

NATIONAL GUIDELINE ON SELF-CARE FOR SEXUAL, REPRODUCTIVE, AND MATERNAL HEALTH, 2020

FEDERAL MINISTRY OF HEALTH NIGERIA

SUMMARY VERSION



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ACRONYMS

ANC	Antenatal care
APLWG	All People Living With Disabilities
BCC	Behavior Change Communication
CSO	Civil Society Organizations
DHPRS	Department of Health Planning, Research and Statistics
FMOH	Federal Ministry of Health
FMOYD	Federal Ministry of Youth and Sports Development
HPV	Human Papillomavirus
IP	Implementing Partner
LGA	Local Government Areas
LMD	Last Mile Distribution
MDA	Ministries, Departments and Agencies
NAFDAC	National Food and Drug Administration and Control
NCC	Nigerian Communications Commission
NCDC	Nigeria Center for Disease Control
NGSC	National Guideline on Self-Care
NHMIS	National Health Management Information System
NPHCDA	National Primary Health Care Development Agency
OCP	Oral Contraception Pills
PCH	Pharmaceutical Council of Nigeria
PHC	Primary Health Care
PPMV	Patent and Proprietary Medicine Vendors
PPP	Public-Private Partnership
PSM	Procurement and Supply Management
REC	Recommendation
RMNCAH	Reproductive Maternal Newborn Child and Adolescent Health
SDP	Service Delivery Point
SME	Small and Medium-Scale Enterprises
SMOH	State Ministries of Health
SON	Standards Organization Nigeria
SOP	Standard Operating Procedures
SPHCDA	State Primary Health Care Development Agency
SRHR	Sexual and Reproductive Health and Rights
SRMH	Sexual, Reproductive, and Maternal Health
STI	Sexually Transmitted Infections
TWG	Technical Working Group
WHO	World Health Organization
WRA	Women of Reproductive Age

1. INTRODUCTION

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. While self-care is not a new term or concept, rapid advancements in medical and digital technologies are accelerating the range of interventions previously delivered by health providers that can now be acquired and managed more directly by individuals. With appropriate normative guidance and a safe and supportive enabling environment, self-care interventions offer an exciting and effective way forward to reach a range of improved outcomes, including:

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

In response to the first global normative guidance on self-care interventions, World Health Organization (WHO) Consolidated Guideline on Self-Care Interventions for Health: Sexual and Reproductive Health and Rights (2019), and in pursuit of universal health coverage, the Federal Ministry of Health (FMOH), Nigeria initiated a series of events that culminated in the development of the National Guideline on Self-Care for Sexual, Reproductive, and Maternal Health, 2020. The process included in-country advocacy consultations, which took place from July 2019 to January 2020, and the creation of a multi-stakeholder group under the FMOH. The multi-stakeholder group prioritized the development of the self-care guideline as a timely response to the COVID-19 pandemic and a potential route to achieving universal health coverage.

As a first step toward the development of the national guidelines on self-care for sexual and reproductive health and rights (SRHR), a rapid landscape analysis was commissioned by Nigeria's Self Care Think Tank to map Nigeria's policies and guidelines against the 24 WHO Self-Care recommendations for SRHR interventions. Based on the mapping exercise, the multi-stakeholder group decided:

- to adopt 20 of the 24 WHO endorsed recommendations (REC);
- to modify two recommendations:
 - modified the WHO REC 15a that states, “provide up to one year’s supply of [oral contraception] pills” to “provide three months’ supply of [oral contraception] pills in public outlets, and up to one year’s supply over-the-counter in private outlets”; and
 - modified the WHO REC 3 that states “on the use of ginger and chamomile for nausea” to “an array of recommended relief...in early pregnancy based on medical advice and woman’s preference”;
- not to adopt two recommendations on safe abortion (i.e., self-assessing eligibility for and self-management of safe abortion).

Furthermore, Nigeria added five additional self-care recommendations:

- community distribution of misoprostol
- self-application of tetracycline eye ointment at birth
- home monitoring devices for antenatal care (ANC)
- health education on early initiation of breastfeeding and immunization
- self-screening for breast cancer.

Given the large number of recommendations for maternal health, the Nigerian FMOH decided to call the guideline the National Guideline on Self-Care for Sexual, Reproductive, and Maternal Health.

Table 1: Policy mapping of self-care interventions for sexual, reproductive, and maternal health in Nigeria

KEY	National policy says yes Practiced as recommended Included in Nigeria’s National Guideline on Self-Care (NGSC)		National policy says no Not practiced Not included in Nigeria’s National Guideline on Self-Care		Not specified/addressed in policy Practice unclear Recommendation modified in Nigeria’s National Guideline on Self-Care		Secondary or informal sources say yes (policy or practice)	
	WHO endorsed recommendations (REC)		Policy	Practice	NGSC	Other Actions		
ANC, Delivery PNC	REC 1: Non-clinical health education to reduce unnecessary cesarean sections				NREC 1	Update ANC training manual		
	REC 2: No specific format for health education				NREC 2	Update ANC orientation package and produce social and behavior change materials on cesarian sections		
	Added by FMOH Nigeria: home monitoring devices for ANC (such as fetal doppler monitoring, pulse oximeter, blood pressure, and glucometer)				NREC 3			
	REC 3: Ginger, chamomile, vitamin B6 and/or acupuncture for nausea and vomiting prevention and treatment				NREC 4			
	REC 4: Diet, lifestyle advice, and antacid for heartburn prevention and relief				NREC 5	Review the ANC manual to update and standardize local options		
	REC 5: Magnesium, calcium, or non-pharmacological treatment for leg cramps				NREC 6	Nil		
	REC 6: Regular exercise and physiotherapy, support belts, and acupuncture for low back and pelvic pain prevention and treatment				NREC 7	Nil		
	REC 7: Wheat, bran or other fiber supplements to relieve constipation in pregnancy				NREC 8	Nil		
	REC 8: Non-pharmacological options for varicose veins and edema				NREC 9	Nil		
	REC 9: Pain relief for prevention of delay in the first stage of labor is not recommended				NREC 10	Nil		
	Added by FMOH Nigeria: Antenatal distribution of misoprostol for self-administration during the third stage of labor for the prevention of PPH				NREC 11	Self-therapy is not encouraged in pregnancy or labor		
	Added by FMOH Nigeria: health education on early initiation of breastfeeding and immunization				NREC 12	Add recommendation to Nigeria’s National Guideline on Self-Care for SRHM		

	WHO endorsed recommendations (REC)	Policy	Practice	NGSC	Other Actions
Family Planning	REC 10: Self-injection – NEW			NREC 13	Nil
	REC 11: Oral contraception pills (OCP) made available without prescription – NEW			NREC 14	Nil
	REC 12: Ovulation Predictor Kits – NEW			NREC 16	Update National Family Planning/ Reproductive Health Service Policy and Standards to include this REC at all levels of service delivery
	REC 13 & 14: Consistent and correct use of male and female condoms and lubricants			NREC 17	Nil
	REC 15: Provide up to one year's supply of oral contraceptive pills, with flexible re-supply			NREC 15	Nil
Abortion	REC 16: Self-assessing eligibility for medical abortion				A policy guideline update may be required to address gap
	REC 17: Self-management without direct supervision of healthcare provider (Mifepristone and misoprostol)				Consider updating National Guideline on Safe Termination of Pregnancy to include self-management
	REC 18: Self-assessing completion of abortion			NREC 18	Add recommendation to Nigeria's National Guideline on Self-Care for SRHM
	REC 19-20: Self-initiation of hormonal contraception post-abortion			NREC 19-20	Add recommendation to Nigeria's National Guideline on Self-Care for SRHM
STIs	REC 21: Human papillomavirus (HPV) self-sampling – NEW			NREC 21	Develop operational guideline/standard operating procedures (SOPs) for HPV self-sampling
	REC 22: Self-collection of samples for sexually transmitted infections (STIs) – NEW			NREC 22	Develop SOPs for STI self-collection
	Added by FMOH Nigeria: self-application of tetracycline eye ointment at birth			NREC 23	
	REC 23: HIV self-testing			NREC 24	Nil
	REC 24: Self-efficacy and empowerment for women living with HIV			NREC 25	Establish a sustainable empowerment program for women living with HIV
Other	Added by FMOH Nigeria: self-screening for early detection of breast cancer			NREC 26	

2. PURPOSE, OBJECTIVES, AND CONCEPTUAL FRAMEWORK FOR SELF-CARE

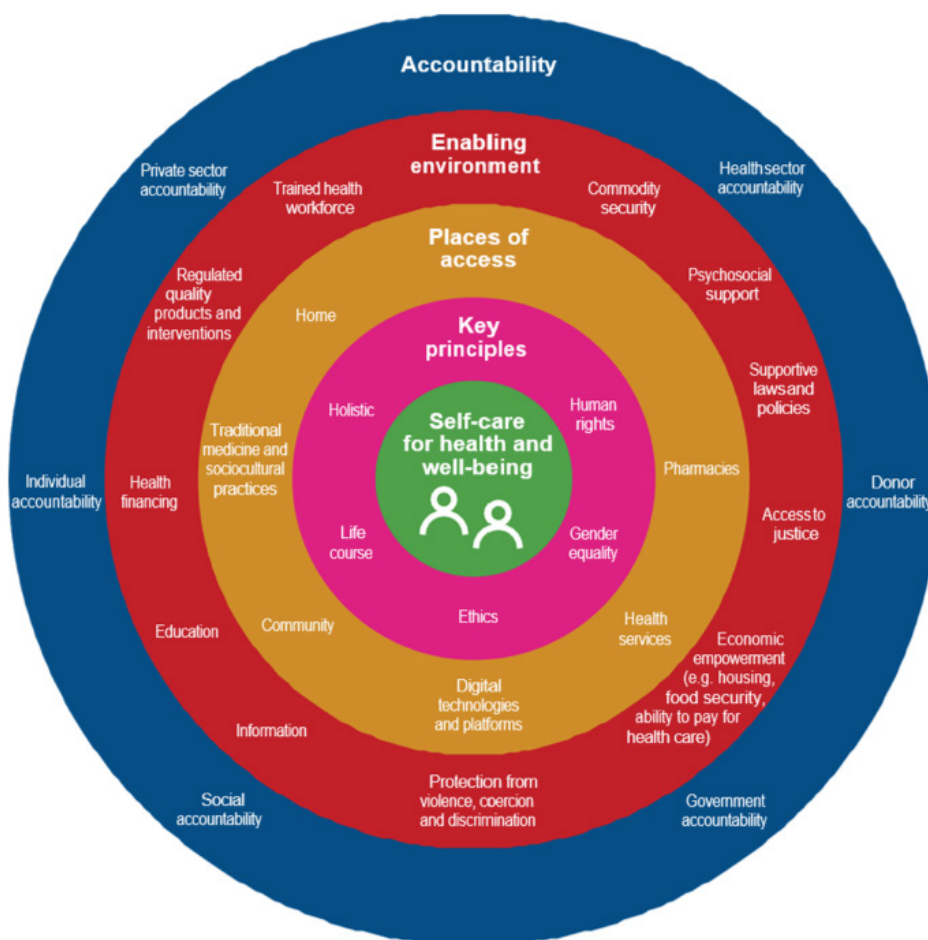
PURPOSE

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 the *WHO Consolidated Guideline on Self-Care Interventions for Health: Sexual and Reproductive Health and Rights*.

OBJECTIVES

The specific objectives are as follows:

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



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.l688.

PRIMARY TARGET AUDIENCE

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

SECONDARY TARGET AUDIENCE

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

Self-care is a quickly evolving field; therefore, the interventions included in this guideline present just the starting point. As new areas of self-care emerge or additional self-care interventions are prioritized in Nigeria, the guideline will be updated to reflect the changes. This approach will allow for continual review to inform further versions. This guideline is consequently a “living” document, which will gradually include a much broader set of self-care interventions in the future. Self-care interventions could be expanded to include noncommunicable diseases and mental health in the subsequent versions. The self-care Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) stakeholders’ group will take the lead in developing subsequent versions.

Nigeria’s guidelines on self-care for SRMH are grounded in and advocate for a strengthened, comprehensive, people-centered 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.

3. GUIDANCE FOR SELF-CARE INTERVENTIONS FOR SRMH IN NIGERIA

The full guideline provides detailed recommendations for specific self-care interventions prioritized for SRMH in Nigeria.

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. 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.

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

SERVICE DELIVERY

- The services to be provided at the various service deliver points (SDPs) shall be organized around the 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, and 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.

HEALTH INFORMATION SYSTEMS AND 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 (1) is consistent with the needs of the individuals and the community and (2) supports individuals' informed decision-making about their

Table 2: Self-care intervention areas and linkages with the health system

Interventions	Access	Financing
Self-awareness	Home, peers, health service providers, shops, religious centers, marketplaces, entire community network, and online	<ul style="list-style-type: none"> • Government • Partners • CSOs
Self-sampling / self-collection of sample	<ul style="list-style-type: none"> • Health service providers (all SDPs and channels can supply sampling kits) • Community outreaches • Online-supply 	<ul style="list-style-type: none"> • Out of pocket • Health Insurance • Government subsidies/partners
Self-testing	<ul style="list-style-type: none"> • Service providers (all SDPs and channels for test kits) • Community levels for supply of kit • Online-supply 	<ul style="list-style-type: none"> • Out of pocket • Government • Implementing partners • Health insurance
Self-management	<ul style="list-style-type: none"> • Health facilities • Digital technology (hotlines, telemedicine, YouTube videos, online support, helplines, etc.) • Community resource persons or facility health workers 	<ul style="list-style-type: none"> • Out of pocket • Health insurance • Government/partners

personal health, well-being, and interactions with the health system. For example:

- FMOH, State Ministries of Health (SMOH), SPHCDA, and implementing partners should leverage the existing platforms to design tailored-made SRMH self-care intervention messages for vulnerable populations 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).
- SMOHs should adapt the guideline and align social and behavior change communication plans to meet the specific needs of the community.
- Based on the needs of each state and community, the SMOH personnel should employ the most appropriate community-based approaches to reach the priority audiences.
- 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 SDPs 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.
- SMOH and implementing partners should ensure that age-appropriate SRMH self-care information is provided to young people using traditional and nontraditional youth-friendly outlets, including digital technology.

ACCESS TO SELF-CARE PRODUCTS

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 products at public facilities, while the total market approach will ensure the availability of the products at private facilities and at the community level. Self-care products will be included in the supply chain management system. The distribution will be initially based on estimates, and forecasting will be subsequently based on the consumption of self-care products and national set targets.

LEADERSHIP/GOVERNANCE

Coordination structure at the national level comprises the FMOH, National Primary Health Care Development Agency (NPHCDA), development partners, implementing partners, and CSOs. At the state level, the coordination structure comprises the SMOH, State Primary Health Care Development Agency (SPHCDA), local government areas (LGAs), and SDPs.

The SMOH shall coordinate self-care interventions across the state, while the SPHCDA shall coordinate at the LGA/Primary Health Care (PHC) level. The FMOH shall be responsible for organizing coordination meetings with development partners, implementing partners, and other self-care stakeholders. The Self-Care Taskforce shall form a unit in the wider Reproductive Maternal Newborn Child and Adolescent Health RMNCAH stakeholders' group. Specific responsibilities include:

- FMOH shall ensure that SOPs are available and used.
- FMOH/National Food and Drug Administration and Control (NAFDAC) shall regulate the quality of products and ensure that regulations are periodically reviewed to balance ensuring quality and safety against restricting access.
- 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 shall be responsible for the adaptation of the national guideline at the state levels and provide leadership and guidance with support at the state and LGA levels to ensure successful implementation of self-care.
- 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 or its equivalent.
- LGA's medical officer of health or equivalent shall coordinate all self-care activities at the PHC level. They shall liaise with implementing partners to orient and build the capacity of health workers on self-care.
- LGA's medical officer of health shall always monitor and ensure the availability of self-care products and behavior change communication (BCC) materials at the PHC/LGA level.
- CSOs, 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.

5. GOOD PRACTICE STATEMENTS IN SUPPORT OF SELF-CARE

ENVIRONMENTAL CONSIDERATIONS

As we increase reliance on people-centered/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 healthcare 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.

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

This guideline proposes:

- FMOH should allocate a budget to cover the costs of establishment and maintenance of sound healthcare waste management systems and secure financial contributions from donors and other sources.
- FMOH should implement and monitor sound healthcare 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 healthcare waste management systems.

- Nongovernmental organizations should include the promotion of sound healthcare waste management in their advocacy and undertake programs and activities that contribute to sound healthcare waste management.
- The private sector should take responsibility for the sound management of healthcare waste associated with the products and services they provide, including the design of products and packaging.
- Service providers should provide proper counseling and information on ways of disposal of used products at every access point.
- Community members use and dispose of self-care products properly based on information on the product leaflet.

FINANCING AND ECONOMIC CONSIDERATIONS

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

1. how much societies pay for delivering these interventions;
2. who pays for these interventions; and
3. who accesses them.

This guideline proposes:

- 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 should include self-care intervention products in the minimum health package. Saving One Million Lives Nigeria Funding can be explored on a state-by-state basis to cover costs for select self-care products.
- Private health insurance and state 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 the manufacturer level and offered at an agreed fee through Patent Medicine Stores, community pharmacists, community distribution channels, peers, and social marketing.
- Federal and state budgetary allocations as currently available for family planning and HIV should include self-care intervention/products procurement and distribution.

TRAINING NEEDS OF HEALTH CARE PROVIDERS

Health systems and the training needs of healthcare providers must be understood not only in relation to the communities and populations they are trying to serve but also in the wider sociocultural, 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 among community members, patients, health professionals, and policymakers.

Respectful, nonjudgmental, nondiscriminatory 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 the FMOH. This includes, for instance, demonstrating active, empathic listening and conveying information in a jargon-free and nonjudgmental manner.

This guideline proposes:

- SMOH and implementing partners should conduct self-care orientation for health workforce to ensure those service providers are well informed about self-care, acknowledge and accept self-care interventions, and deliver

quality services based on professional ethics and internationally agreed human rights.

- FMOH should develop a health workforce orientation training manual and curriculum for self-care interventions to include core competencies required by health workers to promote and support all self-care interventions. 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.
- Pre-service training through high-quality competency-based training curricula should be mandated for all categories of health workforce training 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 that is a combination of centralized and on-site training; and (4) low-dose, high-frequency training.
- FMOH, SMOH, and partners should explore new and efficient training approaches with the potential to save costs and/or time, such as e-learning adaptations, training materials combined with practical sessions, and downloadable training videos to be viewed on mobile phones or other devices.

IMPLEMENTATION CONSIDERATIONS FOR VULNERABLE POPULATIONS

This National Guideline for Self-Care proposes timely interventions to support the health of individuals at key life stages, with actions targeting the whole society as well as the causes of disease and ill health, rather than just targeting the consequences in individuals. In sum, the 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 communities.

This guideline proposes:

- FMOH should strengthen collaboration across all contributing Ministries, Departments and Agencies (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.
- SMOH/SPHCDA should ensure that health facilities and other SDPs 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.

6. ROLL-OUT STRATEGY AND COSTED IMPLEMENTATION PLAN

The overarching goal of the Costed Implementation Plan is to accelerate progress toward achieving universal coverage of sexual, reproductive, and maternal healthcare services through rapid, safe, and effective uptake of self-care interventions by 30% potential users by year 2025.

STRATEGIC PRIORITIES AND OBJECTIVES

1. Demand generation and social behavioral change
 - 1.1 Increase knowledge of national and state stakeholders on self-care for SRMH.
 - 1.2 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.
 - 1.3 Ensure SRMH health promotion is tailored to people's specific life course across different settings and circumstances and recognizes their right to sexual and reproductive health during a life course.
2. Service delivery
 - 2.1 Build capacity of providers at all access points with adequate knowledge, skills, and right attitude to provide correct information to enable potential users to make informed decisions about self-care intervention to improve their health and well-being.
 - 2.2 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.
 - 2.3 Scale up access to self-care through existing community distribution channels and targeted outreaches to potential users.
 - 2.4 Update existing pre-service 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).
 - 2.5 Provide tailored and timely support for SRMH self-care interventions in humanitarian settings and emergencies in accordance with international guidance and best practices.

- 2.6 Promote safe and secure disposal of waste from self-care products at all levels.
- 3. Supply of self-care products
 - 3.1 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).
 - 3.2 Strengthen public private partnership to ensure quality and affordable self-care products are available at all service points.
- 4. Policy, advocacy, and financing
 - 4.1 Strengthen the enabling environment by seeking commitments from key decision/opinion leaders to promote uptake of self-care and mobilize resources and support for scale-up across the country.
 - 4.2 Leverage existing programs and funding opportunities for financing self-care interventions to ensure equitable and sustainable access to quality self-care interventions.
 - 4.3 Strengthen public-private partnerships to ensure the availability of affordable self-care products.
- 5. Coordination and regulation
 - 5.1 Strengthen coordination for monitoring and the rapid scale-up of quality of self-care interventions in Nigeria.
 - 5.2 Leverage existing government regulatory system to expedite accreditation of self-care products and prevent the spread of counterfeit products.
 - 5.3 Strengthen public-private partnership (PPP) for the implementation of self-care for SRMH.
 - 5.4 Promote safe disposal of used self-care products/materials through PPP.
 - 5.5 Establish a mechanism to detect and correct any undesirable trends and distortions, i.e., any negative impacts or unintended uses of self-care interventions.
- 6. Supervision, monitoring, and data management
 - 6.1 Integrate self-care interventions into integrated supportive supervision ISS and data quality assurance DQA processes.
 - 6.2 Evaluate the impact of self-care interventions.
 - 6.3 Integrate self-care services reporting into the National Health Management Information System (NHMIS).

LIST OF TABLES

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



Table 3: Demand generation and social and behavioral change

Strategic Objectives	Actions	Responsible Persons
Increase knowledge of national and state stakeholders on self-care for SRMH.	Launch the National Guideline on Self-Care for SRMH (NGSC-SRMH)	<ul style="list-style-type: none"> FMOH
	Disseminate and orient national and state-level stakeholders, including program officers, health professional associations, training institutions, and community leaders on self-care interventions in Nigeria.	<ul style="list-style-type: none"> National level FMOH, Partners
	Launch and adapt the national guidelines on self-care for SRMH at state level.	<ul style="list-style-type: none"> State level SMOH, SPHCDA, Partners
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.	Create awareness on self-care at subnational levels.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> FMOH and Partners
	Leverage the wide coverage of telecommunication services and social media to reach women of reproductive age (WRA) with key self-care messages.	<ul style="list-style-type: none"> FMOH and Partners
	Develop and disseminate a national communication logo for self-care.	<ul style="list-style-type: none"> NPHCDA, SMOH, SPHCDA, WHO, and other Partners
Ensure SRMH health promotion is tailored to people's specific life course across different settings and circumstances and recognizes their right to sexual and reproductive health during a life course.	Design tailored communication strategy/messages on self-care specifically for vulnerable populations to include key populations, all people living with disabilities, and individuals in humanitarian settings.	<ul style="list-style-type: none"> FMOH, NPHCDA, All People Living With Disabilities (APLWD), SMOH, SPHCDA, Nigerian Communications Commission (NCC), Partners
	Develop age-appropriate self-care messages and promotional materials that are responsive to geographical, sociocultural, and religious sensitivity across the country.	<ul style="list-style-type: none"> FMOH, Federal Ministry of Youth and Sports Development (FMOYD), SMOH, Partners
		<ul style="list-style-type: none"> FMOH, FMOYD, SMOH, Partners

Table 4: 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.	<ul style="list-style-type: none"> FMOH, SMOH, and Implementing Partners (IP)
Build capacity of providers at all access points with adequate knowledge, skills, and right attitude to provide correct information to enable potential users to make informed decisions about self-care intervention to improve their health and well-being.	Bundle training on interpersonal communication and counselling skills and SOPs for recommended self-care interventions.	<ul style="list-style-type: none"> FMOH, relevant program or subject area stakeholders, and Partners
	Scale up providers' training on self-care interventions for SRMH to reach all channels provider through digital technology.	<ul style="list-style-type: none"> FMOH, SMOH, and Partners Nigeria Center for Disease Control (NCDC)
	Scale up providers' training on self-care interventions for SRMH at all levels through traditional classroom model.	<ul style="list-style-type: none"> FMOH, SMOH, and Partners
	Scale up providers' training on self-care interventions for SRMH through on-the-job trainings.	<ul style="list-style-type: none"> FMOH, SMOH, and Partners
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 products in line with ex-isting guidelines.	<ul style="list-style-type: none"> FMOH, SMOH, and Partners
	Designate independently manned helplines for self-care in-terventions across states of the country with the provision of information, services, and support in the local lan-guages/dialect.	<ul style="list-style-type: none"> SMOH and IPs
Update existing training and service delivery manuals to include new recommendations.	Update ANC/PNC/ICCM/Peer 2 Peer training modules to in-clude new self-care recommendations.	<ul style="list-style-type: none"> FMOH, SMOH, NPHCDA, SPHCDA, and Partners
	Develop SOPs for all newly adopted self-care recommenda-tions guidelines, especially HPV/STI.	<ul style="list-style-type: none"> FMOH, SMOH, and IPs
	Conduct mass HPV/HIV self-screening through outreaches for selected age groups or vulnerable population.	<ul style="list-style-type: none"> FMOH, Partners
Provide tailored and timely support for SRHR self-care interventions in humanitarian settings, in accordance with international guidance, to form part of emergency preparedness plans and be provided as part of ongoing responses.	Develop SOPs on self-care for service delivery especially in humanitarian settings, and emergencies.	<ul style="list-style-type: none"> FMOH, SMOH, NPHCDA, SPHCDA, and Partners

Strategic Objectives	Actions	Responsible Persons
Promote safe and secure disposal of waste from self-care products at all levels.	Develop job aids; information, education, and communication 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 5: 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 (ovulation predictor kits, tetramycin ointment, HPV/STI sample kits) and update existing quantification for ongoing interventions to scale up implementation across public facilities in the country.	• FMOH, SMOH, and IPs
	Integrate self-care products into the national Procurement and Supply Management (PSM) chain, including Last Mile Distribution (LMD).	
Strengthen public/private partnerships 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 6: 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 and mobilize resources and support for scale-up across the country.	High-level advocacy to the policy makers (executive and legislative) at the national, state, and community level on the introduction of self-care interventions in the country.	• WHO, FMOH, SMOH, and 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 objectives for engagement at national, state and community levels.	• State level • SMOH, SPHCDA, Partners

Strategic Objectives	Actions	Responsible Persons
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 Basic Health Care Provision Fund and Health Insurance schemes.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> FMOH
	Set up a coordination mechanism to work with private sector, manufacturers, and donors on affordable and readily available self-care products.	<ul style="list-style-type: none"> FMOH
	Advocate for waivers and import duty exemptions on key self-care products.	<ul style="list-style-type: none"> FMOH
	Partner with local manufacturing companies of self-care products with the provision of tax exemptions and access to Small and Medium-Scale Enterprises (SME) loans as well as other low financing options.	<ul style="list-style-type: none"> FMOH

Table 7: 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 Trailblazer Group drawn out of the national and state Reproductive Health Technical Working Groups (TWG) to coordinate implementation of self-care guidelines in Nigeria.	<ul style="list-style-type: none"> FMOH, SMOH, White Ribbon, Pharmaceutical Council of Nigeria (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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> FMOH, NAFDAC
	Partner with existing regulatory bodies/task force; NAFDAC, Standards Organization Nigeria (SON), PCN, etc., to stamp out counterfeit products.	<ul style="list-style-type: none"> FMOH, PCN, NAFDAC

Strategic Objectives	Actions	Responsible Persons
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.	<ul style="list-style-type: none"> FMOH, PCN, NAFDAC
	Liaise with self-care products manufacturers to ensure that adequate information on indications, contraindications, and waste management are on product packages.	<ul style="list-style-type: none"> FMOH, PCN, NAFDAC
	Initiate policies for the importation or production of only biodegradable self-care products.	<ul style="list-style-type: none"> FMOH, PCN, NAFDAC Partners
	Donors who intend implementing in the self-care space should include environmentally preferable purchasing considerations in their plans during planning/proposals.	<ul style="list-style-type: none"> 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 and links for further information on product packaging.	<ul style="list-style-type: none"> FMOH NAFDAC Manufacturers

Table 8: 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.	<ul style="list-style-type: none"> WHO, FMOH, SMOH, and IPs
	Capacity building of key stakeholders on ISS and DQA use.	<ul style="list-style-type: none"> FMOH, IPs
Adapt National Health Management Information System (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.	<ul style="list-style-type: none"> FMOH, SMOH
Evaluate the impact of self-care interventions.	Develop a monitoring and evaluation framework for self-care.	<ul style="list-style-type: none"> FMOH, Partners
	Conduct Impact evaluation.	<ul style="list-style-type: none"> Department of Health Planning, Research and Statistics (DHPRS), FMOH, Partners
Leverage digital health to offer knowledge sharing/learnings from providers'/users' feedback on self-care interventions for SRMH.	Engage resource person to compile online feedbacks from digital platforms to offer knowledge sharing/learnings for improved user experience and programming.	<ul style="list-style-type: none"> FMOH, SMOH

