



LIVING CASE STUDY
SELF-CARE ADVOCACY
IN ACTION
NIGERIA



SPURRING SUBNATIONAL IMPLEMENTATION OF THE NIGERIA SELF-CARE GUIDELINE

BACKGROUND

Nigeria is a frontrunner in adapting and adopting the **WHO Consolidated Guideline on Self-Care Interventions for Health: Sexual and Reproductive Health and Rights.**¹ The Federal Ministry of Health (FMOH) led a highly consultative process to develop its National Self-Care Guideline. Through a newly formed technical working group called the Nigeria Self-Care Network, the FMOH actively engaged the private sector, professional associations, regulatory bodies, policymakers, nongovernmental organizations, and advocacy groups to provide input on the guideline. The FMOH approved the final National Self-Care Guideline for Sexual, Reproductive, and Maternal Health in May 2021. While approval of the guideline is a tremendous accomplishment, it is a first step in creating widespread access to self-care. Nigeria is a decentralized country, meaning states must adapt/adopt the national self-care guideline for state-level implementation. Therefore, advocacy to state leaders to generate commitment and action to domesticate the National Self-Care Guideline is critical. And equally important is creating awareness of and demand for self-care among communities.

APPROACH

Immediately after approval of the National Self-Care Guideline, organizations that were highly involved in developing guideline, including White Ribbon Alliance Nigeria, John Snow, Inc./Access Collaborative for DMPA-SC, Society for Family Health Nigeria, and Pathfinder Nigeria, sprang into action to ensure a coordinated, subnational advocacy initiative. They were joined by others who were “newcomers” to the self-care movement thanks to their participation in the Self-Care Learning and Discovery Series, such as the Association for Reproductive and Family Health.

¹ The WHO guideline was updated in 2021 and renamed World Health Organization (WHO) Guideline on Self-Care Interventions for Health and Well-Being.



Photo credit: WRA Nigeria

White Ribbon Alliance (WRA) Nigeria serves as the Nigeria self-care advocacy focal point under the SCTG and is a founding member of the Nigeria Self-Care Network. WRA Nigeria is an autonomous, locally led organization with hundreds of organizational and individual members in 29 states that mobilizes community voices to demand and accelerate progress for sexual, reproductive, maternal, and newborn health and rights and gender equality. For more information or to get involved, contact Christy Asala at casala@whiteribbonalliance.org.

First, advocates mapped out who had existing self-care programs or advocacy initiatives at the state level and who had financial or technical resources to bring to the domestication effort. They realized, for example, that they could leverage the Access Collaborative's DMPA-SC self-injection program as a launch pad and entry point to generate support for guideline implementation. Advocates, in collaboration with the FMOH, identified 13 states for the first phase of intensive outreach.

To create a unified approach, advocates next created a toolkit needed for state-level awareness-raising and advocacy. Toolkit items included sample agendas for advocacy and orientation meetings, standard presentations, media plans and press statements, and advocacy messages and briefs. Messaging was informed by a rapid assessment undertaken by WRA Nigeria, John Snow, Inc., Pathfinder Nigeria, and WHO Nigeria querying 400 individuals across seven states to better understand community perceptions of and current practices related to self-care.

With advocacy tools in hand, advocates then embarked on a self-care “road show,” dividing up travel and outreach to the priority states. The outreach consisted of:

- High-level advocacy visits with the State Commissioner for Health, State Director of Primary Health Care Development Agency/Board, and other health sector decision-makers to introduce the National Self-Care Guideline and secure buy-in.
- A self-care orientation meeting with wider stakeholders and community members, including local government maternal and child health coordinators/family planning coordinators, civil society organizations, women and youth groups, public and private providers (including pharmacists and patent medicines sellers), professional associations, and regulatory bodies, to raise awareness of self-care and build a network of supporters.
- Media briefings to spotlight and amplify self-care among the broader public.

OUTCOMES

The strategic and well-coordinated advocacy effort produced impressive results in a short period of time. As of October 2021, Commissioners of Health and health sector leaders in eight states made commitments to adapt/adopt the National Self-Care Guideline, to train healthcare providers, and/or to integrate self-care into community outreach and mobilization. States that made commitments are: Ogun, Oyo, Kwara, Bauchi, Gombe, Plateau, Akwa Ibom, Enugu, and Osun. Many decision-makers took initial steps to act on their commitment, such as designating self-care focal points at the Local Government Area level. By and large, decision-makers were extremely welcoming of the campaign to domesticate the guideline, saying “self-care is what we have been waiting for.”



Photo credit: WRA Nigeria

INSIGHTS GAINED

While the road to subnational implementation of the National Self-Care Guideline is long, advocates have already made notable progress and generated key learnings from their experience. Insights gained include:

- **Partnerships are powerful.** No one organization or stakeholder can drive the self-care movement alone. Many organizations are already working on a specific self-care intervention (like self-injection of DMPA-SC, HIV self-testing, or self-management of noncommunicable diseases), and these programs and platforms should be capitalized upon to bring in the broader self-care advocacy effort.
- **Coordination is crucial.** The guideline domestication advocacy effort benefitted greatly from partners coming together to map out and maximize their resources in a complementary way. It also allowed them to develop a single set of advocacy tools, which saved time and money and ensured consistency in messaging.
- **A supportive self-care environment makes a difference.** In some ways, securing commitment for subnational implementation of the guideline was an “easy sell” in the target states. This is for several reasons, including an existing, supportive policy framework for task sharing/task shifting; several ongoing programs and research studies on specific self-care interventions; and the COVID-19 pandemic, which underscores the need for self-care and community-based care approaches.

NEXT STEPS

Advocates will now focus their attention on holding state-level leaders accountable to their commitments. This includes organizing an official launch of the National Self-Care Guideline targeting federal and state leaders, supporting states in the process of adapting/adopting the guideline, developing Costed Implementation Plans and securing funds, and sensitizing communities about self-care.



RECOMMENDED RESOURCES

- National Self-Care Guidelines: Developing Health Policy Architecture with Individuals at the Center
- Case Study: Developing National Self-Care Guidelines in Uganda and Nigeria

