), per diem	No. of relevant HCWs trained on interpersonal communication and counselling	2023	TBD	TBD	Proportion of relevant HCWs trained on Interpersonal Communication and counselling and self-care	Training Reports	Quarterly	84,674,918	FMOH, SMOH, NPHCDA, SPHCDA, NCDC & Partners							

	health sectors.	skills and selfcare.										
SD 1.4 Scale up providers trainings on self-care interventions through On the Job trainings.												
1.4.1	Develop (Job aids) chart showing self-care interventions/products/ to enable health and well-being through self -care during a life course.	2 Resource persons, training manuals, logistics (venue, transportation, feeding, communication) , DSA for 5 days and 20 participants.	Job aids (Charts showing selfcare interventions /products developed.	2021	TBD	Job aids for at least 5 variety of self-care interventions.	Number of job aids variety developed	FMOH Annual workplan review report	Annual	1,995,318	FMOH/Partners	
1.4.2	1.1.6 Print and disseminate 5000 Job aids chart showing self-care interventions/ products/ to enable health and well-being through self -care during a life course.	Fund for printing	5000 Job aids printed and distributed o all facilities in 36 states and FCT	2021	0	5000 copies	Number of Job aids printed	FMOH Annual workplan review report	Annual	6,825,000	FMOH/Partners	

SD 2: Leverage digital health technology to ensure that services are available and accessible at the time and place they are needed and are acceptable and of high quality.									
Strengthen existing social marketing approach to ensure online availability of self-care interventions product in line with existing guidelines									
SD	Strengthen existing social marketing approach to ensure online availability of self-care interventions product in line with existing guidelines								
2.1	Strengthen existing social marketing approach to ensure online availability of self-care interventions product in line with existing guidelines								
2.1.1	Map or create a profile of online shops, pharmacies and availability of selfcare care intervention products.	Consultancy for 20days	Availability of self-care product mapped across all private providers.	2022	Nil	Availability of Mapping report	Once	2,257,125	FMOH/ Partner
2.1.2	Liaise with popular/select ed online-shops to feature self-care products on more popular online markets.	Resource material communication	Increased number of on-line sites providing permitted self-care product	2023	Nil	Number of on-line site providing permitted self-care product	Once	31,351,466	FMOH/ Partner
2.1.3	Designate independently manned helplines to provide follow up and support on recommended selfcare interventions across states of the country in English, local	Resource persons Special Phone numbers	Availability of helplines for recommended selfcare interventions in 36 statea +FCT	2021-2025	NIL	Number of states with designated helplines for selfcare	Annual	150,656,751	SMOH/ Partner

	languages/dialect.																			
SD3	Scale up access to self-care through existing community distribution channels and targeted outreaches to potential users.																			
SD3.1	Scale up the up-take of self-care interventions through targeted distribution of self-care products to potential users in-line with existing guidelines	Self-care products Cost of distribution during special programmes, events or during special occasions at universities and similar institutions.	At least 2 targeted distribution programme for self-care products in line with guidelines per quarter conducted	2021-2025	Nil	24	Number of community outreaches conducted	NHMIS	Quarterly	900,597,186	SMOH Partners									
SD 3.2	Conduct integrated outreaches to increase access to self-care.	Provide Self-care products (HIVST, HPV sampling, kits, DMPASC-SI, OCPs, OPKs, Condoms) Social mobilizers Community resource persons	Community outreaches for self-care conducted	2021-2026	Nil	240	Number of community outreaches conducted	NHMIS	Quarterly	12,876,119,175	SMOH Partners									
SD 4	Update existing pre-service and in-service training/service delivery manuals to include new recommendations on self-care for SRMH																			
	Sub Activity/Task	Input	Outputs	Timeline	Baseline	Targets	Indicator	Data Source	Frequency of Monitoring	Cost	Responsible Persons									

SD 4.1	Update ANC/PNC/ICC M/Peer 2 Peer training modules to include new self-care recommendations	IEC materials; Resource persons; Mass media campaign	All women attending ANC/PNC, ART and STI Clinics reached with appropriate health information on all self-care interventions 2.Updated training manuals; ANC/PNC HIV/ART, Peer 2 Peer/ Youth Health Education.	2021-2025	TBD	100%	No. of training modules updated to include self-care	NDHS, Service Statistics, Reports of Health awareness Outreaches	Annual	349,619,741	FMOH, SMOH, NPHCDA, SPHCDA & Partners
SD 4.2	Develop operational guidelines/SO Ps for all newly adopted self-care recommendations Guidelines. (HPV/STI)	20-days Consultancy; 3 stakeholder meetings; logistics (venue, transportation, feeding, communication)	Operational guidelines/SO Ps developed	TBD	TBD	TBD	1. Reports of stakeholder meetings 2. User Guide available	TBD	Every 3 years	3,530,144	FMOH, SMOH, NPHCDA, SPHCDA, NCDC & Partners

SD 4.3	Conduct stakeholder meeting to update pre-service curricula for all relevant cadres of health workers to include self-care for SRM/H.	Resource Persons; hall, lunch and tea break	Updated pre-service curricula available	2021-2025	TBD	80%	A copy of the Updated pre-service curricula.	Relevant websites	Annual	3,687,949	FMOH, Regulatory Bodies/Training Institutions, NCDC & Partners
SD 4.4	Develop and standardized CME topics/presentations on the implementation of self-care in an enabling environment and, health workers response.	Engage Resource person to develop CME. topics and contents e.g; Self-care and key population; Health-workers perspective/role . Self-care and All people living with disabilities; Health-workers perspective/role . Self-care intervention for all age groups	Accredited CME Topics and presentations on self-care	2021-2025	TBD		Number of Accredited CMES on self-care done annually	FMOH Annual report	Annual	13,344,265	FMOH

			(Adolescents, pregnant women- Adulthood) in and enabling environment; Health workers role.																	
SD 4.5	Conduct at least one CME per year across all Federal/States secondary and tertiary facilities on self-care for SRMH	Resource person	All Federal and States secondary/tertiary facilities conduct at least one CME to train relevant health workers on self-care for SRMH per year.	2021-2026	Nil	80%	Number of States secondary/tertiary facilities that conducted at least one CME to train relevant health workers on self-care per year.	State level report	Annual	13,344,265	SMOH, FMOH									
SD 5	Provide tailored and timely support for SRMH self-care interventions, in humanitarian settings and emergencies (e.g COVID pandemic) in accordance with international guidance and best practices.																			
SD 5.1	Develop SOPs on Self-care for service delivery especially in humanitarian settings, and emergencies.	20-days Consultancy; 3 stakeholder meetings; logistics (venue, transportation, feeding, communication)	SOPs developed	TBD	TBD	TBD	1. Reports of stakeholder meetings 2. User Guide available	TBD	Every 3 years	143,588,250	FMOH, SMOH, NPHCDA, SPHCDA, NCDC & Partners									

SD 6	Promote Safe and secure disposal of waste from self-care products at all levels.																	
SD 6.1	Develop Job aids, I.E C materials, videos on appropriate home disposal of self-care waste and disseminate through service providers at service points.	2 Resource persons, training manuals, logistics (venue, transportation, feeding, communication), DSA for 5 days and 22 participants.	Job aids (Charts showing selfcare interventions /products home disposal methods developed.	2021	TBD	Job aids for waste disposal in at least 5 languages including, hausa, igbo Yoruba, pidgin and English.	Number of job aids on appropriate home waste disposal variety developed	FMOH Annual workplan review report	Annual	9,439,529	FMOH/ Partner							

SERVICE DELIVERY
SUMMARY BY OBJECTIVES

S/No	Objectives	2021	2022	2023	2024	2025
		NGN	NGN	NGN	NGN	NGN
1	SD1. Build capacity of providers at all access points with adequate knowledge, skills and right altitude to provide correct information to enable potential users make informed decisions about self-care intervention to improve their health and well being	98,005,081	1,456,839,058	1,514,917,506	39,429,371	45,639,497
2	SD 2: Leverage digital health technology to ensure that services are available and accessible at the time and place they are needed and are acceptable and of high quality.	22,015,500	27,740,066	60,847,970.75	34,142,204	39,519,601
3	SD3 Scale up access to self-care through existing community distribution channels and targeted outreaches to potential users.	1,544,298,549	1,787,525,570	2,069,060,848	2,394,937,931	2,772,140,655
4	SD 4 Update existing pre-service and in-service training/service delivery manuals to include new recommendations on self-care for SRMH	55,403,400	67,659,579	74,229,822	85,921,018	99,453,579
5	SD 5 Provide tailored and timely support for SRMH self-care interventions, in humanitarian settings and emergencies (e.g COVID pandemic) in accordance with international guidance and best practices.	143,412,750	0	0	0	0
6	SD 6 Promote Safe and secure disposal of waste from self-care products at all levels.	9,439,529	0	0	0	0
Ground Total: Service Delivery		1,872,574,809	3,339,764,273	3,719,056,146	2,554,430,524	2,956,753,332

Supply of Self-care products.

Strategic objective

1. Strengthen the existing supply chain system to ensure quality self-care products are available and accessible at all service delivery points (Public/Private and community).
2. Public Private partnership to ensure quality and affordable self-care products are available at all service points

	Sub Activity/Task	Input	Outputs	Timeline	Baseline	Targets	Indicator	Data Source	Frequency of Monitoring	Cost	Responsible Persons
SP 1.1.1	Conduct integrated quantification for SRH commodities including self-care products (OPK, Tetramycin ointment, HPV/STI sample kits) to scale up implementation at public facilities and outreaches.	5 days Quantification meeting every 6 months. Hall, lunch, tea break, communication for at least 35 participants.	Annual Quantification and Supply Plan for SRH Commodities including self-care products 5-Year Projected Quantification of SRH commodities including self-care products for public facilities in Nigeria	2021-2025	January 2021	10	Order fill rate Inventory turnover Access to products at SDPs Stock out rate	FMOH SMOH IPS	Bi-annual	16,558,515	FMOH/UNFPA/SMOH/other IPs/ Private sector
SP 1.1.2	Conduct desk review on use of self-care products to update list and facilitate quantification and forecasting for ongoing self-care interventions for the next 5 years.	10-day Consultancy 2 stakeholders' meetings for 40 persons	Updated list of self-care products produced Assumptions on current and projected use of self-	2021 2023 2025	2021	10	Updated list of self-care products Desk Review Report	FMOH	Bi-annual	7,039,318	FMOH/Partners

SUPPLY OF SELF CARE PRODUCTS

SUMMARY BY OBJECTIVES

S/No	Objectives	2021 NGN	2022 NGN	2023 NGN	2024 NGN	2025 NGN
1	SCP 1.0 Strengthen the existing supply chain system to ensure quality self-care products are available and accessible at all service delivery points	33,636,977	38,934,801	45,067,033	52,165,090	60,381,092
2	SPC 2.0 Public Private partnership to ensure quality and affordable self-care products are available at all service points	0	0	0	0	0

33,636,977 38,934,801 45,067,033 52,165,090 60,381,092

Ground Total: Procurement & SCM

Supervision, Monitoring and Data management: Strengthen existing government structure for ISS, DQA and NHMIS to monitor self-care interventions and effectively report data. Activities will be conducted to monitor and track progress, implement operational research on users, health -workforce/service providers and policy-makers response to self-care for programmatic improvement.

Strategies

1. Integrate self-care interventions into ISS and DQA platforms.
2. Adapt NHMIS data collection tools to capture self-care for SRMH interventions at the facility and community levels.
3. Evaluate the impact of self-care interventions
4. Leverage digital health to offer knowledge sharing/learnings from providers/users feedback on self-care interventions, for SRMH.

Sub Activity/Task	Input	Outputs	Timeline	Baseline	Targets	Indicator	Data Source	Frequency of Monitoring	Cost	Responsible Persons
SME1.1.1 Engage 40 relevant stakeholders across the six geopolitical zones, FMOH, IPs and Professional bodies for the review of ISS and DQA platforms to reflect self-care for SRMH	Hall, Stationeries, transportation, communication, facilitator, tea break, lunch, for 40 participants	At least 40 Stakeholders engaged (4per 6 geopolitical zones, 5 FMOH, 5 IPs, 4 private sector/ Professional bodies)	Q1, 2021		100%	Number of stakeholders engaged	Mailing list	once	12,509,562	FMOH, SMOH, WHO and IPs
SME1.1.2 Hold one day working meeting with major stakeholders to review the ISS and DQA platforms to reflect self-care for SRMH	ISS and DQA tools, facilitators, meeting hall, Transportation, tea break, lunch for 40 participants	ISS and DQA platforms reviewed to reflect self-care for SRMH	Q2, 2021	-	100%	Working meeting held	Meeting report	Once	12,509,562	FMOH, SMOH, WHO & IPs

SME2.2.1 Conduct desk review to identify indicators for self-care (SRMH) interventions at facility and community levels.	A list of current indicators, consultant, office conference room	Revised list of indicators for self-care	Q2, 2021	Current indicators available	80%	Availability of a list of indicators to assess implementation of self-care interventions for SRMH interventions at the community level	NHMIS	Annually	0	FMOH, SMOH, WHO & IPs Evidence and Learning Working Group.
SME2.2.2 Set up a Technical team to review the existing NHMIS tool to reflect self-care approach	Consultant Communication; Phone calls, E-mail. 40 participants	Self-care incorporated into the NHMIS tool.	Q2 2021	-	100%	Availability of a NHMIS tool reflecting self-care approach.	NHMIS tools	Once	2,404,350	FMOH, SMOH, WHO & IPs
SME2.2.3 Hold a 3-day meeting to Adapt/develop data collection tools for self-care	Hall, stationeries, consultant, transport support (travel, hotel), feeding (60 participants)	Data collection tools adapted/developed	Q2, 2021	Current tools available	All tools adapted	Number of meetings held to adapt/ develop data collection tools for self-care	Meeting report	Once	12,243,212	FMOH, SMOH, WHO & IPs
SME2.2.4 Hold a one day working meeting to revise community level data collection.	Consultant, Hall, stationeries, transport support (travel, hotel), feeding (60 participants)	Draft revised tools	Q2, 2021	Current tools available	All tools revised	Revised tools available	Report of the meeting	Annually	0	FMOH, SMOH, WHO & IPs

SME3.1.1 Stakeholders engagement to agree on the impact indicators for self-care interventions	Communication for virtual meetings with 40 key RM&E stakeholders	40 Stakeholders engaged	Q3 2021	-	100%	Availability of relevant indicators for measuring impact of self-care on health and wellbeing of vulnerable population.	Mailing list/meeting report	0	Annually	FMOH, SMOH, WHO & IPs
SME 3.1.2 Conduct a 3-day meeting to draft and finalize the M&E framework for self-care interventions	Hall, Stationeries, Consultant, tea break, lunch, 40 participants	Finalized draft framework	Q3, 2021	-	100%	Finalized M&E framework available	Meeting Reports	37,352,815	Qtly	FMOH, SMOH, WHO & IPs
SME3.2.1 Conduct desk review to ascertain uptake of existing self-care interventions from reporting access points in Nigeria. (if data isn't available convert activity to form a part of the survey below)	Consultant, Hall, Stationeries	Baseline assessment report on uptake of self-care interventions in Nigeria available	Q2, 2021	-		Availability of Baseline assessment report showing current uptake and pattern of self-care interventions in Nigeria.	Assessment Report NHMIS report	17,361,195	Once	FMOH, SMOH, WHO & IPs
SME3.2.2 Conduct survey to determine KAP of self-care interventions for SRMH amongst Potential users and health workers in Nigeria.	Hire 3 Consultants for 90 to design and implement and report survey across 6 geopolitical zones.	Evaluation Survey report	Q2, 2021	-		Availability of report on self-care interventions available	Survey report	27,692,730	Once	FMOH, SMOH, WHO & IPs

SME3.2.3 Conduct mid-term evaluation to ascertain successes and gaps in the implementation of self-care	Hire 2 Consultants for 45 days to design, implement and report for Nigeria.	Evaluation Survey Designed	Q1 2023	-			Process and programmatic evaluation report on self-care interventions available	Evaluation Report	Once	0	FMOH, SMOH, WHO & IPs
3.2.4 Evaluate impact of self-care interventions on health and well-being of targeted vulnerable population in the past 5 years	Hire 3 Consultants for 90 days to design, implement and report survey across 6 geopolitical zones.	Evaluation Survey Designed	Q3 2025	-			Availability of Impact Evaluation report.	Evaluation Report	Once	61,595,400	FMOH, SMOH, WHO & IPs
SME 4.1 Resource person to compile online feedbacks from digital platforms to inform learnings for improved programming and users experience	Hire 2 Consultants for 5 days every quarter.	Report of compilations.	Q1-4 2022-2026	-			Online feedback report	Report available	Quarterly	34,791,973	FMOH, SMOH, WHO & IPs

SUPERVISION, MONITORING & DATA MANAGEMENT
SUMMARY BY OBJECTIVES

S/No	Objectives	2021		2022		2023		2024		2025		2026		Cumulative	
		NGN		NGN		NGN		NGN		NGN		NGN		NGN	
1	Integrate Self-Care Interventions into ISS and DQA	25,019,124		-		-		-		-		-		-	25,019,124
2	Adapt NHMIS data collection tools to capture self-care for SRMH interventions at the facility and community levels.	14,647,562		-		-		-		-		-		-	14,647,561.50
3	Evaluate Impact of Self-Care Interventions	36,143,874.00		7,302,522		42,155,495		9,783,964		11,324,939		13,108,616		119,819,410	
4	Leverage digital health to offer knowledge sharing/learnings from providers/users feedback on self-care interventions, for SRMH.	3,900,000		4,514,250		5,225,244		6,048,220		7,000,815		8,103,443		34,791,973.26	
Ground Total: Policy Advocacy		79,710,560		11,816,772		47,380,739		15,832,185		18,325,753.58		21,212,059.77		194,278,068	

**SRMH Self-Care Costed Implementation Plan
Coordination and Regulation.**

Strategic Objectives

6. Effectively, plan, coordinate and execute scale up of self-care interventions for SRMH in Nigeria
7. Strengthen Public Private partnership for the implementation of self-care for SRMH
8. Leverage existing Government regulatory system to expedite accreditation of self-care products and prevent the spread of counterfeit products.
9. Promote safe disposal of used self-care products/materials through the private sector.
10. Establish a mechanism to detect and correct any undesirable trends and distortions – i.e. any negative impacts or unintended uses of self-care interventions.

CR	Sub Activity/Task	Input	Outputs	Timeline	Baseline	Targets	Indicator	Data Source	Frequency of Monitoring	Cost	Responsible Persons
CR 1.1.1	Inaugurate Nigerian SCTG to serve as a sub-committee for self-care under the NRHTWG (select members from the NRHTWG)	Hall, Lunch, Transport, Communication.	Inaugural meeting	1st Qtr 2021	nil	NA	Inaugural meeting held	Meeting report	One-off	1,914,900	FMOH, SMOH, White Ribbon, PCN, NAFDAC Partners e.t.c
CR 1.1.2	Conduct quarterly SCTG review meetings on self-care interventions for SRMH.	Hall, Lunch, Transport, Communication, materials	Self-care Subcommittee meet quarterly	2 nd Qtr 2021-2025	nil	50	Number of self-care for SRMH subcommittee/SCTG meetings held	Meeting report	quarterly	150,162,157	FMOH, SMOH, White Ribbon, Partners etc

CR 1.1.4	Strengthen networks at national and state levels for shared learning and best practices in self-care.	Annual SCTG meeting.	National coordination of all States SCTGs for knowledge sharing and best practices.	2021-2025	nil	Participation at annual meetings.	Number of new initiatives or best practices introduced to the Nigerian self-care for SRMH space through the Global SCTG recommendations.	Meeting report	Quarterly	150,162,157	FMOH, SMOH, White Ribbon, PCN, NAFDAC Partners e.t.c
CR 1.1.5	Conduct 2 -day meeting with States' Commissioners and relevant Directors to initiate adaptation of the National Guidelines on Self-Care for SRMH at state levels.	Hall, Lunch, Tea break, Transport, Communication, materials, copies of guidelines DSA	36 states and FCT adapts guideline.	2021-	nil	37	Number of States that adapted National Guidelines on Self-care for SRMH	Monitoring report	Once	4,948,392,772	FMOH , States and RMTWG

CR 2.0

CR 2.1

CR2.1.1	Expand self-care task force to work with private sector, manufacturers and donors on affordable and readily available self-care products	Desk review	List of expanded and fit for purpose task force	2021				Number of partners added to the existing task force		0	FMOH and IPs
CR 2.1.2	Conduct a landscape of private sector, manufacturers and donors working on self-care or with interest on self-care products	Desk review	Report of landscape analysis	2021				Number of private sectors, manufacturer and donors identified through the landscape analysis		0	IPs
CR 2.1.3	Conduct one day meeting to sensitize local/indigenous manufacturers to produce unbranded,	One day high level meeting with maximum of 50						Conduct one day meeting to sensitize local/indigenous	One day high level meeting with maximum of 50 participants.	19,148,683	

	affordable, quality self-care products locally.	participants							manufacturers to produce unbranded, affordable, quality self-care products locally.		
CR 3.1	Liaise with NAFDAC, PCN, SON and other regulatory bodies to enforce and expedite registration of self-care products in line with government procedures.	Nil	Rapid registration of new self-care products and premises in less than 6 months of onset of registration process.	3rd Qtr 2021	nil	NA	Number of newly registered self-care products registered within 6 months of onset of registration process.	Annual National Self-care products manufacturer and suppliers' meeting report	Annual	FMOH	
CR 3.2	Work with government regulatory bodies/ task force; NAFDAC, SON, PCN to prioritize the elimination of /stamp out	Advocacy visits to all relevant stakeholders.	Counterfeit products excluded from circulation.	2021-2025	nil		Number of Counterfeit products reported and stamped out.	Annual National wider stakeholders meeting report	Quarterly	FMOH, NAFDAC PCN, SON, LAW ENFORCEMENT AGENCIES, OTHER RELEVANT STAKEHOLDERS	

CR 4.1	counterfeit self-care products. Incorporate regulation of manufacturing, packaging, storage and post market conditions of materials used to develop self-care products and waste management in the regulatory task-force monitoring checklist.	Meetings to generate a tool or marker as a checklist for registration and monitoring of premises	Tool/Checklist of requirements for registration and monitoring of premises produced	Nil	Manufacturers, importers, wholesalers and retailers	Compliant stakeholders	Applicants for registration and registered premises	Qtrly	FMOH, NAFDAC PCN, SON, LAW ENFORCEMENT AGENCIES, OTHER RELEVANT STAKEHOLDERS
CR 4.2	Conduct one-day meeting to liaise with Self Care products manufacturers (to ensure that adequate information on waste management are on product packages.	Hall, Lunch, Tea break, Transport, Communication.	Inaugural meeting report	nil	Manufacturers and importers		Meeting report	Twice 2021	FMOH, NAFDAC PCN, SON, , OTHER RELEVANT STAKEHOLDERS

CR 4.3	Work with private sector and manufacturers to reinforce the appropriate disposal and waste management guidelines for self-care products/materials as part of their marketing campaigns	Incorporate into activity 4,2 above	Agreed home waste disposal protocol posted as part of marketing campaigns	2022	nil	Manufacturers and importers	Meeting report	Twice 2021	FMOH, NAFDAC PCN, SON, OTHER RELEVANT STAKEHOLDERS
CR 4.4	Initiate Policy formulation for the importation and production of only biodegradable self-care products.	Policy brief. Advocacy to Policy makers with the draft policy brief.	issuance of policies and guidelines on manufacturing and importation of biodegradable self-care products	2022	nil	Manufacturers and importers supply self-care products that are biodegradable	FMOH, NAFDAC PCN, SON, OTHER RELEVANT STAKEHOLDERS	nil	FMOH, NAFDAC PCN, SON, OTHER RELEVANT STAKEHOLDERS

CR 5.1	Liaise with Product manufacturers and importers to insert designated helplines/ links for further information on product packages.	four coordination meetings with at least 30 participants . Hall, lunch, communication, self-care advocacy materials.	Helplines and other contact details available on self-care product packages/leaflet	201-2023	NA	Helplines and other contact details for follow-up/treatment on packages of product.	Availability of helplines, or other contact details for feedback and follow up on product packaging/leaflets.	Monitoring report	Qtrly 2021	0	FMOH, NAFDAC PCN, SON, OTHER RELEVANT STAKEHOLDERS
CR 5.2	Develop self-reporting helplines at NAFDAC and FMOH for reporting adverse events	Dedicated toll-free lines with Resources to man help-lines.	Resource persons and dedicated helplines available on self-care for SRMH	2022	NA	Helplines and other contact person available for follow-up	Availability of helplines, or other contact person at desk.	Monitoring report	Qtrly 2021	69,583,947	FMOH, NAFDAC PCN, SON, OTHER RELEVANT STAKEHOLDERS

CR 5.3	Institutionalize adverse events reporting and tracking at public and private facilities	Develop, print 10,000 copies of and disseminate reporting templates	10,000 reporting template disseminated across the states	2022	NA	Availability of e-copies or hard copies of reporting template across service providers in the country	Number of public and private facilities with reporting template.	SCTG annual report	Annual	279,881,278	FMOH/SMOH/Partners
CR 5.4	Train frontline service providers on possible adverse events and management	Incorporate into providers trainings (see service delivery)	Trained providers on adverse effects management	2021-2022	NA		Number of providers trained	SCTG annual report	Annual	15,034,582	FMOH/SMOH/Partners
CR 5.5	Design a feedback loop/mechanism for communicating reported adverse events	FMOH/SMOH Desk activity	Feedback mechanism created	1 st Qtr 2022	NA	Pharmacovigilance mechanism created	Availability of a feedback mechanism to manufacturers created	SCTG annual report	Annual	1,128,563	FMOH/SMOH/PERSON, NAFDAC

COORDINATION AND REGULATION
SUMMARY BY OBJECTIVES

S/No	Objectives	2021 NGN	2022 NGN	2023 NGN	2024 NGN	2025 NGN
1	Effectively, plan, coordinate and execute scale up of self-care interventions for SRMH in Nigeria.	590,268,900	681,019,755	788,280,366	912,434,524	1,056,142,962
2	Strengthen Public Private partnership for the implementation of self-care for SRMH	9,522,045	9,626,638	0	0	0
3	Leverage existing government regulatory system to expedite accreditation of self-care products and prevent the spread of counterfeit products	0	0	0	0	0
4	Promote safe disposal of used self-care products/materials through private sector.: Leverage existing government regulatory system to expedite accreditation of self-care products and prevent the spread of counterfeit products	0	0	0	0	0
5	Establish a mechanism to detect and correct any undesirable trends and distortions – i.e. any negative impacts or unintended uses of self-care interventions.	14,768,520	60,250,792	57,791,203	66,893,317	77,429,015
Ground Total: Finance		614,559,465	750,897,185	846,071,569	979,327,841	1,133,571,976

**SRMH Self-Care Costed Implementation Plan
Advocacy and Financing**

1. Secure an enabling environment through commitments from key decision/opinion leaders to help promote uptake of self-care, mobilize resources and support for scale-up across the country.
2. Advocate for budgetary allocation for the free distribution of self-care products to potential users in humanitarian settings.
3. Promote the availability of affordable self-care products through public-private partnerships.

AF 1.1											
S/No	Sub Activity/Task	Input	Outputs	Timeline	Baseline	Targets	Indicator	Data Source	Frequency of	Cost	Responsible Person
AF1.1.1	Official approval of the guideline by the honourable minister of health		Approved National self-care guideline	November 2020			National technical working group meeting held	Family Health Department FMOH	Monitoring One off		FMOH/IPs
AF1.1.2	National launch of the self-care guideline document	200 participants, Travel, accommodation, media coverage, press conference, hall, meal, MC, printed materials, video/photo coverage, social media hype	Finalized and officially approved document disseminated	December 2020			Dissemination meeting held				FMOH/IPs

AF 1.1.2	Hold a one-day pre-domestication meeting of the self-care guideline with 36 State commissioner for health	50 participants, Hall, accommodation, meal, printed materials, travels	State buy-in into the guideline	December 2020	Nil	All States have copies of guideline for launch	Number of state commissioner in attendance	One off	FMOH/SMOH/IPs
AF 1.1.3	Support State to launch of the national guideline on self-care for SRMH	Print and distribute 10,000 copies of National guidelines on self-care	10,000 copies of the National guidelines on self-care printed	1st Quarter 2021	Nil	All States have copies of guideline for launch	Number of states that launched National guideline on self-care for SRMH.	Once	FMOH, NPHCDA, CSOs, Partners
AF 1.1.4	Domestication of the national guidelines on self-care for SRMH in 36 states		Domesticated State guideline on self-care	2023			Number of state that have domesticated the document	Quarterly	SMOH FMOH/IPs
AF1.2									
AF1.2.1	Advocate for the integration of self-care products to humanitarian budgets	Advocacy kits	Two advocacy meeting per annum (Ministry of Humanitarian Affairs and NEMA)	2025			Number of advocacy meeting held	Quarterly	FMOH/IPs
							North East Development Agency, Ministry of Humanitarian Affairs. NEMA		

AF 1.2.2	Advocate for strengthened last mile distribution to include self-care products for people in	Cost for advocacy visits	Uninterrupted supply of self-care products in affected state	2023	8 States	Number of states with steady supply of self-care products	IP, NLIMS, FP dashboard, DHIS	quarterly	SMOH
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	humanitarian settings								
AF1.3									
AF 1.3.1.1	Conduct a 3-day workshop to develop advocacy messages and briefs	25 participants, hall, travels, meals, meeting materials	Advocacy campaign content	2021	5 advocacy briefs to form advocacy kits	Number of advocacy briefs developed	Health promotion department FMOH	One off	24,677,855 FMOH/IPs
1.3.2	Design/printing of advocacy materials	Designing and printing of materials	Printed advocacy material	2021	10,000	Number of advocacy briefs printed	Health promotion department FMOH	One off	632,173,601 FMOH
AF2.1									
AF2.1.1	One day advocacy meeting with the 2 gateways of BHC PF to introduce and orient on the self-care interventions		Report of advocacy meetings	2021	4 meetings	Number of advocacy meeting conducted			10,539,360 FMOH/IPs

AF2.1.2	A workshop to review BHC PF manual to include self-care intervention	40 participants, hall, travels, meal, meeting materials	Reversed BHC PF manual	2022		2 workshop ops	Workshop conducted (participant list, pictures)	BHC PF manual	16,227,588	FMOH NHIS NPHCA
AF 3.1										
AF3.1.1	Advocacy to the federal government and regulatory agency for waivers on manufacturers of self-care products	High level advocacy visits to stakeholders	Report of advocacy meetings	2021			Number of advocacy conducted		0	SCTG
AF3.1.2	Advocate for waivers and import duty exemptions on key self-care products	High level meetings with all stakeholders	Government waiver Obtained	NA	2021	NA	NA	Number of manufacturers covered by the waiver	780,000	FMOH
AF3.1.3	Advocate to bank of industry and SMEDAN for increase financing of local self-care manufacturers	High level advocacy visits to stakeholders	Report of advocacy meeting	2023			Number of advocacy meeting conducted		1,045,049	SCTG
3.1.4	Advocate to private sector health alliance of Nigeria to pool private sector resources to	Advocacy communication with all relevant stakeholders	Report of advocacy meetings	2022		3 meetings	Number of resources pooled to support self-care financing		902,850	

ADVOCACY & FINANCING
SUMMARY BY OBJECTIVES

S/No	Objectives	2021	2022	2023	2024	2025	2026
		NGN	NGN	NGN	NGN	NGN	NGN
*	Secure an enabling environment through commitments from key decision/opinion leaders to help promote uptake of self- care, mobilize resources and support for scale-up across the country	8,829,031	0	0	0	648,022,425	0
*	Leverage existing programs and funding opportunities for financing self-care interventions to ensure equitable and sustainable access to quality self- care interventions	26,766,948	0	0	0	0	0
*	Promote the availability of affordable self- care products through PPP.	1,560,000	902,850	2,090,098	0	0	0
*	Set Up a Coordination mechanism to work with private sector, manufacturers and donors on affordable and readily available self product	0	0	0	0	0	0
Ground Total: Supervision, Monitoring & Coordination		37,155,979	902,850	2,090,098	0	648,022,425	0

National Guideline on Self-Care for Sexual, Reproductive and Maternal Health: 2021 - 2026

COST SUMMARY

S/No	Broad Areas	2021		2022		2023		2024		2025		2026		Cumulative	
		NGN		NGN		NGN		NGN		NGN		NGN		NGN	
1	Demand Generation and Communication	6,472,326,030		282,298,645		307,767,558		10,118,340,792		317,556,972		367,572,195		17,865,862,191	
2	Service delivery	1,872,574,809		3,339,764,273		3,719,056,146		2,554,430,524		2,956,753,332		3,262,439,491		17,705,018,575	
3	Supply of Self Care Products	33,636,977		38,934,801		45,067,033		52,165,090		60,381,092		69,891,114		300,076,107	
4	Supervision, Monitoring and Data Management	79,710,560		11,816,772		47,380,739		15,832,185		18,325,754		21,212,060		194,278,068	
5	Advocacy and Financing	37,155,979		902,850		2,090,098		0		648,022,425		0		688,171,352	
6	Cordination and Regulation	614,559,465		750,897,185		846,071,569		979,327,841		1,133,571,976		1,312,109,563		5,636,537,600	
		9,109,963,820		4,424,614,526		4,967,433,143		13,720,096,433		5,134,611,550		5,033,224,422		42,389,943,894	

ANNEXURES

ANNEXURE 1: SUMMARY OF NEW AND EXISTING RECOMMENDATIONS (REC) ON SELF-CARE INTERVENTIONS FOR SEXUAL AND REPRODUCTIVE HEALTH (SRHR)^{2, 3}

RECOMMENDATION (REC) ^a	STRENGTH OF RECOMMENDATION, CERTAINTY OF EVIDENCE
1. Improving antenatal, delivery, postpartum and newborn care	
Existing recommendations on non-clinical interventions targeted at women to reduce unnecessary caesarean sections	
REC 1: Health education for women is an essential component of antenatal care. The following educational interventions and support programmes are recommended to reduce caesarean births only with targeted monitoring and evaluation.	Context-specific recommendation, low-certainty evidence
REC 1a: Childbirth training workshops (content includes sessions about childbirth fear and pain, pharmacological pain-relief techniques and their effects, non-pharmacological pain-relief methods, advantages and disadvantages of caesarean sections and vaginal delivery, indications and contraindications of caesarean sections, among others).	Low- to moderate-certainty evidence
REC 1b: Nurse-led applied relaxation training programme (content includes group discussion of anxiety and stress-related issues in pregnancy and purpose of applied relaxation, deep breathing techniques, among other relaxation techniques).	
REC 1c: Psychosocial couple-based prevention programme (content includes emotional self-management, conflict management, problem solving, communication and mutual support strategies that foster positive joint parenting of an infant). "Couple" in this recommendation includes couples, people in a primary relationship or other close people.	
REC 1d: Psychoeducation (for women with fear of pain; comprising information about fear and anxiety, fear of childbirth, normalization of individual reactions, stages of labour, hospital routines, birth process, and pain relief [led by a therapist and midwife], among other topics).	
Existing recommendations on antenatal care for a positive pregnancy experience – self-administered interventions for common physiological symptoms	
REC 2: When considering the educational interventions and support programmes, no specific format (e.g. pamphlet, videos, role play education) is recommended as more effective.	Not specified
Interventions for nausea and vomiting	
REC 3: Ginger, chamomile, vitamin B6 and/or acupuncture are recommended for the relief of nausea in early pregnancy, based on a woman's preferences and available options.	Not specified
Interventions for heartburn	
REC 4: Advice on diet and lifestyle is recommended to prevent and relieve heartburn in pregnancy. Antacid preparations can be offered to women with troublesome symptoms that are not relieved by lifestyle modification.	Not specified

RECOMMENDATION (REC) ^a	STRENGTH OF RECOMMENDATION, CERTAINTY OF EVIDENCE
Interventions for leg cramps	
REC 5: Magnesium, calcium or non-pharmacological treatment options can be used for the relief of leg cramps in pregnancy, based on a woman's preferences and a available options.	Not specified
Interventions for low back and pelvic pain	
REC 6: Regular exercise throughout pregnancy is recommended to prevent low back and pelvic pain. There are a number of different treatment options that can be used, such as physiotherapy, support belts and acupuncture, based on a woman's preferences and available options.	Not specified
Interventions for constipation	
REC 7: Wheat bran or other fibre supplements can be used to relieve constipation in pregnancy if the condition fails to respond to dietary modification, based on a woman's preferences and available options.	Not specified
Interventions for varicose veins and oedema	
REC 8: Non-pharmacological options, such as compression stockings, leg elevation and water immersion, can be used for the management of varicose veins and oedema in pregnancy, based on a woman's preferences and available options.	Not specified
Existing recommendation on self-administered pain relief for prevention of delay in the first stage of labour	
REC 9: Pain relief for preventing delay and reducing the use of augmentation in labour is not recommended.	Weak recommendation, very low-quality evidence
2. Providing high-quality services for family planning, including infertility services	
New recommendation on self-administration of injectable contraception	
REC 10 (NEW): Self-administered injectable contraception should be made available as an additional approach to deliver injectable contraception for individuals of reproductive age.	Strong recommendation, moderate-certainty evidence
New recommendation on self-management of contraceptive use with over-the-counter oral contraceptive pills (OTC OCPs)	
REC 11 (NEW): Over-the-counter oral contraceptive pills (OCPs) should be made available without a prescription for individuals using OCPs.	Strong recommendation, very low-certainty evidence
New recommendation on self-screening with ovulation predictor kits (OPKs) for fertility regulation	
REC 12 (NEW): Home-based ovulation predictor kits (OPKs) should be made available as an additional approach to fertility management for individuals attempting to become pregnant.	Strong recommendation, low-certainty evidence

ANNEXURE 1 (continued)

RECOMMENDATION (REC) ^a	STRENGTH OF RECOMMENDATION, CERTAINTY OF EVIDENCE
Existing recommendation on condoms	
REC 13: Consistent and correct use of male and female condoms is highly effective in preventing the sexual transmission of HIV; reducing the risk of HIV transmission both from men to women and women to men in serodiscordant couples; reducing the risk of acquiring other STIs and associated conditions, including genital warts and cervical cancer; and preventing unintended pregnancy.	Not specified
REC 14: The correct and consistent use of condoms with condom-compatible lubricants is recommended for all key populations to prevent sexual transmission of HIV and STIs.	Strong recommendation, moderate-quality evidence
Existing recommendations on the number of progestogen-only pill (POP) and combined oral contraceptive (COC) pill packs that should be provided at initial and return visits	
REC 15a: Provide up to one year's supply of pills, depending on the woman's preference and anticipated use.	Not specified
REC 15b: Programmes must balance the desirability of giving women maximum access to pills with concerns regarding contraceptive supply and logistics.	Not specified
REC 15c: The re-supply system should be flexible, so that the woman can obtain pills easily in the amount and at the time she requires them.	Not specified
3. Eliminating unsafe abortion	
Existing recommendations on self-management of the medical abortion process in the first trimester	
REC 16: Self-assessing eligibility [for medical abortion] is recommended in the context of rigorous research.	Not specified
REC 17: Managing the mifepristone and misoprostol medication without direct supervision of a health-care provider is recommended in specific circumstances. We recommend this option in circumstances where women have a source of accurate information and access to a health-care provider should they need or want it at any stage of the process.	Not specified
REC 18: Self-assessing completeness of the abortion process using pregnancy tests and checklists is recommended in specific circumstances. We recommend this option in circumstances where both mifepristone and misoprostol are being used and where women have a source of accurate information and access to a health-care provider should they need or want it at any stage of the process.	Not specified
Existing recommendations on post-abortion hormonal contraception initiation	

ANNEXURE 1 (continued)

RECOMMENDATION (REC) ^a	STRENGTH OF RECOMMENDATION, CERTAINTY OF EVIDENCE
<p>REC 19: Self-administering injectable contraceptives is recommended in specific circumstances. We recommend this option in contexts where mechanisms to provide the woman with appropriate information and training exist, referral linkages to a health-care provider are strong, and where monitoring and follow-up can be ensured</p>	Not specified
<p>REC 20: For individuals undergoing medical abortion with the combination mifepristone and misoprostol regimen or the misoprostol-only regimen who desire hormonal contraception (oral contraceptive pills, contraceptive patch, contraceptive ring, contraceptive implant or contraceptive injections), we suggest that they be given the option of starting hormonal contraception immediately after the first pill of the medical abortion regimen.</p>	Not specified
<p>4. Combating sexually transmitted infections, including HIV, reproductive tract infections, cervical cancer and other gynaecological morbidities</p>	
<p>New recommendation on HPV self-sampling</p>	
<p>REC 21 (NEW): HPV self-sampling should be made available as an additional approach to sampling in cervical cancer screening services for individuals aged 30–60 years.</p>	Strong recommendation, moderate-certainty evidence
<p>New recommendation on self-collection of samples for STI testing</p>	
<p>REC 22a (NEW): Self-collection of samples for <i>Neisseria gonorrhoeae</i> and <i>Chlamydia trachomatis</i> should be made available as an additional approach to deliver STI testing services for individuals using STI testing services.</p>	Strong recommendation, moderate-certainty evidence
<p>REC 22b (NEW): Self-collection of samples for <i>Treponema pallidum</i> (syphilis) and <i>Trichomonas vaginalis</i> may be considered as an additional approach to deliver STI testing services for individuals using STI testing services.</p>	Conditional recommendation, low-certainty evidence
<p>Existing recommendation on HIV self-testing</p>	
<p>REC 23: HIV self-testing should be offered as an additional approach to HIV testing services.</p>	Strong recommendation, moderate-quality evidence
<p>Existing recommendation on self-efficacy and empowerment for women living with HIV</p>	
<p>REC 24: For women living with HIV, interventions on self-efficacy and empowerment around sexual and reproductive health and rights should be provided to maximize their health and fulfil their rights.</p>	Strong recommendation, moderate-quality evidence
<p>5. Promoting sexual health</p>	
<p>There are no new or existing recommendations on self-care interventions in this area, but relevant existing WHO guidance is provided in this guideline.</p>	

ANNEXURE 2: SUMMARY OF NEW AND EXISTING GOOD PRACTICE STATEMENTS (GPS) ON SELF-CARE INTERVENTIONS FOR SRHR

GOOD PRACTICE STATEMENT (GPS)
1. Environmental considerations
Adapted good practice statement on safe and sustainable management of health-care waste
GPS 1 (ADAPTED): Safe and secure disposal of waste from self-care products should be promoted at all levels.
Adapted good practice statement on environmentally preferable purchasing (EPP)
GPS 2 (ADAPTED): Countries, donors and relevant stakeholders should work towards environmentally preferable purchasing (EPP) of self-care products by selecting supplies that are less wasteful, or can be recycled, or that produce less-hazardous waste products, or by using smaller quantities.
2. Financing and economic considerations
Adapted good practice statements on economic considerations for access, uptake and equity
GPS 3 (ADAPTED): Good-quality health services and self-care interventions should be made available, accessible, affordable and acceptable to vulnerable populations, based on: the principles of medical ethics; avoidance of stigma, coercion and violence; non-discrimination; and the right to health.
GPS 4 (ADAPTED): All individuals and communities should receive the health services and self-care interventions they need without suffering financial hardship.
3. Training needs of health-care providers
Existing good practice statement on values and competencies of the health workforce to promote self-care interventions
GPS 5: Health-care workers should receive appropriate recurrent training and sensitization to ensure that they have the skills, knowledge and understanding to provide services for adults and adolescents from key populations based on all persons' right to health, confidentiality and non-discrimination.
4. Implementation considerations for vulnerable populations
New good practice statement on the life-course approach to SRHR
GPS 6 (NEW): Sensitization about self-care interventions, including for SRHR, should be tailored to people's specific needs across the life course, and across different settings and circumstances, and should recognize their right to sexual and reproductive health across the life course.
New good practice statement on the use of digital health interventions to support the use of self-care interventions
GPS 7 (NEW): Digital health interventions offer opportunities to promote, offer information about and provide discussion forums for self-care interventions, including for SRHR.
New good practice statement on support for self-care interventions in humanitarian settings
GPS 8 (NEW): Provision of tailored and timely support for self-care interventions, including for SRHR, in humanitarian settings should be in accordance with international guidance, form part of emergency preparedness plans and be provided as part of ongoing responses.
Adapted and existing good practice statements relevant to implementation of self-care for vulnerable populations
GPS 9 (ADAPTED): People from vulnerable populations should be able to experience full, pleasurable sex lives and have access to a range and choice of reproductive health options.
GPS 10 (ADAPTED): Countries should work towards implementing and enforcing antidiscrimination and protective laws, derived from human rights standards, to eliminate stigma, discrimination and violence against vulnerable populations.

GPS 11: Countries should work towards decriminalization of behaviours such as drug use/injecting, sex work, same-sex activity and nonconforming gender identities, and towards elimination of the unjust application of civil law and regulations against people who use/inject drugs, sex workers, men who have sex with men and transgender people.

GPS 12: Countries are encouraged to examine their current consent policies and consider revising them to reduce age-related barriers to HIV services and to empower providers to act in the best interests of the adolescent.

GPS 13: It is recommended that sexual and reproductive health services, including contraceptive information and services, be provided for adolescents without mandatory parental and guardian authorization/notification.

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World Health
Organization
Nigeria



Sweden
Sverige