POLICY MAPPING
Assessing Implementation of the WHO Consolidated Guideline on Self-Care Interventions in Policy and Practice (In Kenya, Nigeria & Uganda)

Rapid Analysis

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SELF-CARE TRAILBLAZER GROUP

WHO WE ARE:
The Self-Care Trailblazer Group (SCTG) is a global coalition dedicated to expanding the safe and effective practice of self-care so that individuals can better manage their own health, health outcomes are improved, and health systems are better equipped to achieve universal health coverage.

WHAT WE DO:

- Increasing evidence, awareness, and support for self-care
- Improving self-care policies and financing
- Member networking and shared learning
- Strengthening the self-care movement

HOW TO ENGAGE:
Sign up to become a member today! Visit www.selfcaretrailblazers.org or contact us at secretariat@selfcaretrailblazers.org
WHO Consolidated Guideline on Self-Care Interventions for Health: Sexual & Reproductive Health & Rights (SRHR)

• WHO Guideline was published in June 2019
• Consists of 24 recommendations (RECs) on self-care interventions for SRHR (including 5 new RECs)
• Interventions across 5 categories:
  1. Improving antenatal, delivery, post partum & new-born care (9 RECs)
  2. Providing high quality services for family planning & infertility services (6 RECs)
  3. Eliminating unsafe abortion (5 RECs)
  4. Combating sexually transmitted infections, cervical cancer, and other gynaecological morbidities (4 RECs)
  5. Promoting SRHR (aspirational)
The guideline includes 5 new recommendations

- The 5 new recommendations in the WHO Guideline are concerned with the appropriate use of:
  1. Self-administered injectable DMPA
  2. Oral Contraceptive Pills (OCPs)
  3. Ovulation Predictor Kits (OPKs)
  4. Self-sampling for HPV, Gonorrhoeae, Chlamydia, Syphilis & Trichomonas

The full list of 24 recommendations can be accessed by following this link (see pages 8-11):
12 RECS ARE SERVICE FOCUSED

DMPA (SC); OCPs; Condoms; Pregnancy tests; Lubricants; Self-sampling (kits)

12 RECS REQUIRE SRHR PRODUCTS

1 – IMPROVING ANTENATAL, DELIVERY, POST PARTUM & NEW-BORN CARE

| R.1  | Health/Psych. Education for women |
| R.2  | Various formats for educational interventions |
| R.3  | Complementary therapy for relief of nausea |
| R.4  | Advice on diet & lifestyle/antacids for management of heartburn |
| R.5  | Non-Rx treatment for the relief of leg cramps |
| R.6  | Exercise/support/rehab for low back & pelvic pain |
| R.7  | Natural fiber supplements to relieve constipation |
| R.8  | Non-Rx management of varicose veins & oedema |
| R.9  | Discourage pain relief during delay/augmentation in labour |

2 – PROVIDING HIGH QUALITY SERVICES FOR FAMILY PLANNING & INFERTILITY SERVICES

| R.10 | Self-administered injectable contraception |
| R.11 | OTC Oral Contraceptive Pills (OCP) available without a prescription |
| R.12 | Home-based Ovulation Predictor Kits (OPKs) should be made available |
| R.13 | Correct use of male & female condoms (STI/HIV) |
| R.14 | Condom-compatible lubricants |
| R.15 | Provide up to one year’s supply of pills |

3 – ELIMINATING UNSAFE ABORTION

| R.16 | Encourage self-assessing eligibility for MA |
| R.17 | Use Mifepristone & Misoprostol without direct supervision of HCP |
| R.18 | Self-assessing completeness of abortion process |
| R.19 | Use self-administering injectable contraceptives in specific circumstances |
| R.20 | Encourage hormonal contraception immediately after 1st pill of MA regimen |

4 – COMBATING STIs, CERVICAL CANCER & OTHER GYN. MORBIDITIES

| R.21 | HPV self-sampling during CC screening (30-60 year) |
| R.22 | Self-collection of samples for STD during STI screening |
| R.23 | HIV self-testing |
| R.24 | Promote SRHR for women living with HIV |
RATIONALE FOR THE RESEARCH

Nearly 2 years since the publication of WHO Consolidated Guideline

There is a growing network of self-care stakeholders internationally

Some countries are developing national guidelines to promote self-care (including for SRHR)

There is no baseline or validated method for evaluating adherence to all 24 recommendations in the WHO Guideline (in any country)
OBJECTIVE

Determine the extent that the 24 recommendations in the WHO Consolidated Guideline on Self-Care Interventions are being implemented in policy & practice (Kenya, Nigeria & Uganda)

- Conduct a policy landscape analysis relevant to self-care for SRHR
- Develop a pragmatic methodology to assess implementation methods of all 24 RECs
- Refine approach to allow for replication in other country/settings
- Use findings to inform country-specific advocacy opportunities
METHOD
POLICY MAPPING TOOL (1st ITERATION)

- **DESKTOP RESEARCH**
  - 182 manuscripts
  - 39 Policy Docs & White Papers

- **STAKEHOLDER MAP**
  - (N=291)
  - Kenya=45; Nigeria=51
  - Uganda=35; Other=160

- **ELECTRONIC SURVEY**
  - 79 items
  - 8 free-text
  - 4 categories
  - Consent to Contact at end

- **1-2-1 INTERVIEW**
  - Audio recorded
  - Transcribed
  - Contextual analysis

- **Data Collection Timeline**
  - Dec 20 – Mar 21 (4 months)
  - Descriptive statistics & Red/Amber/Green (traffic light) report
  - Categorisation of emergent themes, including drivers & barriers
1. DESKTOP RESEARCH (ASSET MAP)

- Example is shown for Uganda asset map. The review included 39 policy documents and white papers, and 182 manuscripts.
2. STAKEHOLDER MAP (N=211 CONTACTS)

Includes the contact details & the designation of various self-care stakeholders including policy makers.

Important to also include healthcare professionals that are working in the ‘front line’ as they can provide feedback on how services are delivered.

<table>
<thead>
<tr>
<th>Country</th>
<th>Contacts (n)</th>
<th>Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>55</td>
<td>- INGO (n=27)  &lt;br&gt;- MOH (n=13)  &lt;br&gt;- Policy maker (n=8)  &lt;br&gt;- University (n=4)  &lt;br&gt;- Public health professional / practitioner (n=3)</td>
</tr>
<tr>
<td>Nigeria</td>
<td>84</td>
<td>- INGO (33)  &lt;br&gt;- MOH (20)  &lt;br&gt;- Public health professional / practitioner (10)  &lt;br&gt;- Policy maker (9)  &lt;br&gt;- Pharmacist (5)  &lt;br&gt;- Patient representative group (3)  &lt;br&gt;- University (3)  &lt;br&gt;- Donor (1)</td>
</tr>
<tr>
<td>Uganda</td>
<td>72</td>
<td>- MOH (30)  &lt;br&gt;- INGO (22)  &lt;br&gt;- Policy maker (14)  &lt;br&gt;- Public health professional / practitioner (15)  &lt;br&gt;- University (1)</td>
</tr>
</tbody>
</table>
3. ONLINE TOOL

An online survey was developed & could be accessed on a personal computer or smartphone. The survey takes about 10 minutes to complete. Respondents also have the option to leave their contact details at end if they agree to be interviewed.
4. PERSONAL INTERVIEWS

Participant name: [Redacted]
Date & time of interview: [Redacted]
Designation: [Redacted]
Country: [Redacted]
Contact form attached: [Redacted]

General Perspectives on self-care practices for SRHR and WHO Guidelines

Interview crib sheet to guide semi-structured discussion
- Online (Zoom) meeting with stakeholders
- 40 min - 1 hour
- Audio recorded
- Focused mainly on the 5 new RECs- but discussions varied

4. PERSONAL INTERVIEWS

How would you describe the prevailing attitude towards (a) self-care & (b) SRHR?

The WHO published guidelines last year (24 recommendations in total across 4 categories: maternal health/family planning & infertility/safe abortion/STIs self-sampling) – see Table 1. Do you feel there is good awareness of these guidelines on self-care for SRHR?

& the 24 recommendations?

To what extent do you feel that these recommendations are being implemented/adopted?

To what extent are the policies described integrated & compatible with policies for health & wellbeing, SRHR, equity, access & response to WHO Guidelines?

Questions specific to the 5 new Recommendations in WHO Guidelines:

1. Self-administered injectable contraception should be made available as an additional approach to deliver injectable contraception for individuals of reproductive age.
2. Over-the-counter oral contraceptive pills (OCPs) should be made available without a prescription for individuals using OCPs.
3. Home-based ovulation predictor kits (OPKs) should be made available as an additional approach to fertility management for individuals attempting to become pregnant.
4. HPV self-sampling should be made available as an additional approach to sampling in cervical cancer screening services for individuals aged 30-40 years.
5. Self-collection of samples for Gonorrhea & Chlamydia should be made available as an additional approach to provide STI testing services for individuals using STI testing services.

NEW REC 1: Self-administered injectable contraception should be made available as an additional approach to deliver injectable contraception for individuals of reproductive age.
- Are you aware of any national policies in place to support the new REC?
- To what extent is this recommendation being implemented?
- What are main drivers & barriers to implementation?

NEW REC 2: Over-the-counter oral contraceptive pills (OCPs) should be made available without a prescription for individuals using OCPs.
- Are you aware of any policies in place to support the new REC?
- To what extent is this recommendation being implemented?
- What are main drivers & barriers to implementation?

NEW REC 3: Home-based ovulation predictor kits (OPKs) should be made available as an additional approach to fertility management for individuals attempting to become pregnant.
- Are you aware of any policies in place to support the new REC?
- To what extent is this recommendation being implemented?
- What are main drivers & barriers to implementation?

NEW REC 4: HPV self-sampling should be made available as an additional approach to sampling in cervical cancer screening services for individuals aged 30-40 years.
- Are you aware of any policies in place to support the new REC?
- To what extent is this recommendation being implemented?
- What are main drivers & barriers to implementation?

- Are you aware of any policies in place to support the new REC?
- To what extent is this recommendation being implemented?
- What are main drivers & barriers to implementation?

5-Self-collection of samples for Gonorrhea & Chlamydia should be made available as an additional approach to provide STI testing services for individuals using STI testing services.
- Are you aware of any policies in place to support the new REC?
- To what extent is this recommendation being implemented?
- What are main drivers & barriers to implementation?

6-Self-collection of samples for Syphilis & Trichomonas may be considered as an additional approach to provide STI testing.
- Are you aware of any policies in place to support the new REC?
- To what extent is this recommendation being implemented?
- What are main drivers & barriers to implementation?

ABORTION
To what extent do you feel access to safe abortion is being implemented?
- ECP/NPAT
- Post-abortion care

What are the barriers and/or drivers to safe abortion?

Policy barriers & Opportunities / Additional Questions

Is there a repository of national/regional data regarding type & volume of SRHR products & services trade associations, list of pharmacies?

Do you feel that the publication of the guidelines is / will make a difference in changing attitudes, behaviours, practice re: (a) self-care & (b) SRHR?

How much alignment do you think there can be given legacy arrangements & future direction of drive to show implementation of guidelines?

How could success be measured?

Do you see GAVI as an enabler or barrier to the widespread adoption of IG guidelines? How/why?

Are you aware of any other informal self-care networks or key stakeholders who would be interested to engage with us to help us learn more about the issue & to carry on this policy mapping exercise?

Any other questions or comments you have?

THANK YOU for taking the time to complete this interview. Your responses are valuable to us & we will use this data to inform our policy map. Please rest assured your responses & data (your name, telephone number email) will remain confidential. We would be pleased to share the outcome of this research with you in the next few weeks.
FINDINGS
eSURVEY
N=76 respondents

INTerviews
N = 8

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>AFFILIATION/ROLE</th>
</tr>
</thead>
</table>
| Kenya   | • University (n=1)  
|         | • Donor (n=1)  
|         | • INGO (n=1)  |
| Nigeria | • INGO (n=1)  |
| Uganda  | • INGO (n=2)  
|         | • MOH (n=1)  |

- 2 x policy makers
- 34 x NGOs
- 5 x Academic Institution
- 2 x pharmacists
- 15 x PH professionals
- 6 x sexual health clinics
- 1 x WHO
- 25 x Unknown
AVAILABILITY OF SRHR PRODUCTS

- Male condom
- Female condom
- Condom lubricants
- IUD, IUCD, or Coil
- Pregnancy test
- DMP A-SC
- OCP
- EC/Abortion Pill
- Copper IUDS
- OPK
- STI self-sampling
- HPV self-sampling

Kenya
Nigeria
Uganda
C.1 ANTENATAL, DELIVERY, POSTPARTUM & NEWBORN CARE

<table>
<thead>
<tr>
<th>RECOMMENDATION (ABRIDGED)</th>
<th>KENYA</th>
<th>NIGERIA</th>
<th>UGANDA</th>
</tr>
</thead>
<tbody>
<tr>
<td>R.1 Health/Psych. Education for women</td>
<td></td>
<td>R.1 2021</td>
<td>NPG 2012</td>
</tr>
<tr>
<td>R.2 Various formats for educational interventions</td>
<td></td>
<td>R.2 2021</td>
<td>MN 2010</td>
</tr>
<tr>
<td>R.3 Complementary therapy for relief of nausea</td>
<td></td>
<td>R.4 2021</td>
<td></td>
</tr>
<tr>
<td>R.4 Advice on diet &amp; lifestyle/antacids for management of heartburn</td>
<td>QOP 2010</td>
<td>R.5 2021</td>
<td>MN 2010 NG 2020</td>
</tr>
<tr>
<td>R.5 Non-Rx treatment for the relief of leg cramps</td>
<td></td>
<td>R.6 2021</td>
<td></td>
</tr>
<tr>
<td>R.6 Exercise/support/rehab for low back &amp; pelvic pain</td>
<td></td>
<td>R.7 2021</td>
<td></td>
</tr>
<tr>
<td>R.7 Natural fiber supplements to relieve constipation</td>
<td></td>
<td>R.8 2021</td>
<td></td>
</tr>
<tr>
<td>R.8 Non-Rx management of varicose veins &amp; oedema</td>
<td></td>
<td>R.9 2021</td>
<td>MN 2010</td>
</tr>
<tr>
<td>R.9 Discourage pain relief during delay/augmentation in labour</td>
<td></td>
<td>R.10 2021</td>
<td></td>
</tr>
</tbody>
</table>

- No OTC or prescription SRHR products needed
- Healthcare professionals (HCP) are the 1st point of contact & lay the foundation for promoting healthy behaviour change (e.g., health education, earlier case identification)
- Huge variation in access & service provision (geography; rural vs urban)
- Inequitable access to obstetrics surgery (Cesarian section associated with higher socioeconomic status)
- Some online services + infographics available
- Language is a barrier to transmission & retention of health literacy

Legend: QOP (National Guidelines for Quality Obstetrics and Perinatal Care 2010); R (Recommendation number in X National Guideline Nigeria 2021); NPG (National Policy Guidelines for Sexual & Reproductive Health Services 2012); MN (Guidelines on Maternal Nutrition in Uganda 2010); NG 2020 (Uganda National Guideline 2020);
### C.2 FAMILY PLANNING & INFERTILITY

<table>
<thead>
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<tbody>
<tr>
<td>R.10 Self-administered injectable contraception</td>
<td>C. 3 2018</td>
<td>R.13 2021</td>
<td>NG 2020</td>
</tr>
<tr>
<td>R.11 OTC Oral Contraceptive Pills (OCP) available without a prescription</td>
<td>C. 5 2018</td>
<td>R.14 2021</td>
<td>NG 2020</td>
</tr>
<tr>
<td>R.12 Home-based Ovulation Predictor Kits (OPKs) should be made available</td>
<td>R.16 2021</td>
<td>NG 2020</td>
<td></td>
</tr>
<tr>
<td>R.13 Correct use of male &amp; female condoms (STI/HIV)</td>
<td>C. 8 2018</td>
<td>R.17 2021</td>
<td>NG 2020</td>
</tr>
<tr>
<td>R.14 Condom-compatible lubricants</td>
<td>C. 8 2018</td>
<td>R.17 2021</td>
<td>NG 2020</td>
</tr>
<tr>
<td>R.15 Provide up to one year’s supply of pills</td>
<td>R.15 2021</td>
<td>NG 2020</td>
<td></td>
</tr>
</tbody>
</table>

- **R10**: Rising acceptance & large scale-up to offer DMPA-SC (+/- HCP supervision for 1st injection)
- **R11**: Permitted OTC without prescription, but screening is required. HCPs are well trained, but usually require young adolescent women to have prescription
- **R12**: Often overlooked: need to raise awareness about benefits of OPKs using accessible media / infographics and radio
- **R13**: Largely accessible but quality control remains an issue
- **R14**: Often overlooked: Counselling & demonstration required to accompany printed instructions
- **R15**: Widely available OTC but sometimes 12 months supply is unrealistic due to logistical issues

(In Nigeria Nat. Guideline, Rec = 1yr supply of OCPs for private & 3 months for public)

**Legend**: C.2018 (National Family Planning Guidelines for Service Providers); R. (Recommendation number in X National Guideline Nigeria 2021); NG 2020 (Uganda National Guideline 2020);
C.3 ELIMINATING UNSAFE ABORTION

<table>
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<th>UGANDA</th>
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<tbody>
<tr>
<td>R.16 Encourage self-assessing eligibility for MA</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>R.17 Use Mifepristone &amp; Misoprostol without direct supervision of HCP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R.18 Self-assessing completeness of abortion process</td>
<td></td>
<td>P. 3 2018</td>
<td>R.18 2021</td>
</tr>
<tr>
<td>R.19 Use self-administering injectable contraceptives in specific circumstances</td>
<td></td>
<td>P. 3 2018</td>
<td>R.19 2021</td>
</tr>
<tr>
<td>R.20 Encourage hormonal contraception immediately after 1st pill of MA regimen</td>
<td></td>
<td>P. 3 2018</td>
<td>R.20 2021</td>
</tr>
</tbody>
</table>

- Lack of clarity & transparency regarding abortion law (e.g., not illegal, but criminal)
- Legal abortions are muted as women & providers fear legal repercussions
- Also associated with stigma & topic is taboo. Advocacy is still limited

- R16: Mixed feelings, low availability of counselling & timely information
- R17: Unregulated market in Nigeria + legal restrictions on self-initiation of MA. Often requires visit to health facility. In Uganda, M/M can be bought from pharmacy with Rx (but often without packaging or instructions)
- R18: Pregnancy tests available but supply, cost & awareness in relation to self-assessment is variable
- R19: DMPA-SC available but continuation remains an issue
- R20: Acceptance of LARC variable. There are regulatory waivers in Nigeria

Legend: P.2018 (Standards & Guidelines for reducing Morbidity & Mortality from unsafe abortion); R. (Recommendation number in X National Guideline Nigeria 2021); NG 2020 (Uganda National Guideline 2020)
C.4 COMBATTING SEXUALLY TRANSMITTED INFECTIONS

- Self-sampling encouraged in some settings or for most at-risk groups, but is uncommon practice
- Structural & logistical barriers prevail (HIVST in Kenya is a good working model)
- National screening plans for cervical cancer & STIs are needed

- **R21**: Reliant on routine provision of cervical cancer screening services
- **R22**: Tests available but there are no national screening programs in Kenya, Nigeria & Uganda
- **R23**: Signal initiatives since 2017. More developed in Kenya. Sometimes there is low professional support, follow up and/or counselling post-test
- **R24**: No national policy, but awareness is rising & some local programs for empowerment exist

Legend: NSCG (National Cancer Screening Guidelines); OMHIVST (Operational Manual for the delivery of HIV Self-Testing services); GPMTCT (Guidelines for Prevention of Mother to Child Transmission (PMTCT) of HIV/AIDS); R. (Recommendation number in X National Guideline Nigeria 2021); NG 2020 (Uganda National Guideline 2020);
# KENYA SRHR PRODUCTS

<table>
<thead>
<tr>
<th>No.</th>
<th>Product</th>
<th>Registration &amp; Permitted Use</th>
<th>Channel Availability</th>
<th>Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>R.10</td>
<td>Self-administered DMPA-SC</td>
<td>Permitted under conditions</td>
<td>Undergoing rapid scale-up nationwide</td>
<td></td>
</tr>
<tr>
<td>R.11</td>
<td>OTC Oral Contraceptive Pills</td>
<td>Permitted w/out prescription. Screening required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R.12</td>
<td>OPKs</td>
<td>Permitted w/out prescription</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R.13</td>
<td>m/f Condoms</td>
<td>Permitted for use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R.14</td>
<td>Compatible Lubricants</td>
<td>Permitted for use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R.17</td>
<td>Mifepristone &amp; Misoprostol</td>
<td>It is permitted under certain conditions</td>
<td>Inadequate supply of abortion drugs due to poor distribution channels</td>
<td>Not available without HCP supervision, availability issues in public clinics</td>
</tr>
<tr>
<td>R.21</td>
<td>HPV Self-Sampling + CCS</td>
<td>Permitted for use</td>
<td>Increasingly available</td>
<td>Lack of awareness and logistics for follow up</td>
</tr>
<tr>
<td>R.22</td>
<td>Self-collection + STI</td>
<td>Permitted for use</td>
<td>Scarcely available</td>
<td>Lack of awareness and logistics for follow up</td>
</tr>
<tr>
<td>R.23</td>
<td>HIV self-sampling</td>
<td>Permitted for use</td>
<td>Promoted in national guidelines and campaigns</td>
<td>Lack of awareness and logistics for follow up</td>
</tr>
<tr>
<td>Product Description</td>
<td>Registration &amp; Permitted Use</td>
<td>Channel Availability</td>
<td>Provision</td>
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<td>Compatible Lubricants</td>
<td>Permitted for use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mifepristone &amp; Misoprostol</td>
<td>It is permitted under certain conditions</td>
<td>Mixed availability</td>
<td>Large black market for drugs</td>
<td></td>
</tr>
<tr>
<td>HPV Self-Sampling + CCS</td>
<td>Permitted for use</td>
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<td></td>
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<td>Self-collection + STI</td>
<td>Permitted for use</td>
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<tr>
<td>HIV self-sampling</td>
<td>Permitted for use</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Code</td>
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<tr>
<td>R.10</td>
<td>Self-administered DMPA-SC</td>
<td>Registered by NDA in 2014 &amp; permitted under conditions</td>
<td>Undergoing rapid scale-up nationwide</td>
<td>Poor amongst adolescents</td>
</tr>
<tr>
<td>R.11</td>
<td>OTC Oral Contraceptive Pills</td>
<td>Permitted w/o prescription. Screening required.</td>
<td>Availability varies (more available in urban setting)</td>
<td>HCWs trained to offer OCPs to women</td>
</tr>
<tr>
<td>R.12</td>
<td>OPKs</td>
<td>Permitted w/o prescription</td>
<td>Widely available</td>
<td>HCWs insufficiently trained to offer advise.</td>
</tr>
<tr>
<td>R.13</td>
<td>m/f Condoms</td>
<td>Permitted for use</td>
<td>Male condom widely available. Female condoms less so.</td>
<td>Condom use is increasing within community</td>
</tr>
<tr>
<td>R.14</td>
<td>Compatible Lubricants</td>
<td>Permitted for use</td>
<td>Scarcely available</td>
<td>Available but uncommon within community</td>
</tr>
<tr>
<td>R.17</td>
<td>Mifepristone &amp; Misoprostol</td>
<td>It is permitted under certain conditions</td>
<td>Large variation regionally</td>
<td>Prescription needed, but some pharmacists sell them without</td>
</tr>
<tr>
<td>R.21</td>
<td>HPV Self-Sampling + CCS</td>
<td>Permitted for use</td>
<td>Scarcely available</td>
<td>Lack of awareness and logistics for follow up</td>
</tr>
<tr>
<td>R.22</td>
<td>Self-collection + STI</td>
<td>Permitted for use</td>
<td>Scarcely available</td>
<td>Lack of awareness and logistics for follow up</td>
</tr>
<tr>
<td>R.23</td>
<td>HIV self-sampling</td>
<td>Permitted for use</td>
<td>Promoted in national guidelines and campaigns</td>
<td>Lack of awareness and logistics for follow up</td>
</tr>
<tr>
<td>CATEGORY</td>
<td>RECOMMENDATION (ABRIDGED)</td>
<td>KENYA</td>
<td>NIGERIA</td>
<td>UGANDA</td>
</tr>
<tr>
<td>----------</td>
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<td>---------</td>
<td>--------</td>
</tr>
<tr>
<td>1. Improving antenatal, delivery, postpartum &amp; new-born care</td>
<td>R.1 Health/Psych. Education for women</td>
<td>R.1 2021</td>
<td>NPG 2012</td>
<td></td>
</tr>
<tr>
<td></td>
<td>R.2 Various formats for educational interventions</td>
<td>R.2 2021</td>
<td>MN 2010</td>
<td></td>
</tr>
<tr>
<td></td>
<td>R.3 Complementary therapy for relief of nausea</td>
<td>R.3 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>R.4 Advice on diet &amp; lifestyle/antacids for management of heartburn</td>
<td>QOP 2010</td>
<td>R.5 2021</td>
<td>MN 2010</td>
</tr>
<tr>
<td></td>
<td>R.5 Non-Rx treatment for the relief of leg cramps</td>
<td>R.5 2021</td>
<td>NG 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>R.6 Exercise/support/rehab for low back &amp; pelvic pain</td>
<td>R.6 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>R.7 Natural fiber supplements to relieve constipation</td>
<td>R.7 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>R.8 Non-Rx management of varicose veins &amp; oedema</td>
<td>R.8 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>R.9 Discourage pain relief during delay/augmentation in labour</td>
<td>R.9 2021</td>
<td>MN 2010</td>
<td></td>
</tr>
<tr>
<td>2. Providing high quality services for family planning &amp; infertility services</td>
<td>R.10 Self-administered injectable contraception</td>
<td>C. 3 2018</td>
<td>R.13 2021</td>
<td>NG 2020</td>
</tr>
<tr>
<td></td>
<td>R.11 OTC Oral Contraceptive Pills (OCP) available without a prescription</td>
<td>C. 5 2018</td>
<td>R.14 2021</td>
<td>NG 2020</td>
</tr>
<tr>
<td></td>
<td>R.12 Home-based Ovulation Predictor Kits (OPKs) should be made available</td>
<td>R.16 2021</td>
<td>NG 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>R.13 Correct use of male &amp; female condoms (STI/HIV)</td>
<td>C. 8 2018</td>
<td>R.17 2021</td>
<td>NG 2020</td>
</tr>
<tr>
<td></td>
<td>R.14 Condom-compatible lubricants</td>
<td>C. 8 2018</td>
<td>R.17 2021</td>
<td>NG 2020</td>
</tr>
<tr>
<td></td>
<td>R.15 Provide up to one year's supply of pills</td>
<td>R.15 2021</td>
<td>NG 2020</td>
<td></td>
</tr>
<tr>
<td>3. Eliminating unsafe abortion</td>
<td>R.16 Encourage self-assessing eligibility for MA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>R.17 Use Mifepristone &amp; Misoprostol without direct supervision of HCP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>R.18 Self-assessing completeness of abortion process</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>R.19 Use self-administering injectable contraceptives in specific circumstances</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>R.20 Encourage hormonal contraception immediately after 1st pill of MA regimen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Combating STIs, cervical cancer &amp; other gyn. morbidities</td>
<td>R.21 HPV self-sampling during CC screening (30-60 year)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>R.22 Self-collection of samples for STD during STI screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>R.23 HIV self-testing</td>
<td>OMHIVST 2017</td>
<td>R.24 2021</td>
<td>NG 2020</td>
</tr>
<tr>
<td></td>
<td>R.23 Promote SRHR for women living with HIV</td>
<td>GPMTCT 2012</td>
<td>R.25 2021</td>
<td></td>
</tr>
</tbody>
</table>

Legend:
- **QOP** (National Guidelines for Quality Obstetrics and Perinatal Care 2010)
- **C.2018** (National Family Planning Guidelines for Service Providers)
- **P.2018** (Standards & Guidelines for reducing Morbidity & Mortality from unsafe abortion)
- **NSCG** (National Cancer Screening Guidelines)
- **OMHIVST** (Operational Manual for the delivery of HIV Self-Testing services)
- **GPMTCT** (Guidelines for Prevention of Mother to Child Transmission (PMTCT) of HIV/AIDS)
- **R.** (Recommendation number in X National Guideline Nigeria 2021)
- **NPG** (National Policy Guidelines for Sexual & Reproductive Health Services 2012)
- **MN** (Guidelines on Maternal Nutrition in Uganda 2010)
- **NG 2020** (Uganda National Guideline 2020)
Continuous improvement

Kenya

National Guideline 2021

Nigeria

National Guideline 2020

Uganda

WHO SELF-CARE GUIDELINE

REGISTRATION & PERMITTED USE

CHANNEL AVAILABILITY

PROVISION

PRACTICE

CULTURE

BARRIERS

• LACK OF FUNDING
• POOR AWARENESS
• LOW HEALTH LITERACY

Continuous improvement DRIVER

Kenya BARRIERS

C1: Perinatal Health Access, HCP training, low online provision, cultural barriers & various sensitivities

C2: Family Planning Commodity / supply is limited, stigma, often not youth friendly services, task-shifting (DMPA)

C3: Abortion Legal status (for women & HCP), limited advocacy, lack of online tools for self-assessing eligibility for MA

C4: Tackling STIs Access & logistics / fragmented cervical cancer screening prog, task-shifting (e.g., self-sampling), counselling post-test

National Guideline 2021 DRIVER

Nigeria BARRIERS

National Guideline 2020 DRIVER

Uganda BARRIERS
CONSIDERATIONS FOR REFINING THE TOOL

DESKTOP RESEARCH
- Use a more systematic approach to inform the literature review
- Compile an extensive policy asset map in collaboration with policy makers in each country
- Where possible, collect data on the type & volume of SRHR products sold/consumed (market research) by engaging with pharmaceutical trade associations

STAKEHOLDER ENGAGEMENT
- Engage with a wide mix of stakeholders including public health officials & policy makers
- Include front-line HCPs who provide patient-facing SRHR services
- Sensitize stakeholders early & keep them informed
- Invite stakeholders to raise awareness about the initiative & to disseminate the link to online survey

ONLINE SURVEY
- Consider producing 4 surveys (one for each category of recommendation) to assess levels of implementation
- Each of the 4 surveys can be disseminated to relevant list of stakeholders

INTERVIEWS
- Complement personal interview component with focus group discussions
- Consider organising at least one focus group to explore each category of recommendations
- Include participation from patient-facing HCP who deliver front-line services
POLICY MAPPING TOOL (2nd ITERATION)

STAKEHOLDER MAP
Consider using a scoping review methodology framework?
Sensitize stakeholders early
Ensure traction with PH officials
Engage HCPs at the coal-face

DESKTOP RESEARCH

CONSUMER DATA
Data on type & volume of SRHR products sold & consumer trends (from national trade associations or GSCF)

SURVEY

1-2-1 INTERVIEW
4 x focus groups
1 per Category

Disseminate to relevant stakeholders & HCPs

3-6 months
In-country
Collaborative approach
OPPORTUNITIES FOR NATIONAL POLICY REFORM

- Use findings to inform country-specific advocacy opportunities
- Explore mechanisms to increase awareness & health literacy levels
- Work with stakeholders to operationalize policy into practice
- Collaborative approach to address regulatory issues & poor channel availability
- Tackle logistical & re-supply chain issues
- Address criminal status of abortion
- Opportunity to optimize provision of cervical cancer screening service
- Promote task-shifting & embed mechanisms for sustained behavior change
- Enhance the availability & use of self-sampling in various settings
FOR MORE INFORMATION, PLEASE CONTACT

secretariat@selfcaretrailblazers.org