

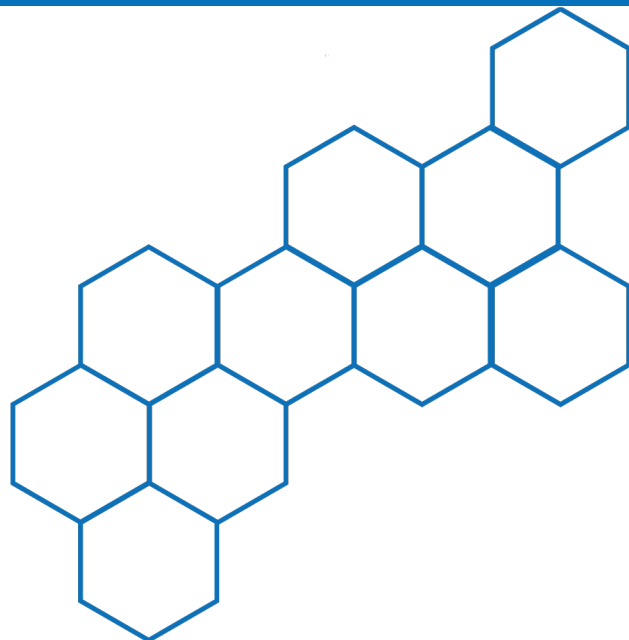


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MINISTRY OF HEALTH - ETHIOPIA

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HEALTHIER CITIZENS FOR PROSPEROUS NATION!

NATIONAL RMNCAYH-N SELF-CARE INTERVENTION GUIDELINE

MINISTRY OF HEALTH - ETHIOPIA
MAY 2024





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FOREWORD



Ethiopia has achieved remarkable progress in improving access to essential health services including maternal and child health services through primary health care system including the health extension program by implementing packages of preventive, promotive and curative services. Despite all efforts, there is still a huge gap in accessing quality essential RMNCAYH-N services due to inadequate resources and infrastructure. Furthermore, the prevailing humanitarian crisis in most parts of the country deters access to life saving essential services to those who need them.

To fill the gap and improve access to quality essential health services apart from the formal health system WHO developed self-care intervention guideline for health and well-being for countries to adapt and implement in their contexts. Self-care is one of the innovative approaches identified to improve access, quality, choice, and preference and is cost effective both to the health system and the client. Self-care helps to increase active participation of people in their own health and improves their health literacy.

The Government of Ethiopia has made expansion of access to primary care and community-based services through expansion of primary health care facilities, the health extension program, the essential service package and by implementing task sharing which will be a great opportunity for the integration and implementation of self-care interventions.

This self-care guideline is more comprehensive and encompasses all RMNCAYH-N program. All the interventions were mapped taking into consideration of the existing national policies, laws and enabling environment for the smooth implementation of the interventions. Finally, I will call upon relevant government sectors and agencies, stakeholders, donors, and private sectors to work together for the full implementation of this guideline.

A handwritten signature in blue ink, appearing to read 'Dereje Duguma', written over a light blue rectangular background.

H.E. Dr. Dereje Duguma (MD, MPH)
State Minister
Federal Democratic Republic of Ethiopia, Ministry of Health

ACKNOWLEDGMENT



The RMNCAYH-N self-care intervention initiative was conceptualized in Ethiopia during COVID-19 pandemic to maintain the continuity of essential health services. A technical staff from the Ministry of Health provided outstanding support and guidance for the development of the guideline, in close consultation with the various technical working groups engaged in the process of drafting, editing, and proofreading the guideline. The ministry of health would like to express its heartfelt appreciation to

development partners, professional associations and individuals who contributed both technically and financially from the beginning to the end of the guideline development.

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ACRONYMS/ABBREVIATIONS

AEFI	Adverse Events Following Immunization
ANC	Antenatal Care
ART	Anti- Retroviral Therapy
CAC	Comprehensive Abortion Care
COVID-19	Corona Virus Disease -2019
CS	Caesarean Section
DMPA-SC	Depot-Medroxy Progesterone Acetate Subcutaneous
ECD	Early Childhood Development
EFDA	Ethiopian, Food and Drug Administration
EID	Early Infant Diagnosis
EPI	Expanded Program of Immunization
EPSA	Ethiopia Pharmaceutical Supply Agency
FHG	Family Health Guide
FP	Family Planning
GPS	Good Practice Statements
HEI	HIV Exposed Infant
HEP	Health Extension Program
HIV	Human immunodeficiency Virus
HMIS	Health Management Information System
HPV	Human Papilloma Virus
MCHD	Maternal and Child Health Directorate
MHM	Menstrual Hygiene Management
MoH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
OCPs	Oral Contraceptive Pills
OPKs	Ovulation Predictor Kits
PHC	Primary Health Care
PMTCT	Prevention of Mother to Child transmission
PNC	Post Natal Care
RHB	Regional Health Bureau
RMNCAYH-N	Reproductive, Maternal, Neonatal, Child, Adolescents and Youth Health-Nutrition
SLOT	Strength, Limitation, Opportunities and Threats
SOP	Standard Operating Procedure
STIs	Sexually Transmitted Infections
UHC	Universal Health Coverage
VPD	Vaccine Preventable Disease
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

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1.BACKGROUND

Self-care interventions are among the most promising and innovative approaches to improve health and well-being, both from a health systems perspective and for people who use these interventions. World Health Organization (WHO) defines self-care as: *the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health care provider*. Self-care as explained in this definition includes health promotion, disease prevention and control, self-medication, providing care to dependent persons, seeking health facility care when needed, and rehabilitation including palliative care. Self-care interventions are tools that support self-care. These include evidence-based high-quality drugs, devices, diagnostics and/or digital interventions that can be provided fully or partially outside formal health services and be used with or without a health worker .

Health systems around the world are being overwhelmed by increasing demand for care of people with public health emergencies such as COVID-19 that affected access for essential health services. Evidence shows that when health systems are overburdened and people fail to access needed care, both direct mortality from an outbreak and indirect mortality from preventable and treatable conditions increase significantly . Self-care has received greater acceptance in reducing pressure on strained health systems, improving access to essential health services and health outcomes.

In addition to public health emergencies, worldwide an estimated 18 million health worker's shortage is anticipated by 2030 and about 130 million people are currently in need of humanitarian assistance. Moreover, about 400 million people worldwide lack access to essential health services. To fill this gap, there is a need to find innovative strategies that go beyond the conventional health sector response. In addition, self-care interventions help attain UHC target through its people centered health approach where an individual, families and community should also meaningfully engage to maintain their own health and wellbeing.

In Ethiopia, the health system is challenged by shortage of health workforce, inadequate infrastructure, poor health seeking behavior, shortage of supplies and commodities and inadequate funding. Furthermore, there is also a gap in accessing quality essential health services particularly maternal, newborn, child, adolescent and youth health and nutrition services, which have been exacerbated by the prevailing humanitarian crisis.

Self-care interventions have the potential to increase choice when they are accessible and affordable. They can also provide more opportunities for individuals to make informed decisions regarding their health and health care.

In humanitarian settings, for example, due to lack of or limited health infrastructures and medical services in the crisis-affected areas, self-care plays an important role to improve health-related outcomes. Self-care interventions, which include information, medicine, diagnostics, products and technologies, that can be self-directed or self-managed. It has the potential to transform health-care by increasing choice, improving convenience and access to health services, and supporting efficiencies in service delivery.

Furthermore, evidence shows that self-care interventions for reproductive health (RH) have the potential to reduce costs to the user as well as the health system. Additionally, when accessible and affordable, self-care can support advancing universal health coverage (UHC) through less burdened health system and empower health care consumers.

Availability of self-care interventions should not lead to care being disconnected from health services. Having safe and supportive enabling environment, self-care interventions offer strategies that promote active participation of individuals in their health and a way forward to reach a range of improved outcomes, including:

- Increased coverage and access
- Improved health seeking behaviors
- Reduced health disparities and increased equity
- Increased quality of services
- Improved health and social outcomes
- Reduced cost and more efficient use of health-care resources and services

In response to prevailing public health emergencies towards achieving universal health coverage, the Ministry of Health (MoH) developed RMNCAYH-N self-care intervention guideline by adapting WHO Self-Care Interventions for Health and wellbeing, mapping additional interventions in respective program area of RMNCAYH-N, which can be implemented in an integrated and holistic approach. In doing so, the country's national policy, laws and existing enabling environment were taken into considerations.

1.1. RATIONALE

Health systems around the world are being overwhelmed by increasing demand for care of people with public health emergencies such as COVID-19 that affected access for essential health services. Evidence shows that when health systems are overburdened and people fail to access needed care, both direct mortality from an outbreak and indirect mortality from preventable and treatable conditions increase significantly . In addition to public health emergencies, worldwide an estimated 18 million health worker's shortage is anticipated by 2030 and about 130 million people are currently in need of humanitarian assistance. Moreover, about 400 million people worldwide lack access to essential health services.

In Ethiopia, the health system is challenged by shortage of health workforce, inadequate infrastructure, poor health seeking behavior, shortage of supplies and commodities and inadequate funding. There is also a gap in accessing quality essential health services particularly maternal, newborn, child, adolescent, and youth health services which has been exacerbated by the prevailing humanitarian crisis. To fill this gap, there is a need to find innovative strategies that go beyond the conventional health sector response such as self-care interventions.

1.2. Guideline development process

The development process of this guideline includes formation of core technical team from each program area led by an assigned focal person with the leadership of MCH directorate. Mapping of possible interventions in each program area, in consultation with the technical working groups of each program (Safe motherhood, Newborn and child survival, AYH, Family planning, Nutrition) and consultative workshops were conducted to the selected interventions and operationalization of each intervention.

This guideline is developed by the Ministry of Health, Maternal and Child Health (MCH) directorate to support the introduction, implementation, and guidance of self-care interventions in Ethiopia for the improvement of RMNCAHYH-N services.

1.3. OBJECTIVES

1.3.1. General objectives

The general objective of this guideline is to develop a people centered, evidence-based and quality RMNCAHYH-N self-care guideline that will support individuals, families, and communities with equitable and quality health services.

1.3.2. Specific Objective

- 1.To provide guidance in enhancing self-care through integration of potential self-care interventions at primary health care level and existing health promotion and disease prevention practices at household and community levels.

2.To provide national guidance on implementation modality for self-care interventions and service-delivery issues that need to be addressed to promote and increase quality and equitable access to essential health services, uptake, and use of self-care interventions.

1.4. SCOPE

The use and uptake of self-care interventions is a shift in responsibility – between full responsibility of the user and full responsibility of the health-care provider (or somewhere along that continuum). It may change over time for each intervention and for different population groups. In addition, not all people require the same level of support and vulnerable populations in particular may require additional information and/or support to make informed decisions about their uptake and use of self-care interventions. Safe linkage between independent self-care and access to quality health care for vulnerable individuals is critically important to avoid harm.

The scope of this guideline is limited to self-care interventions that focuses on RMNCAYH-N program areas. It will be a living document that will be updated on a regular basis and as needed taking into account new innovative self-care interventions as future priorities both during and after implementation.

1.5. TARGET AUDIENCE

The primary target audiences of this guideline are:

- o policy makers,
- o program managers,
- o health care workers,
- o academic institutions
- o researchers and
- o civil society organizations that are mainly working on RMNCAYH-N program and responsible for making decisions or advising on delivery or promotion of self-care interventions in Ethiopia.

1.6. CONCEPTUAL FRAMEWORK FOR SELF-CARE INTERVENTIONS

The conceptual framework for self-care interventions is intended to support self-care interventions for health in general and RMNCAYH-N in particular. The framework details and links the core elements from both “people centered” and “health systems” approaches, which can support introduction, uptake and scale-up of self-care interventions



Figure 1. The conceptual framework for self-care interventions (Source: WHO guideline on self-care interventions for health and well-being, 2022 revision. Geneva: World Health Organization; 2022. License: CC BY-NC-SA 3.0 IGO.)

Primary health care (PHC) is proved to provide in both social and economic domains through its potential to improve equity, health system efficiency and health outcomes. Self-care interventions, if situated in an environment that is safe and supportive constitute an opportunity to help increase people’s active participation in their own health including patient engagement. A safe and supportive enabling environment is essential to facilitate access to and uptake of services, products and interventions that can improve the health and well-being of mothers, children, adolescents, youth, adults and elders. Ensuring an enabling environment in which self-care interventions can be made available in safe and appropriate ways must be a key initial strategy to introduce or scale-up new or existing self-care interventions. This should be informed by the profile of potential users, the services to be offered to them, and the broader legal and policy environment and structural supports and barriers.

Thus, for each proposed interventions and recommendation, the enabling environment play a crucial role in shaping individuals' access to and use of health services, as well as their health outcomes.

1.7. GENDER DIMENSION AND SELF-CARE INTERVENTION

Gender norms and division of labor, access to and control over resources and benefits, and decision-making power are among the gender dimensions, which influence the health of women and girls in a given society. Addressing gender dimensions would help us to realize equality and equity to access quality maternal and reproductive health services. This has been recognized and affirmed by numerous international and regional agreements and recently it was the 2030 agenda for Sustainable Development Goals.

The importance of self-care interventions in gender equality has huge contribution in advancing the health and wellbeing of women and girls. This should be considered in health policy and programs to strengthen the health system through the primary health care in people centered approach. Gender equality related to self-care interventions should also focus on male engagement, women's empowerment, communication, decision-making and biomedical interventions to prevent violence of women and girls' health. Self-care interventions will advance the RH need and service utilization of women and girls.

1.8. HEALTH SYSTEM

Self-care interventions are increasingly being acknowledged in global initiatives, including advanced primary healthcare. Primary healthcare is a fundamental component to achieve UHC. Its achievement needs a paradigm shift in health service delivery, self-care interventions can contribute substantially to make that shift. Self-care as a part of primary health care represents a cornerstone of a sustainable health system in support of UHC, which targets 3.8 of Sustainable Development Goal 3 (to ensure healthy lives and promote well-being for all at all ages). Self-care interventions must be an adjunct to, rather than a replacement for, direct interaction with the health system, and this may require conceptualizing the boundaries of the health system. Users' experiences of self-care interventions are shaped, in part, by the existing health system.

Ethiopia provides a comprehensive package of promotive, preventive, curative and rehabilitative health services in three-tier system (Figure 2.).

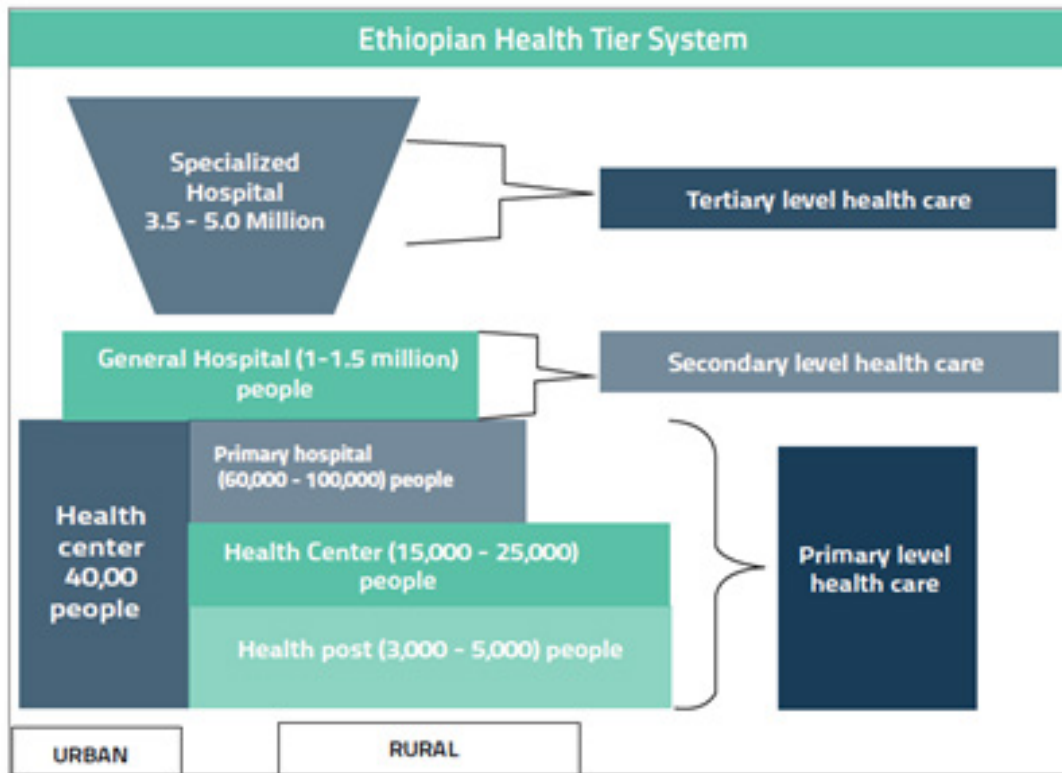


Figure 2. Ethiopian Health tier system

The Primary Health Care Unit (PHCU) is composed of health posts, health centers and primary hospitals. PHCUs provide primary level of care while general hospitals and specialized hospitals serve as referral for secondary and tertiary level care, respectively. The private sector, though limited to urban settings, plays an active role in the provision of mainly curative health services.

2. SLOT ANALYSIS FOR IMPLEMENTATION OF RMNCAYH-N SELF-CARE INTERVENTION

In Ethiopia, self-care specific guideline and strategy were not developed although there have been different fragmented experiences of self-care implementation like breast self-examination (BSE), over the counter family planning and other related interventions. As a result, the SLOT analysis focus focuses on the expert review of the existing experiences, implementation guidelines, related strategies, and policy documents due to lack of previous self-care guidelines.

Strength	Limitations
<ul style="list-style-type: none"> • Government commitment towards UHC • The presence of a well-established community structure, WDA, HEP and Village health leaders(VHL) • Availability of primary health care system and services • The growing interest and use of digital solutions for health • The existing experience of condom use, over the counter oral contraceptive pills use, emergency contraceptives, self-administration of insulin and nutrition screening 	<ul style="list-style-type: none"> • Limited policy guidance • Lack of awareness on self-care • Limitation in continuous supply of self-care commodities • Challenge on health management information system at community level • Lack of existing policy framework for some self-care interventions
Opportunities	Threats
<ul style="list-style-type: none"> • Public health emergencies like COVID-19 that triggers self-care interventions • Demand for PHC services • Partner organizations' interest • Availability of community-based health extension program (HEP, HDA, VHL) • Increased educational enrolment and literacy 	<ul style="list-style-type: none"> • Waste management practices and environmental impact • Socioeconomic conditions and gender inequality • Infection prevention and control practices at community level • Commodity misuse • Misconceptions about self-care

3. APPROACHES AND KEY PRINCIPLES

RMNCAYH-N self-care intervention guideline mainly adapted from the WHO self-care guideline on self-care interventions aimed to strengthen, people-centered approach to advance health and well-being of mothers, children, adolescents, and youth. This approach is underpinned by the key principles of human rights, ethics to save lives that might occur due to lack of access to essential health services. People-centeredness requires taking a holistic approach to the care of each person, taking account of their individual circumstances, needs and desires across their whole life course, as well as the environment within which they live.

The self-care interventions should be safe, user friendly, feasible, and in line with the existing policies and guidelines. This guideline is mainly for health workers and programmers. Additional supportive SBCC materials, tools, and low literacy materials/job aids have to be developed for effective implementation of the self-care intervention.

3.1. ACCESS TO SERVICE DELIVERY

Ensuring availability and access to RMNCAYH-N services at all service delivery points as per the standards of the national policy and essential health service implementation guide are key entry points during implementation of self-care interventions. Service delivery is organized to provide an individual with continuity of care across the existing health service provision system, health conditions, levels of care, and over the life course of an individual.

3.2. CAPACITY BUILDING OF HEALTHCARE PROVIDERS

In order to harness the maximum benefit from self-care interventions for improved RMNCAYH-N services, it is important that training of health workers at the primary health care level that incorporates communication to enable informed decision-making; value clarification teamwork; and empathetic and compassionate approaches to care.

3.3 MEDICAL SUPPLIES AND PRODUCTS

The Ministry of Health in collaboration with EFDA, determines which medical products, vaccines and technologies can enter the health system and local market as needed. The quality of the products and technologies must be appropriately regulated.

4. SOCIAL AND BEHAVIORAL CHANGE COMMUNICATION (SBCC)

Enhance health literacy oriented SBCC approach to enable individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Provider-client communication should be strengthened to ensure effective communication between the service provider and client to support the self-care interventions. RMNCAYH-N Self-care intervention users must have access to reliable, useful, quality information that is consistent with the needs of the individual and the community. Information should be customized in an appropriate local language to avoid misuse and mismanagement of the interventions. Existing communication tools including family health guide, mobile phone applications like ENAT, YENE-

-TAB will be leveraged to support the self-care interventions.

Use media platforms including relevant television (TV)/Radio health programs, community radios, print medias and social media. Use the media to disseminate key health messages through TV/radio spots and programs to enhance health literacy and support self-care interventions.

5. RMNCAYH-N SELF-CARE INTERVENTIONS

5.1 IMPROVING MATERNAL HEALTH

Interventions	Description and applicability of the interventions
Health Education	
During ANC	<p>It includes health information/education and promotion on:</p> <ul style="list-style-type: none"> • early initiation of ANC before 12 weeks of gestation • birth preparedness and complication readiness plan • post-partum family planning • danger signs of pregnancy • anxiety and stress-related issues in pregnancy • deep breathing techniques and other relaxation techniques • partner/family support • benefits of institutional delivery • availability and benefit of maternity waiting homes • pregnant women conference • community involvement for pregnant and laboring mothers
Labor and delivery	<p>It includes education on:</p> <ul style="list-style-type: none"> • childbirth process including pain and pain relief methods (like back rub and, hot moist towel) • advantages and disadvantages of different modes of deliveries (vaginal delivery and cesarean section)
<p>Interventions for common physiological symptoms during pregnancy <i>(Note: following the physiological changes in pregnancy the following symptoms are usually common and can be treated individually at home, however, worsening of symptoms might need health facility visit)</i></p>	
Interventions for nausea and vomiting	<ul style="list-style-type: none"> • Ginger and/or vitamin B6 can be used for the relief of nausea in early pregnancy, based on her preference and health worker advice. • eating frequent small meals and dry food (crackers/biscuit, bread (“ደረቅ ቂጥ”), “ዳቦ ቆሎ”) and • avoid large, fatty, and spicy meals

<p>Interventions for heart-burn</p>	<p>Advice on diet and lifestyle to prevent and relieve heartburn in pregnancy which includes:</p> <ul style="list-style-type: none"> • eating frequent small meals • avoidance of large meal, fatty meals and alcohol, cessation of smoking, and • elevating the head of the bed during sleep • antacid preparations can be offered to women with troublesome symptoms that are not relieved by diet and lifestyle modification.
<p>Interventions for leg cramps</p>	<ul style="list-style-type: none"> • Non-pharmacological treatment like muscle stretching, relaxation, • Flexion and extension of the foot and massage
<p>Interventions for low back and pelvic pain</p>	<ul style="list-style-type: none"> • Regular lighter exercise such as walking throughout pregnancy to prevent low back and pelvic pain. • Comfortable sitting and sleeping using pillows are also helpful. • Other options like physiotherapy or support belt are options based on a woman's preferences and availability
<p>Interventions for constipation</p>	<ul style="list-style-type: none"> • Dietary modifications including promoting adequate intake of water and dietary fiber (found in vegetables, nuts, fruit and whole grains such as barley and/or wheat bran (ጉብኝ ወይ ስንዴ ከነአሰሩ/ገለፈቱ). • If the condition fails to respond to dietary modification, based on a woman's preferences and available options, wheat bran or other fiber supplements can be used to relieve constipation
<p>Interventions for varicose veins and edema</p>	<ul style="list-style-type: none"> • Non-pharmacological options (compression stockings, leg elevation) • Immersion in non-warm water) can be used for the management of varicose veins and edema in pregnancy based on a woman's preferences and available options.
<p>Intervention for childbirth and postnatal care</p>	

<p>Interventions for labor pain</p>	<ul style="list-style-type: none"> • Non-pharmacologic options like back rub, applying moist towel. • Deep breathing technique • Having birth companion of her preference
<p>Intervention during post-natal period</p>	<ul style="list-style-type: none"> • Early ambulation to prevent deep vein thrombosis. • Caring for postpartum lochia using sanitary pad. • Perineal and wound care (episiotomy and post-cesarean) • Early identification of danger signs and seeking health facility care (maternal and newborn) • Early identification and treatment of mental health problems like anxiety stress and postpartum depression.
<p>Implementation approaches for maternal health</p>	<ul style="list-style-type: none"> • Health education and information will be provided for women, partner and other family members during antenatal care and postnatal care at health facility, outreach, using digital technology (Eg. Mobile app), TV, Radio and community gatherings including pregnant women conference by health workers and women development army. • Information, counselling service and support during childbirth to laboring women will be provided at health facility by health care provider based on her needs and individual circumstances. • Develop SBCC guide on maternal health service for health care providers. • Develop SBCC materials including electronic and printing materials on antenatal care, childbirth/ caesarian section and postnatal care. • Develop pre-discharge tools to standardize and make systematic discharge counseling. • Develop checklist and tools to identify danger signs for mothers and newborns. • Ensuring the availability of the necessary products • Evidence based self-care interventions during ANC, childbirth and PNC should be in line with the existing national guidelines and protocols
<p>Eliminating unsafe abortion</p>	

<p>Self-care of medical abortion up to 10 weeks based on the eligibility for termination of pregnancy as stated in the technical and procedural guideline for safe abortion service in Ethiopia</p>	<ul style="list-style-type: none"> • Using mifepristone and misoprostol medication without direct supervision of a health-care provider up to 10 weeks for abortion care • Services should be provided after gestational age determination and counseling by a trained health care provider in a health facility. • This option is recommended if a woman has a source of accurate information and access to a healthcare provider at health facility, digital health service, hot line/call center consultation service when they need or want it at any stage of the process
<p>Self-assessing completeness of the abortion process</p>	<p>Completeness of abortion is ascertained by:</p> <ul style="list-style-type: none"> • disappearance of pregnancy symptoms and signs • cessation or minimal vaginal bleeding or • negative urine pregnancy test after four weeks
<p>Post abortion contraception</p>	<ul style="list-style-type: none"> • individuals who desire hormonal contraception (oral contraceptive pills, implants or injectable) be given the options to get the service immediately after mifepristone or • linked to health facility for other family planning options
<p>Implementation approach for abortion care</p>	<ul style="list-style-type: none"> • Self-use of medical abortion after counselling and determination of the duration of pregnancy and eligibility assessment. • A trained health care provider on safe abortion care should be available in the health facility that supports the woman at any stage of the abortion process as per the national technical and procedural guideline for safe abortion care service. • Health extension workers can play role in provision of appropriate information, counseling, and referral services. • Use of digital health/call center for appropriate information and counseling by trained health care provider • Developing SBCC materials (including but not limited to danger or warning sign of abortion) and provide to the client. • Avail low-sensitivity urine pregnancy test in health facility including health posts, pharmacy, and outreach service. • Avail medical abortion drugs in health facilities.

5.2 IMPROVING FAMILY PLANNING SERVICE

Interventions	Description and applicability of the interventions
<p>Over-the-counter oral contraceptive pills (OCPs) made available without a prescription for individuals using OCPs.</p>	<ul style="list-style-type: none"> • Making oral contraceptives (OC) available over the counter (OTC) increases access to and utilization of family planning services among existing users. • OTC means accessing OCPs without the need for a prescription through pharmacies / drug stores for those who are already using OCPs. OCPs can be offered 3 to 6 months based on client preference and availability of the products. • This intervention would increase access to services and reduce frequent facility visits.
<p>Over-the-counter Condom made available for individuals who are using condom</p>	<ul style="list-style-type: none"> • The consistent and correct use of condom is highly effective in preventing 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. • Condoms can be offered based on client preference and availability of the products. • Free condoms might be available at services outlets and corners where people can access privately or in public. • Demonstration and promotion made by health workers and existing digital technology particularly during emergencies where sexual practice could increase.

<p>DMPA-SC Self-Injection (SC/SI)</p>	<ul style="list-style-type: none"> • Provider assisted self-administered injectable contraception can be made available as an additional approach to deliver injectable contraception for women of reproductive age with proper counseling and close support. • Rolling-out DMPA-SC Self-Injection (SC/SI) through a phased based and context specific approach to public and private health facilities in Addis Ababa and other major cities/towns • In addition, DMPA-SC Self-Injection (SC/SI) testing will be piloted in selected semi urban, agrarian, and pastoralist regions and will be scaled up based on the findings and recommendations
<p>Pregnancy self-testing</p>	<ul style="list-style-type: none"> • Avail self-testing kit for confirmation of pregnancy has an additional option to health worker-led testing. • Self-pregnancy testing benefits for early initiation of antenatal care services if she has positive pregnancy test, contraceptive services if she has negative pregnancy test, to confirm the effectiveness of a medical abortion and could support women's decision-making.
<p>Family planning education</p>	<ul style="list-style-type: none"> • Provide evidence based and tailored family planning information to prevent unintended pregnancy and its consequences.
<p>Implementation approach for family planning</p>	<p>Develop SBCC materials on existing family planning methods.</p> <p>Use health facility including health post, outreach and community gatherings for provision of information and services.</p> <p>Ensure to have a clearly outlined plan of implementation on how to integrate DMPA-SC/SI into the existing health system.</p> <p>Ensure continuous commodity security for DMPA-SC integrating into the national supply chain management system.</p> <p>Support evidence-based adaptation of policies, guidance, and tools to roll-out DMPA-SC/SI integrating into the national FP program.</p> <p>Use digital technology, SMS messages and hotlines for provision of information.</p> <p>Avail family planning methods in health facility including health post, pharmacy, and outreach service delivery points.</p> <p>Ensure provision of FP counseling and adequate information for clients in all health service delivery outlets</p> <p>Integrate with other health services (ANC, PNC CAC, EPI, ART clinics etc.)</p>

5.3 ADOLESCENTS AND YOUTH HEALTH

Interventions	Description and applicability of the interventions
<p>Improve SRH information and Life skill of adolescents and youth through digital technology</p>	<ul style="list-style-type: none"> • Life skills are abilities for adaptive and positive behavior that enable humans to deal effectively with the demands and challenges of life. • Life skill is a broad concept and will be used to mitigate many adolescent and youth problems such as substance abuse, mental health, peer pressure, and injuries. • Building the life skills of adolescents and youth through digital technology is important to empower them, resist peer pressure and foster positive behaviors. • Key skills include problem solving, decision making, creative thinking, critical thinking, goal setting skills, academic, building self-confidence, stress management, team works and interpersonal communication which could be delivered through digital technology. • HIV, STI, unintended pregnancy, unsafe abortion and cervical cancer can be prevented by providing accurate and timely information coupled with basic life skill education. • Providing online information, counseling and services through the community health system would be facilitated through digital technology.
<p>Health education and information on self-care services</p>	<ul style="list-style-type: none"> • Provide health education and information on self-care services for adolescents and youth through health care providers, women’s development Group, schoolteachers and peer educators using existing school clubs, existing governmental and community structures.
<p>Menstrual Hygiene Management (MHM)</p>	<ul style="list-style-type: none"> • Lack of affordable menstrual hygiene products and limited social support are the underlying challenges that impact adolescents and youth girl’s physical and mental well-being, school absenteeism and dropout. • Ensuring good menstrual health and hygiene is a key requirement for gender sensitive health response. • Use social and behavioral change communication strategies to enhance general understanding of MHM by breaking down barriers and taboos and creating a supportive environment for attaining positive attitude and behavior towards MHM in different context. • Advice on personal hygiene, menarche, menstrual pain management, information on locally made sanitary pads, availing emergency sanitary pads at schools, WASH facilities, and school clubs.

	<ul style="list-style-type: none"> • In addition, parental education, community awareness, girl's empowerment and boy's engagement are important for MHM.
<p>Implementation approach for adolescent and youth health</p>	<p>AYH self-care intervention can be implemented through various platforms. SBCC strategies and tools are important for adolescent and youth to inform, motivate, and solve problem or plan with the objective of promoting and sustaining positive behavioral change.</p> <p>Develop SBCC materials on basics of life skill and education to make informed decision through digital technology, advice about menarche, menstrual hygiene management, pain management during menses; provide tailored AYSRH information and counseling using digital technology such as mobile applications, hotline call centers, e-learning materials, social medias and school mini-media for AYSRH information and service.</p> <p>Advocate for the implementation of existing SRH laws and policies. Create community awareness about the existing laws related to SRH services and build their active participation in its implementation. Avail SRH information on self-care at health facilities including health posts, schools, outreaches, youth clubs and other youth friendly service sites.</p> <p>Develop guide for menstrual pain management for health workers.</p> <p>Design, develop and implement targeted and context specific SBCC messages and materials including leaflets, fliers, and brochures.</p> <p>Use mini-medias, recorded health messages, and peer educators to avail AYSRH information at factory or industrial park workers.</p> <p>Utilize innovative outreach techniques to educate adolescent and youth population on self-care through an integrated media campaign, in different local languages.</p>

5.4. IMPROVING NEONATAL AND CHILD HEALTH AND DEVELOPMENT

Interventions	Description and applicability of the interventions
Promote positive maternal/caregivers mental health	<ul style="list-style-type: none"> • It includes education and counselling on how to reduce caregiver's stress, depression, and anxiety, which have negative impact on children's health and development.
Providing proper counselling for Mothers, caregivers, and families	<ul style="list-style-type: none"> • Health education on self-care for mothers, care givers and families • Counselling on specific common childhood cases
Prevent new-born and provide care	<ul style="list-style-type: none"> • Advice on essential new-born care, prevention of neonatal illness and home-based care for sick young infants (treat local infections at home) as per the integrated community management of new-born and childhood illness (ICMNCI) recommendation. • Teach the mother to give drugs at home. • Advise on new-born danger signs including sepsis, which needs immediate referral to health facility. • Avail the Family health guides (FHG) and advise the caregiver to understand and practice the relevant key messages in it.
Prevent common childhood illnesses and home-based care for sick children	<ul style="list-style-type: none"> • Advise the mother/caregiver on preventing common childhood illnesses and home-based care for sick children, based on the ICMNCI recommendation and FHG. • Teach the mother how to treat local infections at home. • Counsel the mother on how to give oral drugs at home
Promote Early Childhood Development (ECD) through responsive care giving and age-appropriate play and communication/ Early stimulation	<ul style="list-style-type: none"> • Advise the mother/caregiver to stimulate their children (starting from pregnancy) and provide responsive care (this will help children to feel loved, secure and will in return, positively affect their holistic development). • Counsel the mother/caregiver on age-appropriate play and communication recommendation as per the ECD counselling card and ECD key message.

<p>Ensure children's safety and Security</p>	<ul style="list-style-type: none"> • Creating safe and clean indoor and outdoor playing spaces for children to support their learning through play will enhance their holistic development. • Advice caregivers on good personal hygiene, sanitation (WASH) and environmental health practice (prevention and reduction of indoor air pollution). • Advice parents and caregivers on prevention of childhood injuries, burn and life-threatening emergencies.
<p>Providing Kangaroo Mother/Father Care (KMC/KFC)</p>	<ul style="list-style-type: none"> • KMC is a high impact, and low-cost intervention for the care of preterm and low birth weight (LBW) new-borns who are at high risk of neonatal morbidity and mortality. • KMC comprises a set of care practices, including early continuous and extended skin-to-skin contact between new-born and caregiver, and exclusive breastfeeding. • KMC practice is often associated with early discharge from hospital and necessary support for caregiver and infant at home. • Increase community awareness through education and counselling in health facility and during home visit.
<p>Identification and care for children with disability</p>	<ul style="list-style-type: none"> • Children with disabilities are usually undiagnosed and neglected from getting optimal care and treatment due to various cultural, social and economic reasons. • Improving parents or care giver's awareness on early identification of children with disabilities and link with appropriate care providers
<p>Implementation approach for improving neonatal and child health and development</p>	<ul style="list-style-type: none"> • Avail ECD and KM/FC key message/tools and distribute to ANC/PNC clients during facility and home to home visit. • Develop and avail SBCC materials on essential new-born care, prevention of neonatal illness and home-based care for sick children and distribute to mothers at health facility and community level. • Develop and distribute health education materials on maternal mental health. • Develop SBCC tools for parents and caregivers on prevention childhood injuries, burn and life-threatening emergencies. • Develop SBCC tools for parents and caregivers on common childhood disabilities such as Spina bifida, cleft palate/lip and congenital anomalies. • Use digital/innovative technology to convey health education message on ECD, KMC, New-born dangers signs, child health, maternal mental health.

- Use community conversations, pregnant women conference, home, and outreach visit to convey new-born and child health related key messages.

5.5. IMPROVING EPI SERVICES

Interventions	Description and applicability of the interventions
<p>Provide health education and information for caretakers on vaccine preventable diseases (VPDs), the vaccine types and immunization schedule</p>	<ul style="list-style-type: none"> • Provide health education on vaccine preventable diseases and its sequelae. • Inform and educate on all types of antigens. • Preparing information leaflet on all vaccine types with their schedule which can clearly indicate six visits of health facility for under 2 years children.
<p>Self-detection, notification, management, referral, and consultation of AEFI (Adverse event following immunization)</p>	<ul style="list-style-type: none"> • Provide awareness and give the parents/ caretakers the list of mild, severe, and serious AEFI details to follow by themselves. • Provide awareness parents/caretakers severe and serious AEFIs to report to a free telephone number 8482. • Provide Paracetamol/antipyretics to manage fever at home and cold compress with cloth or sponge. • After taking any injection if child developed any abscess on the injection site, self-referral is required.
<p>Health education on community case definition of reportable VPDs: self-detection, notification, management and referral VPDs</p>	<ul style="list-style-type: none"> • Educate the community and/or individual on identifying VPDs, self-detection based on community definition of VPD (polio, measles, tetanus, diphtheria, pertussis, etc.). • Practice home management of fever, fluid intake and continue feeding if the child is conscious and able to suck breast and immediate referral if the child is unconscious.
<p>Health education on COVID-19</p>	<ul style="list-style-type: none"> • Provide health education on covid-19 transmission and prevention including covid-19 taking vaccines (12 and above years of age).
<p>Health education on COVID-19</p>	<ul style="list-style-type: none"> • Provide health education on the benefits and schedule of Td vaccination.

<p>Implementation approach for EPI</p>	<ul style="list-style-type: none"> • Develop leaflet, brochure, SMS messages on vaccine type including covid-19, schedule, and appointment date for mother/caretaker. • Organize demand generation session for immunization. • Use of free toll/call center and phone as a reminder for the next date of visit, severe adverse event notification, if applicable. • Develop and distribute SBCC materials on VPDs including covid-19 and distribute to the community (health facility, home-to-home, outreach, community gatherings etc.).
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5.6. NUTRITIONAL INTERVENTIONS

Interventions	Description and applicability of the interventions
<p>Nutritional assessment and health education for adolescents</p>	<ul style="list-style-type: none"> • Nutritional assessment and counseling, deworming and IFA (Iron-Folic acid) supplementation for adolescents. • Counselling on healthy foods and regular physical activity for all adolescents.
<p>Nutrition Assessment of HIV positive mother and their HEI (HIV Exposed Infant)</p>	<ul style="list-style-type: none"> • To improve the effectiveness of ART and the immune system mothers and HEI should be monitored for the nutritional status by MUAC measurement for pregnant and lactating women and HEI above six months of age. • HEI for under six-month using weight for length for wasting and weight for age for under-weight.
<p>Counselling on healthy eating and physical activity during pregnancy</p>	<ul style="list-style-type: none"> • Nutrition education and counselling to improve the nutritional status of women during pregnancy. • Promoting healthy eating habit and physical exercise to prevent maternal overweight and obesity during pregnancy (to reduce the risk of both small-for gestational-age infants, macrosomia, neonatal hypoglycemia, gestational diabetes mellitus (GDM), and other poor obstetric outcomes).
<p>Nutrition education on energy and protein intake during pregnancy</p>	<ul style="list-style-type: none"> • Nutrition education on increasing daily energy and protein intake for pregnant women to reduce the risk of low birth-weight neonates. • Education to improve the “quality” of diet, increase energy and protein intake, or improve knowledge of the nutritional value of different foods, including energy, protein, vitamins and iron.

<p>Prevention and treatment of maternal malnutrition during pregnancy</p>	<ul style="list-style-type: none"> • Pregnant women are advised to increase their daily calorie intake during pregnancy according to their pre-pregnancy body weight, physical activity, and gestational week. • Counselling mothers to get at least one additional nutrient dense, safe, and diverse meals per day during pregnancy to fulfill the extra energy and protein requirement.
<p>Breast feeding educational and support interventions</p>	<ul style="list-style-type: none"> • Advise on optimal breast feeding (initiate breast feeding within the first 30 minutes to 1hour, exclusive breast feeding for the first six months, start complementary feeding at six months and continued breast feeding up to 24 months and beyond). • Promote the benefits of breastfeeding. • Advise mothers during antenatal and postpartum period on exclusive breast feeding and supporting mothers for breast feeding to increase exclusive breast feeding and improve feeding practice. • Provide advice and direct support on how to breastfeed (helping with positioning of the infant and observing attachment), and psychological support. • Involve a woman’s partner, other family members, and friends.
<p>Interventions to improve complementary feeding</p>	<ul style="list-style-type: none"> • Complementary feeding means giving infants other foods in addition to breast milk. After 6 months of age, breast milk alone will not be enough to satisfy the energy needs of the infant. The gap in ‘energy needs’ must be filled with complementary foods. • Counselling on optimal feeding and care practices. • Optimal use of locally available foods. • Educate when to start complementary foods, how to prepare complementary foods, feeding healthy and sick children.
<p>Health education and counselling adults on balanced diet and healthy eating</p>	<ul style="list-style-type: none"> • Educate and counsel adults on balanced diet and healthy eating habits including diversified diet. • Reduce sugar and salt intakes. • Reduce solidified vegetable oils and animal fats and appropriate hydration.

Implementation approach for nutritional interventions

- Develop specific SBCC material on nutrition for adolescent, healthy eating and physical activity during pregnancy and lactation.
- Develop leaflet, brochure on breastfeeding, breast and nipple care, prevention and management of breast engorgement.
- Counsel and educate during antenatal and postnatal period at health facility by health workers or home visit by HEW and peer counsellors.
- Community awareness program on breast-feeding using mass media, print media, hotlines, call centers, SMS message, videos: the contents generally focus on the benefits of breastfeeding, practical breastfeeding skills (e.g. support mothers to position and correctly attach the baby to the breast, management of common breastfeeding complications; these programs may also offer family members encouragement and advice on how to support the mother).
- Develop SBCC messages on prevention and treatment of maternal malnutrition during pregnancy (recommended maternal weight gain during pregnancy and dietary diversification, recommended food groups for pregnant women, iron and folic acid supplementation during pregnancy).
- Prepare educational video, use digital technology on proper attachment and positioning.
- Provide health education on nutrition, healthy diet and healthy eating and regular exercise during pregnancy and lactation.
- Engage relevant informal networks such as religious leaders to intervene on feeding during fasting seasons during pregnancy/child-feeding.
- Use hotline, call centers and SMS on nutrition information and education, breast feeding and complementary feeding.
- Distribute leaflets, brochures during ANC visit, EPI, growth monitoring program (GMP) and home to home

5.7. PREVENTION OF VERTICAL HIV, SYPHILIS AND HBV TRANSMISSION AND REPRODUCTIVE ORGAN CANCERS

Self-Care Interventions	Description and applicability of the interventions
<p>Health education and support</p>	<ul style="list-style-type: none"> • Promoting ABCD (Abstinence, being faithful to one uninfected partner, correct and consistent use of Condom and Discussion on reproductive issues). • Prevent mother to child transmission of HIV, syphilis, and HBV. • Health education and information on FP (dual method), partner testing, ART drug adherence, prophylaxis, and EID (Exposed Infant Diagnosis) for HEI (HIV exposed infant). • Health education to enhance early diagnosis and treatment of HIV, STIs and perinatal transmission of HBV through identifying HBV-infected (i.e., hepatitis B surface antigen [HBsAg]-positive) pregnant women. • Aware HBV-infected women to get hepatitis B vaccine to their infants within 12 hours of birth. • Promote use of Oral pre-exposure prophylaxis (PrEP) by sero- by discordant couple and PBFW (additional target groups for PrEP). • Promote male involvement in PMTCT.
<p>Condom use</p>	<ul style="list-style-type: none"> • Correct and consistent use of condoms for HIV positive pregnant and lactating women.
<p>HIV self-test</p>	<ul style="list-style-type: none"> • HIV self-test is a process in which individuals who want to know their HIV status collect their own specimen (oral fluid), perform a test and interpret the result. Often in private setting either alone or with someone he or she trusts. • All reactive cases should be guided by the HIV conventional algorithm to confirm HIV status and linked to ART initiation and care and treatment. • Provide health education/demand creation about HIV self-testing. • To increase uptake and frequency of HIV testing, particularly among pregnant and populations at high risk of HIV who may be less likely to access testing or test less frequently in the conventional HIV test at health facility is recommended so that early diagnosis and linkage to prevention, treatment and care will be ensured. • Provide appropriate sensitization to equip them with necessary knowledge and skills of performing the test, test result reading and testing accuracy.

	<ul style="list-style-type: none"> As with all self-testing, users may be provided with links or contact details to access additional support, such as telephone helplines or instructional videos
<p>Benefit of ART and Self-ART drug side effect monitoring</p>	<ul style="list-style-type: none"> Provide health education on the benefit of ART drugs adherence. Provide information about minor and severe side effects of ART.
<p>Prevention of reproductive organ cancer</p>	<ul style="list-style-type: none"> Health education on HPV self-sampling should be given as an additional approach for cervical cancer screening for individuals aged 30–60 years. Health education for cervical cancer screening through Visual inspection with acetic acid (VIA) as it is the primary screening method for the prevention of cervical cancer for women age 30-49 years. Health education on breast self-examination (BSE) to reduce the burden and improve early detection of breast cancer.
<p>Implementation approach for prevention of vertical transmission of HIV, Syphilis and HBV</p>	<p>Use digital technology, free call centers and health facilities including health post to support client and to provide health education messages on prevention of vertical transmission of HIV, Syphilis and HBV.</p> <p>Develop and distribute SBCC materials such as leaflets and brochures on dual use of family planning methods, condom use, HIV self-test and ART drug adherence.</p> <p>Prepare SMS messages on ART drug benefits, adherence and side effects.</p> <p>Prepare SMS messages on the advantages of using PrEP by discordant couples and male involvement in PMTCT.</p> <p>Prepare SMS messages on ARV prophylaxis and EID for HIV exposed infants.</p> <p>Prepare radio/TV spot messages on prevention of mother to child transmission of HIV, Syphilis and HBV.</p> <p>Develop SOP of HIV self-test and avail it for the community.</p> <p>Prepare video of HIV self-test demonstration and avail it via existing digital technology and at health facilities including health posts.</p> <p>Avail HIV self-test kits to pregnant mothers.</p> <p>A pregnant woman can be self-tested at health facility or at her home based on her choice and preference.</p> <p>Those with HIV positive test result with self-test should be linked/referred to health facility.</p>

	<p>Avail condom at all services outlets and corners where people can access privately or in public.</p> <p>Prepare video of condom use demonstration and avail it via existing digital technology and at health facilities including health posts.</p>
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6. IMPLEMENTATION CONSIDERATION AND GOOD PRACTICE STATEMENTS

6.1. ENVIRONMENTAL CONSIDERATION

Waste management of self-care products is often not regulated due to various factors, especially in resource-limited countries with weak health system. Wastes of self-care interventions such as condoms, used gloves, self-test kits and disposed sharps could lead to transmission of viruses such as hepatitis B, hepatitis C and HIV. Therefore, implementation of RMNCAYH-N self-care interventions in Ethiopia needs to be followed cautiously. Every household should prepare waste disposal materials that segregate solid from wet and carefully dispose or handover to the garbage collection workers or vehicles. Health care facilities should implement infection prevention procedures based on the universal precaution guideline.

6.2. FINANCING AND ECONOMIC CONSIDERATION

RMNCAYH-N services and self-care interventions should be available, accessible, affordable and acceptable based on the principles of medical ethics, avoidance of stigma, coercion, violence and non-discrimination. All individuals and communities should receive the health services and self-care interventions they need without suffering financial hardship. The economic considerations are particularly important for vulnerable populations who do not frequently access health care. It will be critical to assess the value for money of these interventions from a societal perspective that factors in the costs and potential cost-savings for individuals.

The RMNCAYH-N self-care interventions can also help to contain some health system costs by co-opting users as their own health-care providers and by taking care outside of healthcare facilities. Moreover, for most self-care interventions to remain safe and effective, the involvement of health-care providers is required along the continuum of care from the provision of information about self-care interventions and outreach to promote linkages to care where appropriate. This may constrain the cost-savings that can be generated for the health system, especially in the early stages of adoption of new technologies.

7. IMPLEMENTATION, APPLICABILITY, MONITORING AND EVALUATION

Effective implementation of the recommendations and good practice statements in this guideline likely requires reorganization of care and redistribution of health-care resources. Various strategies should be applied to ensure that the people-centered approach and key principles that underpin this guideline are operationalized to address barriers and facilitators for implementation.

7.1. MONITORING AND EVALUATION

Monitoring and evaluation system need to be in place for every self-care intervention in all RMNCAH-N program. A set of indicators should be developed and tailored to each program areas based on the adapted recommendations and interventions. As many of interventions are provided with the support of health workers, the collection of information remains useful and can be readily used to make data for decision making processes. The report can be collected from users, pharmacies, drug shops, schools, partners, private and public health facilities, civil society organizations etc.

Based on stated indicators, the monitoring and evaluation system could be according to the national M and E timeline. The implementation and impact of these recommendations will be monitored at the health service, regional and national levels based on the indicators. However, given the private space in which self-care is practiced, alternative ways to assess the impact of the intervention's, community survey, need to be developed.

7.2. LEADERSHIP AND MANAGEMENT

The MOH, MCH directorate leads the adaptation, designing, planning and implementation of the RMNCAH-N self-care interventions in collaboration with partners and stakeholders. In addition, regional health bureaus would take the lead in implementation of proposed RMNCAH-N interventions in their respective regions. Availability and quality assurance of the products or supplies should always follow the routine procedure through the responsible agency.

7.3. ROLES AND RESPONSIBILITIES

Level	Actions
MOH	<ul style="list-style-type: none">Setting policies, standards and guidelines for the implementation of self-care intervention.

	<ul style="list-style-type: none"> • Setting policies, standards and guidelines for the implementation of self-care intervention. • Policy advocacy for self-care interventions. • Lead the implementation of self-care interventions. • Disseminate self-care guideline, job aids and SOPs. • Resource mobilization, multi-sectoral collaboration and coordination of stakeholders and agencies in planning and implementation of self-care interventions. • Provide support to regions to ensure proper implementation of national policies, standards, guidelines and SOPs related to self-care intervention. • Provide direction on systematic integration of self-care interventions into the existing health care system. • Create enabling environment for the implementation of self-care interventions in people centered approach. • Design tailored communication strategy and messages on self-care. • Ensure digital health technology for self-care implementation. • Develop guidance on safe and secure waste disposal of self-care products at all levels. • Lead the development of self-care monitoring & evaluation and roll out strategies. • Facilitate registration of self-care products in collaboration with EFDA and EPSA. • Planning timely revision of self-care intervention guideline. • Integrate self-care interventions in the national policy document. • Conduct operational research to identify gaps and design tailored interventions.
<p>Regional Health Bureaus (RHB)/Zonal health Department (ZHD)</p>	<ul style="list-style-type: none"> • Ensure the proper implementation and provision of quality self-care services as per the national self-care intervention guideline in the zone/region. • Policy advocacy. • Lead self-care interventions in the region. • Ensure self-care services are integrated into primary health care service. • Ensure demand generation and social behavioral change for self-care in their respective zones/regions. • Provide support to zones, woreda health offices, and health facilities.

	<ul style="list-style-type: none"> • Follow the proper implementation of national polices, standards, and guidelines. • Capacity building for health care workers, health managers and stakeholders on self-care. • In collaboration with EPSA hubs, follow the availability of self-care products and other related supplies at health care facilities and communities. • Monitor the implementation of self-care performance in the zone/region. • Coordinate stakeholders (NGO, FBOs, CBOs, and private sector) to implement self-care in the zone/region. • Increasing community engagement through available communication channels.
<p>Woreda health offices</p>	<ul style="list-style-type: none"> • Monitor the implementation and provision of quality self-care services as per the national guideline. • Ensure self-care services are integrated into primary health care service. • Promote demand generation and social behavioral change for self-care in their respective woreda. • Support health facilities on the implementation of self-care interventions. • Capacity building for health care workers, health managers and stakeholders on self-care. • Ensure the availability of commodities and supplies necessary for self-care. • Monitor the implementation of self-care performance in the health facilities.
<p>Health Facilities</p>	<ul style="list-style-type: none"> • Implement self-care interventions to their catchment health post and community. • Secure the availability of commodities and supplies for self-care. • Awareness creation on RMNCAYH-N self-care interventions in the facility. • Provide RMNCAYH-N low literacy and age-appropriate information on self-care interventions to individuals, family and the community. • Ensure facility readiness and preparedness (facility set up, human resource, supplies, and equipment) to implement the self-care. • Avail self-care guideline and relevant job aids and SBCC materials in service delivery outlets and community (to individuals and family).

	<ul style="list-style-type: none"> • Strengthen linkage with catchment health posts and community for the implementation of self-care interventions. • Ensure self-care interventions implementation through the existing community platforms. • Conduct periodic monitoring and evaluation on self-care implementation.
<p>Health Post/HEWs</p>	<ul style="list-style-type: none"> • Strengthen linkage with community-based platforms such as: women development group, village health leaders, pregnant women conference, religious, and clan leaders including other community-based organization for the implementation of self-care interventions. • Avail self-care related job aids and distribute SBCC materials for community members. • Plan and conduct community conversations sessions to strengthen the implementation of self-care. • Introduce and implement self-care in schools, Youth centers and other community gatherings in collaboration with parent and teacher associations. • Ensure the availability of self-care commodities and supplies as per IPLS. • Monitor the implementation of self-care through regular home visits. • Prepare and submit periodic reports related to the implementation of self-care to their respective health center.
<p>Partners</p>	<ul style="list-style-type: none"> • Implement self-care interventions to their catchment • Provide support (financial and technical) to MOH, EPISA, EFDA, RHB and Zonal and Woreda health office, health facilities and communities for the implementation of self-care. • Support MOH in designing communication strategy and tailored messages on self-care. • Participate in monitoring and evaluation of self-care implementation in collaboration with MOH and government health management structures. • Support MOH, RHB and health facility in using digital health technology for implementation of self-care. • Participate in technical working group at national and regional level. • Support MOH, RHB in the proper implementation and provision of quality self-care services as per the national self-care guideline. • Support MOH, RHB on the integration of self-care services into primary health care service.

	<ul style="list-style-type: none"> • Conduct demand generation and social behavioral change communication for self-care. • Support MOH, RHB in capacity building of health workers, health managers and stakeholders on self-care. • Support MOH and EPSA in procurement of quality self-care products and other related supplies.
<p>Ethiopia Food and Drug Authority</p>	<ul style="list-style-type: none"> • Ensure the quality, safety and/or efficacy of self-care supplies. • Set standards for health institutions, healthcare practice, competence, and ethics of health professionals. • Detection and correction of undesirable trained and distortion i.e. unintended use of self-care interventions. • Identify and prevent the spread of counterfeit products. • Ensure transparent, accessible, and effective accountability mechanism. • License, authorize and include self-care products in the national essential drug list as stated in the national guidelines and protocols.
<p>EPSA</p>	<ul style="list-style-type: none"> • Strengthen the supply chain to ensure quality self-care products are available and accessible at all service delivery points. • Follow the implementation of self-care products refill mechanism to regional hubs as per the IPLS. • Aware EPSA staffs about self-care interventions. • Secure drugs that are listed out in the national essential drug list of EFDA.

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9. ANNEXES

ANNEX 1: Good Practice Statements

1. Human Rights, gender equality and equity considerations

- All self-care interventions for health must be accompanied by accurate, understandable and actionable information, in accessible formats and languages, about the intervention itself and how to link the relevant community or facility based health care services, and the opportunity to interact with health workers or trained peer supporter to support decisions, around, and the use of the intervention.
- Provision of self-care interventions for health should increase client's options about when and how they seek health care, including offering flexibility in the choice of interventions and in the degree and manner of the engagement with health services.

2. Environmental considerations

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

3. Financing and economic considerations

- 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 and non-discrimination.
- All individuals and communities should receive the health services and self-care interventions they need without suffering financial hardship.

4. Training needs of health-care providers

- Health-care workers should receive appropriate training and orientation to ensure that they have the skill, knowledge and understanding to provide services for adults and adolescents.

5. Implementation considerations for vulnerable populations

- Sensitization about self-care interventions, including for RH, should be tailored to people's specific needs across the life course, and across different settings and circumstances.

6. The use of digital health interventions to support the use of self-care interventions

- Digital health interventions offer opportunities to promote, offer information about and provide discussion forums for self-care interventions, including for RH.

7. Support for self-care interventions in humanitarian settings

- Provision of tailored and timely support for self-care interventions, including for RH, in humanitarian settings should be in accordance with the national guidance, form part of emergency preparedness plans and be provided as part of ongoing responses.

ANNEX 2: Priority self-care interventions for implementation and potential self-care interventions to be included during the revision of the guideline

1. RMNCAYH-N self-care priority interventions for implementation

- Health education intervention during ANC
- Health education for childbirth including labor pain
- Abortion care (medical abortion up to 10 weeks, self-assessing completeness of abortion and post-abortion contraception)
- Pregnancy self-testing
- Improve SRH information and Life skill of adolescents and youth through digital technology.
- HPV self-sampling

2. Priority self-care interventions to be included during the revision of National RMN-CAYH-N self-care intervention guideline

- Post-menopausal self-care
- Self-monitoring of blood pressure during pregnancy for individuals with hypertensive disorders of pregnancy.
- Self-testing for proteinuria for pregnant individuals with non-proteinuria hypertension
- Self-monitoring of glucose during pregnancy for individuals diagnosed with gestational diabetes mellitus
- Self-management of folic acid supplements before pregnancy
- Self-management of iron and folic acid during pregnancy
- Self-management of iron and folic acid during postnatal period
- Home-based ovulation predictor kits
- Self-collection of samples for STIs (N. gonorrhoea and C. trachomatis, syphilis, T. vaginalis)

