

Situational Analysis of Sexual and Reproductive Health Self-Care Intervention in Ethiopia

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ACRONYMS AND ABBREVIATIONS

ANC	Antenatal Care
DMPA-SC	Subcutaneous Depo-Medroxyprogesterone Acetate
ECP	Emergency Contraceptive Pill
EFDA	Ethiopian Food and Drug Authority
EML	Essential Medical List
EMwA	Ethiopian Midwives Association
ENA	Ethiopian Nurses Association
ESOG	Ethiopian Society of Obstetricians and Gynecologists
FMOH	Federal Ministry of Health
HIV	Human Immunodeficiency Virus
HIVST	Human Immunodeficiency Virus Self-Testing
HPV	Human Papilloma Virus
HSTP	Health Sector Transformational Plan
HTS	HIV Testing Services
HPVSS	Human Papilloma Virus Self-Sampling
IPC	Intrapartum Care
KII	Key-Informant Interview
KPP	Key and Priority Population
MA	Medication Abortion
NCDs	Non-Communicable Diseases
OCP	Oral Contraceptive Pill
OPKs	Ovulation Predictor Kits
OTC	Over-The-Counter
PHC	Primary Health Care
PNC	Postnatal Care
RECs	Recommendations
RMNCAYHN	Reproductive Maternal Newborn Child Adolescent Youth Health and Nutrition
SDG	Sustainable Development Goal
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
SWOT	Strengths, Weaknesses, Opportunities and Threats
UHC	Universal Health Coverage
WHO	World Health Organization

EXECUTIVE SUMMARY

Recognizing the contribution to achieve UHC and SDG, WHO has developed a guideline on self-care interventions for health and well-being which provides evidence based normative guidance that will support individuals, communities and countries with quality health services and self-care interventions. In line with the global recommendations, the Federal Ministry of Health (FMOH) in collaboration with partners has started to implement national initiatives to translate the WHO recommendations to the context of the country.

As part of the FMOH initiative to introduce and scale-up SRH self-care intervention, rapid national situational analysis was conducted to assess the extent that the recommendations in the WHO guideline on SRH self-care interventions are being supported by the country's policies and strategies. The situational analysis mainly focused on policy mapping of self-care interventions for SRH, including stakeholders mapping and assessment of current implementation status of self-care interventions for SRH in the country. Desk review was conducted to assess the alignment of current national policies, strategies and guidelines with the WHO Guideline on SRH self-care, and key informant interviews (KII) and stakeholders mapping were conducted to understand the current practice of self-care intervention for SRH. Moreover, the availability of commodities and supplies for SRH self-care was assessed. The findings of this survey will provide policymakers, health managers, donors, and partners with readily accessible information on relevant policies and programs and will help inform strategies to advance self-care interventions for SRH in the country.

The findings revealed that the four main policy documents of the FMOH support the global initiative on self-care intervention for SRHR for advancing UHC. Most of the WHO self-care recommendations related to ANC, IPC and PNC were included as homecare in the national ANC guideline and obstetrics management protocol, which is a fertile ground to introduce or strengthen self-care interventions in the future. Except for consistent and correct use of male and female condoms, almost all WHO self-care recommendations related to FP and infertility services and safe abortion care are not supported by the national FP and abortion technical guidelines. Some of the WHO recommendations, such as self-assessing eligibility for medical abortion are not in line with the country's abortion law. HIV self-sampling and testing, and HPV self-sampling are supported by the national guidelines and for which implementation at a small scale has already started. The key-informant interview (KII) with potential SRH partners has shown that there is a rapidly growing interest of stakeholders working to achieve a shared goal of SRH self-care intervention. Some of these partners have already started supporting the introduction and scale-up of SRH self-care in the country.

Expediting the endorsement and dissemination of the national RMNCA YH-N self-care intervention guideline; amendment of the national policies and guidelines to create enabling environment for implementation of SRH self-care interventions; adapting standard self-care training materials; designing strategies to engage stakeholder to contribute for introduction and scale-up of SRH self-care interventions; conducting operational research to generate evidences on potential benefits and risks of SRH self-care; inclusion of SRH self-care intervention in HEP packages; and establishing sustainable drug supply chain management strategies are some of the major recommendations from this rapid assessment.

I. INTRODUCTION

Background

Health systems around the world, especially in resource-constrained settings, are generally overstretched and overburdened. According to a report from the World Bank and the World Health Organization (WHO), at least half of the world's population cannot access essential health services and each year, large numbers of households are being pushed into poverty because they must pay for health care out of their own pockets (1). Therefore, there is an urgent need to find innovative strategies that go beyond the conventional or usual health sector response. Self-care is considered among those strategies that could significantly contribute for advancing universal health coverage (UHC). As it defined by WHO, self-care is the ability of individuals, families, and communities to promote their own health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health worker (2). While self-care is not a new term or concept, rapid advancements in medical and digital technologies are accelerating the range of interventions previously delivered by health providers that can now be acquired and managed more directly by individuals. Self-care recognizes individuals as active agents in managing their own health care in areas including health promotion; disease prevention and control; self-medication; providing care to dependent persons; and rehabilitation, including palliative care. It has the potential of empowering people to assume critical responsibility for the maintenance and promotion of their own health. It should be emphasized that self-care does not replace the health care system, but instead provides additional choices and options for healthcare.

Self-care interventions are evidence-based, quality tools that support self-care. They include medicines, counselling, diagnostics and/or digital technologies which can be accessed fully or partially outside of formal health services. Depending on the intervention, they can be used with or without the direct supervision of health workers. Over-the-counter (OTC) availability of some contraceptive products, pregnancy tests and condoms, HPV and STI self-sampling and HIV self-tests are examples of quality, cost-effective self-care interventions. Self-care interventions can empower individuals and communities to manage their health and well-being; strengthen national institutions with efficient use of domestic resources for health; and improve primary healthcare (PHC) and contribute to achieving UHC (3).

Cognizant of the value and potential contribution of self-care interventions within the health systems, WHO developed consolidated guideline on self-care interventions for health: sexual and reproductive health and rights (WHO 2019), and a framework which support and promote these innovative approaches as ways to accelerate attainment of universal health coverage (UHC) and the Sustainable Development Goals (SDGs) (4). The purpose of the guideline is to provide evidence based normative guidance that will support individuals, communities and countries with quality health services and self-care interventions based on primary healthcare strategies, comprehensive and essential service packages, and people-centeredness. This global guideline is considered a “living guideline”, which will allow the continual review of new evidence and information, so that appropriate guidance can be issued in a timely manner and adopted and implemented by countries and programs. The first version of the guideline focused on sexual and reproductive health and rights (SRHR) but the two new versions which were updated in 2021 and 2022 included new recommendations, good practice statements/key considerations, including recommendations (RECs) on non-communicable diseases (NCDs) (5,6).

The latest versions of WHO Guideline on Self-Care Interventions for Health and Well-Being (WHO 2021/22) consists of 32 RECs on self-care interventions for SRHR, including 6 new RECs: categorized into 5 topics:

- Improving antenatal (ANC), intrapartum care (IPC), postnatal care (PNC) (13 RECs, including 3 new RECs).
- Providing high quality services for family planning and infertility services (8 RECs, including 2 new RECs)
- Eliminating unsafe abortion (5 RECs)
- Combating sexually transmitted infections (including HIV), reproductive tract infections, cervical cancer and other gynaecological morbidities (5 RECs)
- Promoting sexual health (1 new REC)

Of the total 32 RECs on SRHR self-care, 20 RECs require SRHR commodities or supplies/medical equipment (the remaining 12 RECs are service focused):

- Magnesium, calcium for relief of leg cramps during pregnancy
- Self-management of folic acid supplements for individuals who are planning pregnancy within the next three months and iron and folic acid supplements during pregnancy and postnatal period
- Self-monitoring of BP during pregnancy
- Self-monitoring of glucose during pregnancy
- Self-administered injectable contraception
- Over-the-counter (OTC) oral contraceptive pills (OCPs) available without prescription
- Over-the-counter (OTC) emergency contraceptive pills available without a prescription
- Home-based ovulation predictor kits (OPKs)
- Consistent and correct use of male and female condoms
- Correct and consistent use of condoms with condom-compatible lubricants
- Self-testing for pregnancy
- Managing mifepristone and misoprostol medication without the direct supervision of a health worker
- Self-assessing the completeness of the abortion process using pregnancy tests
- For post abortion contraception, self-administering injectable contraceptives
- Hormonal contraception immediately after the 1st pill of MA regimen for individuals undergoing medical abortion
- HPV self-sampling (HPVSS)
- Self-collection of samples for Neisseria gonorrhoeae and Chlamydia trachomatis
- Self-collection of samples for Treponema pallidum and Trichomonas vaginalis
- HIV self- sampling and testing
- Lubricant use for sexual health

Despite significant improvement in the past few decades, the health system of Ethiopia has limitation on staffing health facilities with sufficient number of trained and motivated health workers, infrastructure and continuous supply of commodities, equipment and technologies and adequate funding. Humanitarian crisis and health emergencies (such as COVID-19 pandemic) have also created huge challenges in already constrained health system and economy. These challenges in the health system have serious impacts on accessibility and quality of the healthcare, especially in delivery of essential RMNCAYH-N health services. Taking into consideration the current challenges in the health system and global

recommendation, Federal Ministry of Health (FMOH), Maternal and child Health (MCH) directorate has developed National RMNCA YH-N Self-care Intervention Guideline. As part of the government commitment to scale-up self-care for RMNCA YH-N, a rapid situational analysis was commissioned by WHO CO to map the country's policies, strategies and guidelines against the 32 WHO self-care recommendations for SRHR interventions.

Rationale for situational analysis

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, adult and elderly. 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 intervention 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.

Hence, this situation analysis helps to assess national approaches and perform comparative analyses to identify gaps and potential for improvement. The mapping/situation analysis exercise on self-care implementation will act as baseline and help inform strategies to fast-track self-care interventions for SRH. The output of this mapping (including SRH stakeholders mapping) will provide policy makers, programme managers, researchers, donors and civil society with readily accessible information on relevant policies and programmes and will contribute to an increased understanding and accountability for equitable and sustainable access to self-care interventions for SRH, and thereby advance PHC and UHC.

Objectives

General objective:

To provide an overview of the policy, programmatic and service delivery situation for the promotion and implementation of self-care interventions for SRH by using the conceptual framework for self-care interventions as a foundation. Specifically, the situational analysis considered the following critical aspects:

Specific objectives:

- Document and collect existing policies, guidelines, regulations and tools relating to self-care interventions for SRHR
- Assess and document the alignment, gaps and opportunities in the policy and service delivery environment to support introduction and/or scale up of SRH self-care interventions
- Assess implementation approaches and status of self-care interventions for SRH in Ethiopia as per the recommendations in the WHO Guideline on Self-Care Interventions
- Identify stakeholders, capacities, resources and structures that support SRH self-care intervention
- Assess the current situation of commodities/supplies related to self-care for SRH

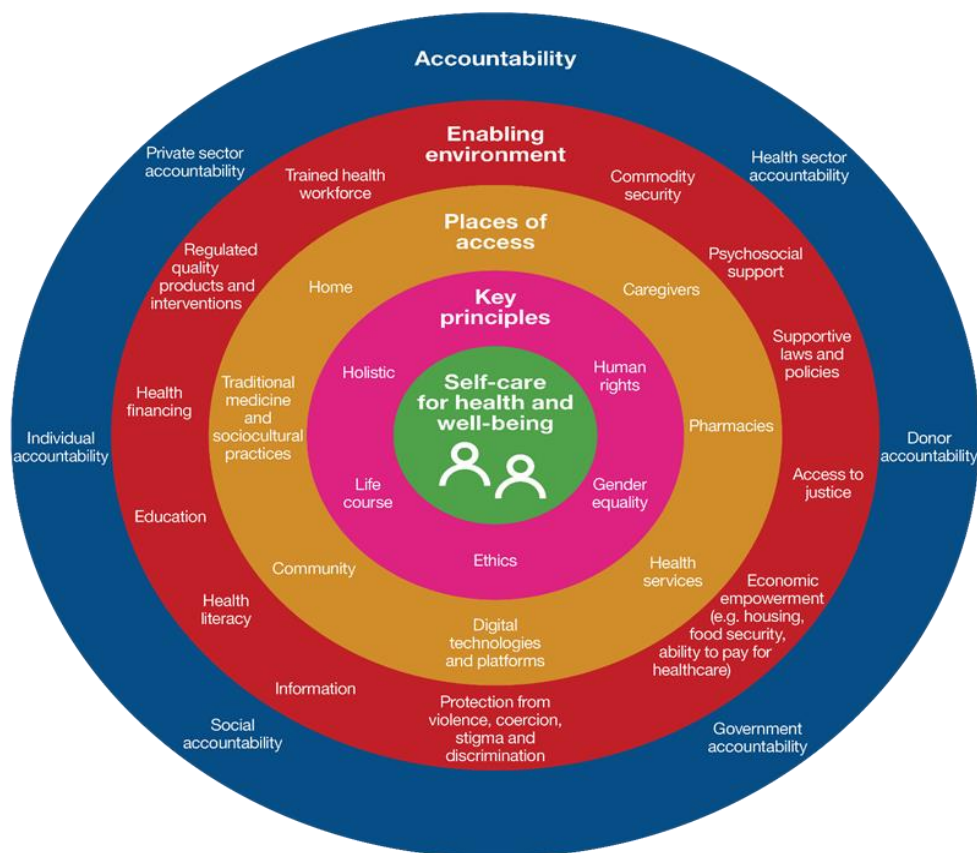
Strategies for enabling environment for SRH self-care intervention

WHO conceptual framework for self-care interventions

Several frameworks exist to contextualize self-care in health. The WHO conceptual framework recognizes that in addition to the traditional self-care practices that societies have passed on through generations, people are accessing new information, products, and interventions through stores, pharmacies, and digital technology. The next layer of the framework recognizes that a supportive and safe enabling environment for the introduction of self-care interventions is essential and that self-care interventions should be implemented in the context of a supportive legal and policy environment. Individuals can be in control of some self-care interventions, such as using condoms; while others, such as a positive HIV self-test, will require confirmation within a healthcare setting; and others still, such as self-sampling of HPV, will require the health setting to do the test. This dynamic interaction between individuals and the health system is crucial for successful implementation of self-care interventions.

Accountability for health outcomes is also reflected at multiple levels in the conceptual framework, and accountability of the health sector remains a key factor in the equitable support to quality self-care interventions. In summary, the conceptual framework provides a solid basis for health practitioners to consider the important elements in introducing and scaling up self-care practices. It uses a people-centered approach together with a health system focus, incorporating places of access and the enabling environment to encourage individuals to practice self-care (**Figure 1**)

Figure 1: Conceptual framework for self-care interventions (Adapted from Narasimhan et al. (7))



II. METHODS

The situational analysis of SRH self-care intervention was conducted from September 15, 2022 to November 15, 2022. The WHO conceptual framework for self-care interventions was used to examine the availability of enabling environments, places of access to the services, trained service providers, and commodity supplies required for SRH self-care interventions. Though the current analysis could not address all elements or levels of the WHO conceptual framework, our approaches included desk review, key informant interview (KII), stakeholder mapping, and assessment of the availability of SRH commodities. Desk review (desktop research) was conducted to assess the alignment of the existing national policies, strategies and guidelines with the WHO Guideline on Self-Care. Key informant interviews (KII) and stakeholders mapping were conducted to understand the practice of self-care intervention for SRH in the country. The availability and accessibility of commodities and supplies for SRH self-care intervention were also reviewed.

2.1 Desk review

A rapid landscape analysis was undertaken to map the country’s policies, strategies, guidelines against the 32 WHO recommendations on SRH self-care intervention. Sixteen relevant national policies, strategies, guidelines and protocols were retrieved from the FMOH official website (<https://www.moh.gov.et/site/>) and compared with the WHO self-care guideline to identify which self-care interventions are supported by and included in the national policy and strategic documents (**Table 1**). Furthermore, a gap analysis was conducted between the national and global guidelines, and recommendations were proposed to improve the practice of SRH self-care in the country.

Table 1: List of reviewed national policy and strategic documents, guidelines and protocols

Type of the national document	List of the documents
National policy/strategies	<ol style="list-style-type: none"> 1. Health Sector Transformation Plan II (HSTP II), 2020/21-2024/25 (8) 2. National Reproductive Health strategy (2021-2025) (9) 3. National Adolescent and Youth Health Strategy (2021-2025) (10) 4. National Strategic Plan for Prevention and Control of Major Non-Communicable Diseases (2020/21-2024/25) (11)
ANC, IPC and PNC	<ol style="list-style-type: none"> 5. National ANC Guideline (2022) (12) 6. Obstetrics Management Protocol for Health Centers, FMOH (2021) (13)
FP and Infertility Service	<ol style="list-style-type: none"> 7. National Guideline for Family Planning Services in Ethiopia, 3rd Edition (2020) (14) 8. FP2030 Ethiopian Government Commitment (15) 9. Federal Ministry of Health of the Democratic Republic of Ethiopia (FMoH). Costed Implementation Plan for Family Planning in Ethiopia, 2015/16–2020 (16)
Eliminating unsafe abortion	<ol style="list-style-type: none"> 10. Technical and procedural guidelines (TPGL) for safe abortion services in Ethiopia, 2nd Edition (2014) (17)
STIs/HIV, reproductive tract infections, cervical cancer and other gynecological morbidities	<ol style="list-style-type: none"> 11. Guideline for Cervical Cancer Prevention and Control in Ethiopia (2021) (18) 12. National Guidelines For The Management of STIs Using Syndromic Approach (19) 13. Unassisted HIV Self-test (HIVST) Implementation Manual for Delivery of HIV Self-testing Services in Ethiopia (2020) (20)

	14. National guideline for Comprehensive HIV Prevention, Care and Treatment (2022) (21) 15. National Guideline for Prevention of MTCT HIV, Syphilis and Hepatitis B Virus (2021) (22)
Commodities and supplies/equipment for SRH self-care	16. Ethiopian Essential Medical List (EML) of Ethiopian, Sixth Edition (2020) (23)

2.2 Key informant interview (KII)

Key informant interview (KII) aimed to elicit information on current status of the implementation of self-care intervention for sexual and reproductive health (SRH) in the country. Key informant interviews were conducted with SRH partners including, international RH partners, UN agencies and professional associations. Moreover, SRH self-care program staff and front line health care providers were interviewed as they could provide relevant information on how SRH self-care related services are delivered and identify potential implementation challenges (See **table-2** for the categories of key informant interview participants). Semi-structured interview questionnaire was used which mainly focused on approaches and implementation status of SRH self-care intervention, commodity supply for self-care intervention and challenges encountered or anticipated (feasibility issues in implementation of self-care intervention for SRH) (**Annex-4**)

Table 2: Category and number of key informant interview participants

Categories of Participants	Total number	Remark
International RH partners	6	MSIE, PSI, EngenderHealth, JSI, PATH, AMREF
UN agencies	1	UNFPA
Health professional associations	3	ESOG, EMwA, ENA
SRH self-care program staff	3	HIV self-testing program staff (Health Officers)
SRH self-care service providers	4	HIV self-testing and DMPA-SC self-injection providers (Health Officers and Nurses)
MOH, Maternal, Child and Nutrition Directorate, MCH Officer	1	
MOH, NCD Case Team Officer	1	

2.3 Stakeholders mapping

A comprehensive stakeholder mapping benefits everyone involved in SRH self-care intervention; some primary advantages include:

- Structuring and organizing for implementation of SRH self-care intervention
- Rational allocation of resources for SRH self-care
- Fostering communications and strengthening visibility for everyone
- Strengthens accountability (maintain a strong sense of accountability and responsibility)
- Timely identification of challenges and take prompt actions

We identified about 12 potential SRH stakeholders and assessed their capacities, resources and structures that support the self-care intervention implementation. All of these stakeholders are currently implementing SRH program at national scale.

2.4 Availability of commodities and medical supplies for SRH self-care

The current essential medical list (EML) of Ethiopian Food and Drug Authority (EFDA) was reviewed to assess the availability and accessibility of commodities/supplies for SRH self-care intervention. Stakeholders' field experience and challenges were also assessed to identify current supply gaps and supply chain bottlenecks

2.5 Data analysis and presentation

A policy and practice gap assessment findings presented using the traffic light color designations which gives a very visual and immediate way of identifying problem areas. Data from qualitative interviews (KII) summarized using interview summary sheet. Then, we coded the data using descriptive coding technique and conducted thematic analysis.

III. FINDINGS

Major findings of the rapid situational analysis of self-care intervention for SRH in Ethiopia presented below by the thematic areas.

3.1 Policy and legal/regulatory environment for SRH self-care intervention implementation

A systematic content analysis technique was used to review FMOH policy and strategic documents, guidelines and protocols which are relevant to SRH self-care intervention implementation (**Annex-1**). It was found that four main policy and strategic documents of the government (Health Sector Transformation Plan, National RH Strategic Plan, National Adolescent and Youth Health Strategy, and NCDs Strategic Plan) have included self-care as one of the strategic directions to improve health service utilization and achieve UHC. For example, the **Health Sector Transformation Plan II (HSTP II)** stated that introduction and implementation of self-care is one of the major strategic initiatives in the second HSTP period which clearly indicates the government commitment and direction on self-care. Similarly, the national **Reproductive Health Strategic Plan** emphasized two major strategic initiatives related to SRH self-care:

- Advocate country context self-care through health extension workers and community volunteers
- Self-care on selected reproductive health components (HIV self-test, self-management of medical abortion, self-administered injectable contraception [depot medroxyprogesterone acetate (DMPA)-SC for self-inject])

The current **National Adolescent and Youth Health Strategy** also includes self-care as one of the major activities and has the plan to develop and adapt a pocket self-care guide in the upcoming years. Moreover, the **National Strategic Plan for Prevention and Control of Major Non-Communicable Diseases** considers home and self-care as one of priority areas in comprehensive and integrated clinical interventions for NCDs.

3.1.1 Antenatal, intrapartum and postnatal care

National guidelines and protocols on ANC, IPC and PNC self-care:

- **National ANC Guideline**
The national guideline promotes home care (self-care) for common pregnancy conditions. The guideline also recommends comprehensive ANC service during pregnancy, including counseling, health promotion and education on lifestyle modification to optimize the maternal adaptation to physiologic and anatomic changes and maximize fetal growth. Educational interventions to reduce caesarean births were not addressed in the guideline as CS coverage is low in the country and it is not public health issue currently. The guideline also recommends health facilities to introduce woman-held case notes and pregnant woman attending ANC should be given her own case notes (home-based records) to carry during pregnancy. The FMOH, MCH Directorate has prepared a separate A4 size, double-sided piece of card to document summary findings and interventions at each ANC contacts. The ANC guideline encourages folic acid supplements for individuals who are planning pregnancy within the next 12 weeks and iron and folic acid supplements during pregnancy and postnatal, but not included self-management as an option and did not mention where and how to use the supplements. Self-monitoring of blood pressure (BP) and glucose during pregnancy for individuals with hypertensive disorders of pregnancy (HDP)

and diagnosed with gestational diabetes were not included as an additional option to monitoring by health workers during ANC contact.

- **Obstetrics Management Protocol for Health Centers, FMOH**

The obstetrics management protocol recommends self-cares in pregnancy which include diet and exercise, personal hygiene and breast care, avoiding unnecessary use of medications, limit use of caffeine, and avoiding substance use (alcohol, tobacco and recreational drugs). It encourage home care for common physiological symptoms during pregnancy based on a woman's preferences and available options.

3.1.2 Family planning, including infertility services

National guidelines and protocols on FP and infertility self-care:

- **National Guideline for Family Planning Services in Ethiopia**

Self-administered injectable contraception was not included as an additional approach in the national FP guideline although it was mentioned in national RH strategic plan as one of priority SRH self-care intervention to improve FP service coverage. Over-the-counter (OTC) oral contraceptive pills (OCPs) and emergency contraceptive pills (ECP) without a prescription was not considered in FP guideline as an option to improve uptake of contraception. Similarly, the guideline didn't include the use of home-based ovulation predictor kits (OPKs), as an additional approach to fertility management for individuals attempting to become pregnant. The FP guideline and many other guidelines (National guideline for Comprehensive HIV Prevention, Care and Treatment, National Guideline for Prevention of MTCT HIV, Syphilis and Hepatitis B Virus, Guideline for Cervical Cancer Prevention and Control in Ethiopia) promote consistent and correct use of male and female condoms for prevention of HIV, STIs and associated conditions (genital warts and cervical cancer) and prevention of unintended pregnancy. Moreover, condoms are available in pharmacies, drug stores and shops without prescription. The national FP guideline does not recommend supplying oral contraceptive pills for prolonged time (12 months) based on the woman's preference, and self-testing for confirmation of pregnancy as an additional option to health worker-led testing. According to the national FP guideline, accessing voluntary family planning services is recognized to be a human right and individuals have the right to claim for information and access to quality family planning services. Per the guideline, FP services delivered through multiple service delivery modalities, including facility-based services (private and public), social marketing through pharmacies, drug stores and rural drug venders, outreach-based community services, mobile health team approaches, school health services, workplace services and social franchising.

- **FP2030 Ethiopian Government Commitment**

Ethiopia FP2030 commitment designed as an integral component of various national commitments which includes the Health Sector Development II plan (HSDP II), but self-care was not included as one of the strategies to improve contraceptive access and utilization in the country.

- **Costed Implementation Plan for Family Planning in Ethiopia**

The current version of costed implementation plans (CIPs) does not consider self-care as one the options to improve the uptake of contraception. But, in line with Ethiopia's FP2020 commitment, CIPs aimed at scaling up informed and voluntary use of contraception which could create an enabling environment to introduce and expand self-care through task sharing of SRH service delivery to health extension workers (HEWs)

3.1.3 Eliminating unsafe abortion

National guidelines and protocols on abortion self-care (ASC):

- **Technical and procedural guidelines (TPGL) for safe abortion services in Ethiopia**
- **Obstetrics Management Protocol for Health Centers, FMOH**

Both the national TPGL for safe abortion and obstetrics management protocol do not recommend self-assessment for medical abortion (MA) eligibility and self-management of MA drugs (mifepristone and misoprostol) without the direct supervision of a health worker. This is due to the fact that the country's penal code allows termination of pregnancy under specific conditions and eligibility for abortion should be determined by healthcare provider. In addition, self-assessment for the completeness of abortion and self-initiation of post abortion contraception are not included in both abortion guideline and obstetric management protocol.

3.1.4 STIs/HIV, reproductive tract infections, cervical cancer and other gynecological morbidities

National guidelines and protocols on STI/HIV/RTI and cervical cancer self-care:

- **Guideline for Cervical Cancer Prevention and Control in Ethiopia (2021)**
This guideline recommended that for HPV sample collection, the specimen can be collected by a health care provider or by the woman herself.
- **National Guidelines For The Management of STIs Using Syndromic Approach**
Self-collection of samples for STIs (*Neisseria gonorrhoeae*, *Chlamydia trachomatis*, *Treponema pallidum* and *Trichomonas vaginalis*) were not included as an additional approach to deliver STI testing services in the national guideline for STIs management
- **Unassisted HIV Self-test (HIVST) Implementation Manual for Delivery of HIV Self-testing Services in Ethiopia**
- **National guideline for Comprehensive HIV Prevention, Care and Treatment**
- **National Guideline for Prevention of MTCT HIV, Syphilis and Hepatitis B Virus**
The above listed three national guidelines provide recommendations that HIV self-testing (HIVST) should be offered as an additional approach to HIV testing services (HTS) in the facilities. It is indicated that HIVST provides an opportunity for people to test themselves privately and conveniently and may provide opportunity to people who are not currently reached by existing HIV testing and counselling services with information about their HIV status. The unassisted HIVST implementation manual presents information on the approaches, procedures and self-testing standards potential benefits and risks of HIV self-testing, as well as, client education materials.

3.1.5 Promoting sexual health

National guideline promoting sexual health

- **National guideline for Comprehensive HIV Prevention, Care and Treatment**
- **National Guideline for Family Planning Services in Ethiopia**
Both national guidelines do not include making lubricants available for optional use during sexual activity, among sexually active individuals

3.2 Programmatic and service delivery environment for SRH self-care intervention implementation

To assess the programmatic and service delivery environment related to self-care intervention for SRH, key-informant interview (KII) was conducted with potential SRH partners, program staff and SRH self-care providers. The followings are summary of major findings from KII:

- Out of 12 potential SRH partners, five (42%) of them (MSIE, UNFPA, PSI Ethiopia, FMOH MCH Directorate and NCD Case Team) are currently implementing or piloting one or more SRH self-care interventions. UNFPA is providing supports for partners, including the government, civil society, and communities for implementation of SRH self-care related interventions. Six other partners (50%) have future plan to implement self-care intervention for SRH:
 - Two partners (MSIE and UNFPA) are implementing ANC, IPC and PNC related self-care (home care) intervention, including prevention and treatment of mild nausea and vomiting in early pregnancy; advice on diet and lifestyle to prevent and relieve heartburn in pregnancy; prevention and management of constipation in pregnancy; management/treatment of leg cramps in pregnancy; low back and pelvic pain prevention and management; non-pharmacological management of varicose veins, edema hemorrhoid in pregnancy; self-management of folic acid supplements in pre-pregnancy and iron and folic acid supplements during pregnancy and postnatal period; self-monitoring of BP during pregnancy for individuals with hypertensive disorders of pregnancy, and homebased urine self-testing to detect proteinuria for pregnant individuals with non-proteinuric hypertension.
 - Three partners (MSIE, UNFPA and PSI Ethiopia) are implementing FP and infertility related self-care intervention, including self-administered injectable contraception for individuals of reproductive age; over-the-counter oral contraceptive pills (OCPs) for individuals using OCPs; over-the-counter emergency contraceptive pills without a prescription to individuals who wish to use emergency contraception; home-based ovulation predictor kits for individuals attempting to become pregnant; and consistent and correct use of male condoms for prevention of HIV, STIs and associated conditions, and prevention of unintended pregnancy.
 - One partner (PSI Ethiopia) is currently conducting pilot study on self-injection DMPA-subcutaneous (DMPA-SC) to determine the competence of women to self-inject and assess their experiences, and document the experiences of family planning providers who train clients to self-inject through enrollment and follow up phases. PSI Ethiopia is also supporting HIV self-sampling and self-testing
 - FMOH, MCH Directorate is currently piloting SRH self-care interventions in selected regions and health facilities.
 - FMOH, NCD Case Team is also piloting HPV self-sampling for individuals aged 30–60 years
- Two partners (MSIE and UNFPA) reported implementation of SRH self-care intervention at national scale; one of them (UNFPA) is implementing in both development and humanitarian settings.
- Only one partner (FMHO, NCD Case Team) reported having its own guidelines/tools for SRH self-care intervention. All other partners are waiting for the national RMNCAYH-N self-care intervention guideline approval

- Three partners (PSI Ethiopia, FMOH, MCH Directorate and NCD Case Team) are providing training on SRH self-care intervention for service providers and pharmacy personnel. The partners used trainers who completed TOT on SRH self-care intervention to conduct training. However, only FMOH NCD case team has standard training manuals for SRH self-care intervention.
- Two partners (FMOH NCD case team and PSI Ethiopia) reported having educational materials, Info graphs / maps to visualize the self-care interventions
- Three partners, out of the four partners who are currently implementing SRH self-care intervention, reported shortage of commodities/supplies for SRH self-care. DMPA-SC, HPV self-sampling kits, HIV test kit and calcium are the commodities and supplies which are commonly out of stock. One partner reported that HPV self-sampling kit is provided only for HIV positive women due to inadequate supply
- Self-care providers (from pilot study sites for self-injection DMPA SC) reported that there is clients' satisfaction on self-care intervention because it protects privacy and reduce frequent travels and visits to health facilities, especially for unmarried young women and adolescents
- HIV-self testing was introduced eight months back and currently on the second phase of implementation which is unassisted HIVST implementation in semi-restricted approach. The self-testing kit is provided to key and priority population (KPP) including, female sex workers (FSWs) and their sexual partners, partners of ANC, partners of people living with HIV (PLHIV) and partner of long-distance drivers
- Problems or challenges reported by partners in implementation of SRH self-care intervention:
 - Delay in approval of the national RMNCA YH-N self-care intervention guideline
 - Policy level challenge is a bottle neck for implementation of some SRH self-care intervention. For example, the national abortion guideline and obstetrics management protocol do not include self-assessment for medical abortion (MA) eligibility and self-management of MA drugs due to policy issue.
 - Lack of standard training manuals/materials for SRH self-care intervention
 - Lack of community awareness and education program. For example, HIV-self testing kit is provided only for key and priority population (KPP) who are visiting facilities to test their partners at home because the information on HIV self-testing is not disseminated in the communities
 - Health facilities have not yet introduced woman-held case notes despite the nation ANC guideline encourage all facilities that providing ANC service to use the case notes to improve the continuity and quality of care and women's pregnancy experience
 - Poor health literacy which is due to high illiteracy rate, especially among women
 - Self-care providers reported that counseling and demonstrations for clients require longer time and it may be challenging if the facilities are not staffed with adequate health manpower
 - Close follow up and communication (via telephone call) is required as some of clients reported fear of self-injection and testing and forget the date for reinjection of DMPA SC
- Recommendations/suggestions by partners to introduce and scale-up the implementation of SRH self-care interventions:
 - Expedite the endorsement and dissemination of the national RMNCA YH-N self-care intervention guideline

- Conducting operational researches to generate evidence as self-care is the new area of interventions for the country
- Implementation protocols and supplementary tools need to be adapted from WHO based on the country context
- Conduct national and regional advocacy campaigns on the benefits of self-care for people in need of the service, especially in humanitarian settings
- Amendment of some of the national policies to create an enabling environment for implementation of SRH self-care intervention, such as the national TPGL for safe abortion
- Include self-injection of DMPA-SC and MA self-care in the national RMNCAH-N self-care interventions guideline
- Develop standard national training manuals/materials for SRH self-care
- Establish strong partnership, network and coordination mechanisms among partners to scale-up SRH self-care in the country
- Improve availability of commodities/supplies for SRH self-care to reach all population who are in need of the service, such as HPV self-sampling, HIV self-testing
- Solicit funds to introduce and scale-up self-care intervention in the country
- Self-care providers recommended that self-care intervention require dedicated staff as demonstration of self-injection, self-sampling and testing is time consuming
- Education program using mass media to familiarize SRH self-care in the community and continuity of self-care interventions, such as DMPA SC self-injection

3.3 SRH self-care interventions implementing partners, geographic coverage, and types of self-care interventions

As part of situational analysis, stakeholders mapping was conducted for potential SRH partners to identify their capacities, resources and structures that support SRH self-care intervention implementation (50% response rate) (**Annex-2**). The stakeholders mapping clearly indicates that there is huge interest to implement SRH self-care intervention by partners however only few partners are currently implementing the intervention due to various reasons. Most of partners have future plans to engage in SRH self-care despite different challenges, including budget constraints. Partners request to expedite approval of the national SRH self-care guideline, development of self-care training packages and inclusion of DMPA-SC self-injection in the National Self-care Guideline as per the WHO recommendations.

3.4 Availability of commodities/supplies for SRH self-care interventions

Availability of commodities/supplies for SRH self-care intervention was assessed using essential medical list (EML) of Ethiopian Food and Drug Authority (EFDA) 6th edition, and stakeholders field experience and challenges (**Annex-3**). DMPA-SC, Ovulation predictor kits (OPKs) and female condom were not included in EML. It was difficult to assess availability and accessibility of medical supplies as FEDA does not provide essential medical equipment (supplies) list. However, partners reported that there is serious shortage of medical supplies for SRH self-care intervention, such as HPV self-sampling kit

3.5 SWOT analysis

A strengths, weaknesses, opportunities, and threats (SWOT) analysis was performed to inform the current situation, and future barriers and facilitators that will affect the implementation of SRH self-care

intervention. Its objective is to identify the factors that are likely to influence the implementation of SRH self-care intervention and broadly classify them into internal factors (strengths and weaknesses) and external factors (opportunities and threats). **Figure 2** below presents the results of the SWOT analysis:

Figure 2: SWOT analysis of implementation of self-care intervention for SRH in Ethiopia

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> - Development of a national RMNCAH-N self-care interventions guideline - Improved service availability and accessibility through PHC - Initiation of pilot program for some SRH self-care interventions - Availability of Community-based health extension program (HEP) - Improving health infrastructure and health facility management system - Improved RH products supply chain management - Presence of various policies, strategies and guidelines - Task sharing for FP service provision - Community Based Health Insurance 	<ul style="list-style-type: none"> - Shortage and high attrition rate of health workers - Disparity in health care utilization among the population by factors such as regions, residence, education - Inadequate budget for health sector - Inadequate domestic resource mobilization and allocation for RH services - Delayed approval of the national RMNCAH-N self-care guideline - Policy issues that prevent implementation of some self-care intervention - Shortage of commodities and medical supplies - Weak forecasting, distribution of commodities and supplies - Weak quality of FP counseling services
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> - Government priority for SRH services - Government commitment to SDG and UHC - Growing interest of stakeholders to introduce and scale-up SRH self-care - WHO 'Living Guideline' on Self-Care Interventions for Health and Well-Being - Global PHC/UHC movement - Expansion of ICT offer opportunity for digital health interventions - Growing international and national interest on NCDs - Increase in community demand for high quality of health care - Improved government commitment to public private partnership (PPP) 	<ul style="list-style-type: none"> - Low economic status of the population - Low government expenditure on health - Increasing risk factors, unhealthy lifestyle and harmful practices - Inadequate number of donors due to global political and economic crisis - Public health emergencies - Gender inequality - Rising cost of pharmaceuticals supplies - Lack of SRH services in humanitarian crisis

IV. CONCLUSION AND RECOMMENDATIONS

This rapid situational analysis conducted to determine the extent that the 32 recommendations in the WHO guideline on self-care interventions are being supported by the country's policies and strategies. Our investigation included desk review, key informant interviews, RH stakeholders mapping, assessment of availability of commodities and supplies for SRH self-care, and SWOT analysis. Our findings revealed that the four main policy documents of the government recognize the global initiative on self-care intervention for SRHR for advancing UHC. Most of the WHO self-care recommendations related to ANC, IPC and PNC were included as homecare in the national ANC guideline and obstetrics management protocol, which is a fertile ground to introduce or strengthen self-care interventions in the future. Except for consistent and correct use of male and female condoms, almost all WHO self-care recommendations related to FP and infertility services and safe abortion care are not supported by the national FP and abortion technical guidelines. Some of the WHO recommendations, such as self-assessing eligibility for medical abortion are not in line with the country's abortion law. Though HPV self-sampling (HPVSS) pilot study has already started, the national guideline for cervical cancer prevention does not clearly indicate the option. HIV self-sampling and testing is the only SRH self-care intervention that is supported by the national guidelines and for which implementation of pilot intervention has already started.

The key-informant interview (KII) with potential SRH partners has shown that there is a rapidly growing movement of stakeholders working to achieve a shared goal of SRH self-care intervention. Despite the low response rate, almost all partners that participated in the survey have already internalized the benefits of self-care for achieving UHC and SDG. Some of these partners have started supporting the introduction and scale-up of SRH self-care. Expediting the endorsement and dissemination of the national RMNCAHY-N self-care intervention guideline, amendment of the national policies and guidelines to create enabling environment for implementation of SRH self-care intervention and development of standard self-care training manuals are some of the recommendations forwarded by SRH partners. Our stakeholder mapping revealed that currently only few partners are implementing SRH self-care intervention although most of other partners are highly committed to expand the program in the future. Review of the national EML revealed that some of essential SRH commodities and supplies, such as DMPA-SC injection were not included in the essential list and partners also reported shortage of essential supplies, such as HPV self-sampling kits.

Recommendations to strengthen and expand SRH self-care intervention in the country:

- Amendment of SRH policies and guidelines: advancing and expansion of self-care require changes to policies and practices. For instance, implementation of abortion related self-care intervention requires amendment of abortion law and the national guideline
- Regular revision of the national RMNCAHY-N self-care intervention guideline to include updates based on the global recommendation and country context
- Design strategy to engage stakeholder to contribute for introduction and scale-up of SRH self-care intervention
- Conducting operational research to generate evidences on potential benefits and risks of SRH self-care
- Develop training manuals on SRH self-care and cascade training to reach all level of health professionals
- Establish reporting and monitoring mechanism to ensure the quality of SRH self-care

- Include SRH self-care intervention in HEP packages and training manuals as part of task sharing
- Support health facilities to introduce woman-held case notes as per the recommendation in the national ANC guideline
- Community education program using HEP to improve health literacy and increase overall self-care capabilities
- Digital technologies can advance self-care by offering access to personalized, on-demand, client-centered information
- Strengthening public private partnership (PPP) for successful implementation of SRH self-care
- Work with Ethiopian Food and Drug Authority (EFDA) to include SRH self-care commodities and supplies in the national EML and establish sustainable drug supply chain strategies
- Resource mobilization is one of mandatory activities for introduction and expansion of SRH self-care interventions

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VI. ANNEXES

Annex 1: Policy mapping of self-care interventions for SRH

POLICY KEY	National Policy (or another doc) says yes	National Policy (or another doc) says no	Not specified/addressed	Secondary or informal sources say yes
PRACTICE KEY	Practiced as recommended	Not Practiced	Practice but not as specified	Secondary or informal sources say yes

Sub-Area from WHO Guidelines	WHO endorsed recommendations (REC)	Policy	Practice	Reference	Gaps	Adopt/Adapt	Action
Improving antenatal, intrapartum and postnatal care	REC1: As part of ANC, educational interventions and support programs are recommended to reduce caesarean births only with targeted monitoring and evaluation			National ANC Guideline / OBS management protocol/RH strategic plan/HSP-II	- ANC guideline promotes counseling and health promotion/education during pregnancy	Nil	- Promote health education on the advantages and disadvantages of different modes of deliveries, including vaginal delivery and cesarean section
	REC2: When considering the educational interventions and support programs, no specific format (e.g. pamphlet, videos, role play education) is recommended as more effective			National ANC Guideline/ RH strategic plan/HSP-II	- ANC guideline promotes counseling and health promotion/education during pregnancy	Nil	- Harmonize the guideline/protocol - Add to HEP packages/training manuals (task sharing)
	REC 3: Ginger and vitamin B6 recommended for prevention and treatment of mild nausea and vomiting in early pregnancy			ANC guideline/ OBS management protocol	- Included in ANC guideline as home care	Nil	- Add to HEP packages/training manuals (task sharing)
	REC 4: Advice on diet and lifestyle is recommended to prevent and relieve heartburn in pregnancy. Antacid preparations can be offered to women with persistent symptoms			ANC guideline/ OBS management protocol	- Included in ANC guideline as home care	Nil	- Add to HEP packages/training manuals
	REC 5: Magnesium, calcium or non-pharmacological treatment options (like compression stockings) can be used for the relief of leg cramps in pregnancy			ANC guideline/ OBS management protocol	- Included in ANC guideline as home care	Nil	- Avail magnesium and calcium for treatment of leg cramps - Add to HEP packages/training manuals
	REC 6: Regular exercise throughout pregnancy is recommended to prevent low back and pelvic pain. Reassure the pregnant women and other treatment options such as physiotherapy, support belts can be used			ANC guideline/ OBS management protocol	- Included in ANC guideline as home care	Nil	- Orient health care workers on the recommendation - Add to HEP packages/training manuals
	REC 7: Prevent constipation by increasing the high-fiber diet in the meal, regular bowel habit and frequency of water intake			ANC guideline/ OBS management protocol	- Included in ANC guideline as home care	Nil	- Add to HEP packages/training manuals - Community awareness

Sub-Area from WHO Guidelines	WHO endorsed recommendations (REC)	Policy	Practice	Reference	Gaps	Adopt/Adapt	Action
	REC 8: Non-pharmacological options, such as compression stockings, leg elevation and water immersion, can be used for the management of varicose veins and edema in pregnancy. Encourage pregnant women to make dietary and lifestyle modifications to prevent occurrence of hemorrhoid and varicose veins			ANC guideline/ OBS management protocol	- Included in ANC guideline as home care	Nil	- Add to HEP packages/training manuals - Community awareness
	REC 9: Pain relief for preventing delay and reducing the use of augmentation in labour is not recommended			OBS management protocols	- The protocol recommends options of pain relief in labor, including non-pharmacologic and pharmacologic options. Doesn't recommend pain relief for preventing delay in labour	Nil	- Capacity building and awareness for health care professional
	REC 10: Self-management of folic acid supplements available as an additional option to health worker-led provision of folic acid supplements for individuals who are planning pregnancy within the next three months and iron and folic acid supplements during pregnancy and postnatal period.			ANC guideline/ OBS management protocol/National nutrition policy and strategy documents	Promoted in ANC guideline and OBS management protocol as home care, but not explicitly stated as self-care	Adapt	- Include in national policy/strategy/guidelines (such as ANC, preconception/nutrition guidelines) - Update/add to HEP packages/trainings (task shifting)
	REC 11: Self-monitoring of BP during pregnancy available as an additional option to clinic BP monitoring by health workers during ANC contacts only, for individuals with hypertensive disorders of pregnancy (HDP)			ANC guideline/ OBS management protocol/ National strategic plan for prevention and control of NCD	Not included in national policy and strategy documents and guidelines	Adapt from WHO/ global document	- Include in ANC guideline, NCD strategic plan and OBS management protocol - Generate evidence on home blood pressure measurement (HBPM) - Health literacy and education
	REC 12: Self-monitoring of glucose during pregnancy available as an additional option to clinic blood glucose monitoring by health workers during antenatal contacts, for individuals diagnosed with gestational diabetes			ANC guideline/ OBS management protocol/ National strategic plan for prevention	Not included in national policy and strategy documents and guidelines	Adapt from WHO/ global document	- Include in ANC guideline, NCD strategic plan and OBS management protocol - Generate evidence on Home blood glucose measurement

Sub-Area from WHO Guidelines	WHO endorsed recommendations (REC)	Policy	Practice	Reference	Gaps	Adopt/Adapt	Action
				and control of NCD			- Health literacy and education - Avail testing kit (include in the essential drug list)
	REC 13: Each pregnant woman carries their own case notes during pregnancy to improve the continuity and quality of care and their pregnancy experience			ANC guideline/ OBS management protocols	Recommendation available in ANC guideline/OBS management protocol but not practiced as specified	Adapt women held case note	- Prepare women held case note
Providing high-quality services for family planning, including infertility services	REC 14: Self-administered injectable contraception should be made available as an additional approach to deliver injectable contraception for individuals of reproductive age			National Guideline for Family Planning Services /RH strategic plan	Included as one of strategic initiatives in RH strategic plan but recommendation not included in the national FP policy/ guidelines	Adapt from WHO REC on self-care interventions: Self-administration of injectable contraception	- Include recommendation to national FP policy/ guideline and other related documents
	REC 15: Over-the-counter (OTC) oral contraceptive pills (OCPs) should be made available without a prescription for individuals using OCPs			National Guideline for Family Planning Services/RH strategic plan	Not included in national RH strategic plan and FP policy/ guideline	Adapt from WHO guidelines	- Include the recommendation into the national FP policy/ guideline and RH strategic plan
	REC 16: Over-the-counter (OTC) emergency contraceptive pills available without a prescription to individuals who wish to use emergency contraception			National Guideline for Family Planning Services//RH strategic plan	Not included in national RH strategic plan and FP policy/ guideline	Adapt from WHO/ global document	- Include the recommendation into national FP policy/ guideline and RH strategic plan - Health literacy and trainings
	REC 17: Home-based ovulation predictor kits (OPKs) should be made available as an additional approach to fertility management for individuals attempting to become pregnant			National Guideline for Family Planning Services//RH strategic plan	Not included in national RH strategic plan and FP policy/ guideline and essential drug list	Adapt from WHO/ global document	- Include the recommendation into national FP policy/ guideline, essential drug or medical list - Generate evidences - Health literacy and trainings
	REC 18: Consistent and correct use of male and female condoms for prevention of HIV, STIs and associated conditions (genital warts and cervical ca.) and prevention of unintended pregnancy			National consolidated guidelines for comprehensive HIV prevention, care and treatment/Prevention of MTCT of HIV Syphilis and Hepatitis B Virus/Cervical Ca. prevention /National guidelines for	Consistent and correct use of condoms promoted in various guidelines. Male condoms are available in pharmacies, drug stores and shops without prescription	Nil	Promote Over-the-counter (OTC) condoms, especially for Key and priority population (KPP) - Improve access to female condom - Demonstrations/ trainings - SBCC materials

Sub-Area from WHO Guidelines	WHO endorsed recommendations (REC)	Policy	Practice	Reference	Gaps	Adopt/Adapt	Action
				FP/Management of STI			
	REC 19: Correct and consistent use of condoms with condom-compatible lubricants is recommended for all key populations to prevent sexual transmission of HIV and STIs			National consolidated guidelines for comprehensive HIV prevention, care and treatment/Management of STI	Not included in the national HIV/STI guidelines and protocols	Adapt from WHO/ global document	- Include in national HIV/STI guidelines/ protocols - Training (demonstration) for KPP
	REC 20: Provide up to one year's supply of pills, depending on the woman's preference and anticipated Use			National Guideline for Family Planning Services	Not included in the national guideline and protocol	Adapt from WHO/ global document	- Include in to the national FP guideline/protocol - Evidence-based flexibility in resupply system - Pharmacy personnel training
	REC 21: Self-testing for pregnancy available as an additional option to health worker-led testing for pregnancy, for individuals seeking pregnancy testing			National Guideline for Family Planning Services	Not included in the national guideline and protocol	Adapt from WHO/ global document	- Include in national FP guideline/protocol - Avail pregnancy self-testing kit
Eliminating unsafe abortion	REC 22: Self-assessing eligibility for medical abortion is recommended within the context of rigorous Research			Technical and procedural guidelines (TPGL) for safe abortion services in Ethiopia/OBS management protocol	Not included in the national guideline and protocol	Adapt from WHO REC on self-care interventions: self-management of MA	- Revision of national guideline (TPGL) and protocol - Generate local evidence
	REC 23: Managing the mifepristone and misoprostol medication without the direct supervision of a health worker is recommended in specific circumstances where women have a source of accurate information and access to a health worker should they need or want it at any stage of the process			Technical and procedural guidelines for safe abortion services in Ethiopia// OBS management protocol/RH strategic plan	Not included in the national guideline and protocol but included as one of strategic initiatives in RH strategic plan	Adapt from WHO REC on self-care interventions: self-management of MA	- Revision of the national guideline (TPGL) and protocol - Generate evidence
	REC 24: Self-assessing the completeness of the abortion process using pregnancy tests and checklists is recommended in specific circumstances where both mifepristone and misoprostol are being used and where women have a source of accurate information and access to a health worker should they need or want it at any stage of the process			Technical and procedural guidelines for safe abortion services in Ethiopia/OBS management protocol	Not included in the national guideline and protocol	Adapt from WHO REC on self-care interventions: self-management of MA	- Revise the national guideline (TPGL) and protocol - Adapt pregnancy checklist

Sub-Area from WHO Guidelines	WHO endorsed recommendations (REC)	Policy	Practice	Reference	Gaps	Adopt/Adapt	Action
	REC 25: For post abortion contraception, self-administering injectable contraceptives is recommended in specific circumstances where mechanisms to provide the woman with appropriate information and training exist, referral linkages to a health worker are strong, and where monitoring and follow-up can be ensured			Technical and procedural guidelines for safe abortion services in Ethiopia/OBS management protocol	Not included in the national guideline and protocol	Adapt from WHO REC on self-care interventions: Self-administration of injectable contraception	- Revise the national guideline (TPGL) and protocol - Generate evidence
	REC 26: For individuals undergoing medical abortion with the combination mifepristone and misoprostol regimen or the misoprostol-only regimen who desire hormonal contraception (such as OCP, implant or contraceptive injections), we suggest that they be given the option of starting hormonal contraception immediately after the first pill of the medical abortion regimen			Technical and procedural guidelines for safe abortion services in Ethiopia/OBS management protocol	Not included in the national guideline and protocol	Adapt from WHO REC on self-care interventions: Self-administration of injectable contraception	- Revision of national guideline (TPGL), protocol and FP guideline - Generate evidences
Combating STIs/HIV, reproductive tract infections, cervical cancer and other gynecological morbidities	REC 27: HPV self-sampling (HPVSS) should be made available as an additional approach to sampling in cervical cancer screening services for individuals aged 30–60 years			National guideline for Cervical Cancer Prevention and Control in Ethiopia	HVPSS is included in the national guideline	Adapt	- Update existing training materials - avail HPV testing kit - Generate evidence
	REC 28: Self-collection of samples for Neisseria gonorrhoeae and Chlamydia trachomatis should be made available as an additional approach to deliver STI testing services			National Guidelines For The Management Of STIs Using Syndromic Approach/OBS management protocol	Not included in the national guideline and protocol	Adapt from WHO REC on SC interventions: Self-collection of samples for STIs	- Update existing guideline and protocol - Generate local evidence - Avail testing kits (include in the essential drug or medical list)
	REC 29: Self-collection of samples for Treponema pallidum and Trichomonas vaginalis may be considered as an additional approach to deliver STI testing services.			National Guidelines For The Management Of STIs Using Syndromic Approach/OBS management protocol	Not included in the national guideline and protocol	Adapt from WHO REC on SC interventions: Self-collection of samples for STIs	- Update existing guideline and protocol - Generate local evidence - Avail testing kits (include in the essential drug/medical list)
	REC 30: HIV self-testing should be offered as an additional approach to HIV testing services			- Unassisted HIV Self-test (HIVST) implementation manual for delivery of	Included in the national HIV prevention, prevention of MTCT of HIV and HIV self-	Nil	- Empower and effectively engage communities in developing and adapting HIVST

Sub-Area from WHO Guidelines	WHO endorsed recommendations (REC)	Policy	Practice	Reference	Gaps	Adopt/Adapt	Action
				HIV self-testing services in Ethiopia - National consolidated guidelines for comprehensive HIV prevention, care and treatment - Prevention of MTCT HIV, Syphilis and Hepatitis B Virus	test implementation manual and national RH strategic plan		- Design and implement demand creation mechanisms to the target population (KPP) - Monitor and evaluate programs regularly
	REC 31: For women living with HIV, interventions on self-efficacy and empowerment around SRH and rights should be provided to maximize their health and fulfil their rights.			- National consolidated guidelines for comprehensive HIV prevention, care and treatment	Not included in the national guideline and protocol	Adapt from WHO/ global document (Consolidated guideline on SRHR of women living with HIV)	- Update existing national guidelines
Promoting sexual health	REC 32: WHO recommends making lubricants available for optional use during sexual activity, among sexually active individuals			- National consolidated guidelines for comprehensive HIV prevention, care and treatment/ Guideline for Family Planning Services	Not included in the national guidelines	Adapt from WHO/ global document	- Update existing national guidelines

Annex 2: Stakeholder mapping on their capacities, resources and structures that support SRH self-care intervention implementation

Stakeholder name	Capacities/role	Resource	Structure (geographic emphasis)	Health workforce	Type of SRH self-care intervention being implemented	Type of SRH self-care intervention planned to be implemented	Challenges (existing/ anticipated)
MSIE	Provide family planning, pregnancy crisis management, maternal and child health, SRH service and service for men across the country.	NA	National scale interventions	NA	ANC, IPC, PNC, FP and Infertility related home care/ self-care interventions	MA self-care, Self-administered injectable contraception (DMPA SC), Over-the-counter OCPs and ECP	- Delay in approval of national SRH self-care guideline - Lack of local evidence on SRH self-care
UNFPA	International development agency that works on population and development, SRH, and gender.	NA	National scale interventions (both in development and humanitarian settings)	NA	Supports implementation of SRH self-care (home care) related to ANC, IPC, PNC, and FP and infertility	Self-administered injectable contraception (DMPA SC)	- Lack of standard training manual for SRH self-care - Delay in approval of national SRH self-care guideline
PSI, Ethiopia	International non-governmental organization (INGO)	NA	National scale intervention	NA	Piloting self-administered injectable contraception (DMPA SC), consistent and correct use of male condoms, HIV self-sampling and self-testing, interventions on self-efficacy and empowerment for women living with HIV	HIVST through social marketing	- DMPA-SC SI is not included in the National Self-care Guideline and other relevant document
FMOH, Maternal, Child and Nutrition Directorate	The directorate implements the major priority programs for all aspects of MCH and nutrition issues throughout the country and contributes to the mission and vision of the ministry	NA	National scale intervention	NA	Developing National RMNCAYH-N Self-care Intervention Guideline. Piloting SRH self-care in selected health facilities	- Approval and dissemination of national RMNCAYH-N Self-care Intervention Guideline. - Piloting SRH self-care intervention and expanding at national scale - Strengthening commodity supply system - Task sharing to community program (HEP)	- Poor health literacy - Budget constraints - Lack of training for HCWs - Commodity supply issues - Inadequate data recording and reporting system (HMIS), especially at community level

FMOH, NCD Case Team	Responsible to coordinate non-communicable disease programs throughout the country	NA	National scale intervention	NA	Pilot program on HPV self-sampling (HPVSS) for HIV positive women	Scale up of HPVSS for all eligible women	Shortage of HPV self-sampling kit
EngenderHealth	INGO (National SRH program)	NA	National SRH (implemented in selected regions)	NA	None	MA self-care, selected ANC self-care	- Policy level challenges for implementation of SRH self-care - Lack of protocols and supplementary tool kit for self-care implementation
JSI/TPHC	INGO- The USAID Transform: Primary Health Care Activity	NA	National program to strengthen the health system by expanding access to and improving the quality of services	NA	None	ANC self-care	DMPA-SC SI is not included in the National Self-care Guideline
PATH	INGO-	NA	National program-Improving health systems and services	NA	None	Unknown	-
AMREF	INGO	NA	National RMNCAHYH program	NA	None	Integrating digital health interventions and SRH self-care interventions	Lack of awareness on benefits of self-care
ESOG	Professional Association	NA	-	NA	None	Self-care advocacy project through formation of national self-care network (NSN)	-
EMwA	Professional Association	NA	-	NA	None	ANC, Self-administered injectable contraception (DMPA SC), MA self-care, HPV self-sampling	- Shortage of commodities/supplies for SRH self-care - lack of standard SRH Self-care training materials - Lack of funding for implementation of SRH self-care intervention
ENA	Professional Association	NA	-	NA	None	Developing training manuals for nurses. Providing training for service providers	- Lack of standard SRH Self-care training materials for HCWs

**Annex 3: Commodities/supplies for SRH self-care intervention available in Ethiopian
Essential Medical List (EML)**

S/N	Commodities/supplies for SRH self-care intervention	Included in EML (Yes/No)	Remark
1	Ginger	NA	
2	Chamomile	NA	
3	Vitamin B6	Yes	
4	Calcium	Yes	
5	Magnesium	Yes	
6	Wheat bran	NA	
7	Folic acid	Yes	
8	Iron and folic acid	Yes	
9	BP apparatus	NA	Essential medical equipment list is not available
10	Proteinuria test strips/dipstick testing for proteinuria	NA	
11	Glucose test strips	NA	
12	DMPA-SC	No	
13	Oral contraceptive pills (OCPs)	Yes	
14	Emergency contraceptive pills (ECPs)	Yes	
15	Ovulation predictor kits (OPKs)	No	
16	Male condom (with condom-compatible lubricants)	Yes	
17	Female condom	No	
18	Pregnancy test kit	NA	
19	Combined (mifepristone and misoprostol) MA drug	Yes	
20	Misoprostol alone	Yes	
21	HPV self-sampling kit	NA	Partners reported serious shortage of HPV sampling kit
22	Kits for self-collection of specimens for Neisseria gonorrhoeae and Chlamydia trachomatis	NA	
23	Kits for self-collection of samples for Treponema pallidum and Trichomonas vaginalis	NA	
24	HIV self-sampling and testing kits	NA	No stock out reported by providers

Annex 4: Key Informant Interview (KII) Questionnaire on SRH Self-care Intervention

Date: _____

Respondent Name	Organization name	Responsibility (position) in organization

Introduction

This interview aims to assess the situation of self-care intervention for sexual and productive health (SRH) in Ethiopia. It mainly focuses on policy mapping of self-care interventions for SRH, including stakeholders mapping and analysis. The findings of this survey will be used as input to strengthen self-care intervention in the country. Your participation in this survey is voluntary and anonymous. The expected time to complete this interview is 20-25 minutes.

READ THE INFORMED CONSENT FORM TO THE RESPONDENT(S) AND ASK THEM TO SIGN IT.

Section I: Approaches and implementation status of self-care intervention for SRH

1. Is your organization currently implementing self-care intervention for SRH?

- | | |
|--|------------------------------|
| | 1. Yes |
| | 2. No (Skip to Q5) |
| | 3. I don't know (Skip to Q5) |
| | 4. N/A |

2. If yes to Q1, which of the following SRH self-care intervention are currently implemented by your organization?

ANC, Delivery, PNC		1. Educational interventions and support programs to reduce caesarean births
		2. Prevention and treatment of mild nausea and vomiting in early pregnancy
		3. Advice on diet and lifestyle to prevent and relieve heartburn in pregnancy
		4. Management/treatment of leg cramps in pregnancy
		5. Low back and pelvic pain prevention and management
		6. Prevention and management of constipation in pregnancy
		7. Non-pharmacological management of varicose veins, edema hemorrhoid in pregnancy
		8. Self-management of folic acid supplements in pre-pregnancy and iron and folic acid supplements during pregnancy and postnatal period.
		9. Self-monitoring of BP during pregnancy for individuals with hypertensive disorders of pregnancy
		10. Homebased urine self-testing to detect proteinuria for pregnant individuals with non-proteinuric hypertension
		11. Self-monitoring of glucose during pregnancy for individuals diagnosed with gestational diabetes
		12. Women held case note to improve the continuity and quality of care and their pregnancy experience

FP/infertility services	13. Self-administered injectable contraception for individuals of reproductive age
	14. Over-the-counter oral contraceptive pills (OCPs) for individuals using OCPs
	15. Over-the-counter emergency contraceptive pills without a prescription to individuals who wish to use emergency contraception
	16. Home-based ovulation predictor kits for individuals attempting to become pregnant
	17. Consistent and correct use of male/female condoms for prevention of HIV, STIs and associated conditions, and prevention of unintended pregnancy
	18. One year's supply of OCPs, depending on the woman's preference and anticipated use
	19. Self-testing for pregnancy for individuals seeking pregnancy testing
	20. Self-assessing eligibility for medical abortion within the context of rigorous research
	21. Self-managing mife and miso without the direct supervision of a health worker in specific circumstances where women have a source of accurate information and access to a health worker
Eliminating unsafe abortion	22. Self-assessing the completeness of the abortion process using pregnancy tests and checklists in specific circumstances where women have a source of accurate information and access to a health worker
	23. Self-administering injectable contraceptives for women undergoing medical abortion in specific circumstances where mechanisms to provide the woman with appropriate info and training exist
	24. For individuals undergoing medical abortion (MA) who desire hormonal contraception they can be given the option of starting contraception immediately after the first pill of the MA regimen
	25. HPV self-sampling for individuals aged 30–60 years
STIs/HIV, Cx. Ca	26. Self-collection of samples for Neisseria gonorrhoeae and Chlamydia trachomatis
	27. Self-collection of samples for Treponema pallidum and Trichomonas vaginalis
	28. HIV self-sampling and self-testing
	29. For women living with HIV, interventions on self-efficacy and empowerment around SRH and rights to maximize their health and fulfil their rights.

3. Where are self-care interventions being implemented by your organization?

4. Are the self-care interventions being implemented as pilot, or at national scale?

- | | |
|--------------------------|----------------------------------|
| <input type="checkbox"/> | 1. As a pilot |
| <input type="checkbox"/> | 2. At regional or national scale |
| <input type="checkbox"/> | 3. Both |
| <input type="checkbox"/> | 4. I don't know |

5. If no to Q1, is your organization has a future plan to implement self-care intervention for SRH?

- | | |
|--------------------------|-----------------|
| <input type="checkbox"/> | 1. Yes |
| <input type="checkbox"/> | 2. No |
| <input type="checkbox"/> | 3. I don't know |

6. If yes to Q5, what type of SRH self-care intervention planned to be implemented?

7. Do you have guidelines/stools for SRH self-care intervention?

- 1. Yes
- 2. No (Skip to Q10)
- 3. I don't know (Skip to Q10)

8. If yes to Q7, what is the type of the guideline/tool?

9. Who developed the SRH self-care guideline/tool?

- 1. Our organization
- 2. Other organization. Specify: _____
- 3. I don't know

10. Do you provide training on SRH self-care intervention?

- 1. Yes
- 2. No (Skip to Q14)
- 3. I don't know (Skip to Q14)

11. If yes to Q10, what type of professionals who are trained on SRH self-care intervention?

- 1. Health service providers
- 2. Pharmacy personnel
- 3. Others. Specify: _____
- 4. I don't know

12. What is the total number of professionals trained by your organization so far? Please specify their profession with number of trained people

1. _____

2. _____

3. _____

13. Who is conducting the SRH self-care intervention training?

- 1. Trainers completed TOT on SRH self-care intervention
- 2. Trainers not received TOT
- 3. Others. Specify: _____
- 4. I don't know

14. Do you have standard training manuals for SRH self-care intervention?

- 1. Yes. Specify the contents of the training manuals _____
- 2. No
- 3. I don't know

15. Do you have any educational materials, Info graphs / maps to visualize the self-care interventions being implemented?

- 1. Yes. Specify _____
- 2. No
- 3. I don't know

Section II: A Commodities/supplies for SRH self-care intervention

1. Which of the following commodities/supplies for SRH self-care are you using in your current intervention? [For **Drug Regulatory authority**: Which of the following commodities/supplies for SRH self-care are included in Ethiopian Essential Medical List (EML)?]

- 1. Ginger
- 2. Chamomile
- 3. Vitamin B6
- 4. Calcium
- 5. Magnesium
- 6. Wheat bran
- 7. Folic acid
- 8. Iron and folic acid
- 9. BP apparatus
- 10. Proteinuria test strips/dipstick testing for proteinuria
- 11. Glucose test strips
- 12. DMPA-SC
- 13. Oral contraceptive pills (OCPs)
- 14. Emergency contraceptive pills (ECPs)
- 15. Ovulation predictor kits
- 16. Male condom (with condom-compatible lubricants)
- 17. Female condom
- 18. Pregnancy test kit
- 19. Combined (mifepristone and misoprostol) MA drug
- 20. Misoprostol alone
- 21. HPV self-sampling kit
- 22. Kits for self-collection of specimens for Neisseria gonorrhoeae and Chlamydia trachomatis
- 23. Kits for self-collection of samples for Treponema pallidum and Trichomonas vaginalis
- 24. HIV self-sampling and testing kits
- 25. Others. Specify _____

2. Is there shortage (stock out) of commodities/supplies for SRH self-care? [For **Drug Regulatory authority**: Which of these commodities/supplies are available in the country?]

- 1. Yes
- 2. No
- 3. I don't know

3. If yes to Q2, which of commodities/supplies for SRH self-care are commonly out of stock?

1.	
2.	
3.	
4.	
5.	

Section III: Challenges in implementation of self-care intervention for SRH

1. Do you have any problems or challenges in implementation of self-care intervention?

- 1. Yes. Specify _____
- 2. No
- 3. I don't know

2. Do you have any suggestion/comments related to SRH self-care intervention?

1.	
2.	
3.	
4.	
5.	

 The End

Thank you for your time and help!!!