NATIONAL GUIDELINE FOR SELFCARE IN REPRODUCTIVE HEALTH

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PREFACE

Under my directorship, a team of passionate and skilled experts on matters of selfcare in reproductive health researched, met, consulted widely and with the involvement of a broad array of relevant stakeholders authored this seminal guideline that was not only long overdue, but is also worth attention by all persons in the reproductive health space in Kenya. This guideline on selfcare in reproductive health premiers contextualized reference on an emerging arena of accelerating universal health coverage and access by safely empowering all in need of reproductive health care to objectively own and contribute to the journey towards attaining the highest standard of reproductive health in a personalized way.

Given that the selfcare domain is currently weakly regulated, the guideline exposes specific areas that need urgent tweaking within the health system to ensure successful realization of reproductive health selfcare in Kenya. I wish to personally isolate the salient challenge of ensuring safe disposal of reproductive healthcare waste generated by selfcare practice. Traditionally, healthcare waste assumes generation within a health facility and is managed through the waste disposal system in place. On the contrary, selfcare waste is generated beyond the healthcare waste disposal system, a situation that provides an opportunity for critic the manner in which the products are manufactured as well as how the waste is linked to the waste disposal grid. This waste includes used condoms, menstrual hygiene products, self-diagnostic kits and innovative self-injection mechanisms with sharps. Other than being an environmental eye sore, the selfcare waste poses a health hazard to the public and ecosystem in general. Selfcare in reproductive health therefore challenges surveillance, regulatory and oversight bodies in the country to rise to their call of duty and ensure safe implementation of reproductive health selfcare interventions.

This guideline addresses reproductive health priority areas for selfcare; governance, regulation and coordination mechanisms for selfcare as well as health system support structures that facilitate and promote selfcare. The scope of the guideline encompasses selfcare in maternal and neonatal health, family planning and Infertility and cross cutting reproductive health issues including including sexually transmitted and other reproductive tract infections; reproductive tract cancers; sexual and gender-based violence among others. Within each category, the guideline describes the self-awareness, self-diagnosis and self-management aspects of each priority area.

It is profoundly rewarding to note that the guideline is broad enough to cover the reproductive health needs of the nation, and also specific enough to address selfcare needs of each individual. It is therefore my pleasure to invite you to familiarize yourself with this guideline and use it to address the many reproductive health selfcare needs of Kenyans, as well as seize the myriad opportunities presented by reproductive health selfcare to accelerate the realization of the constitutional right to the highest attainable status of reproductive health for all Kenyans.

Individuals and corporates within the reproductive health space, both private and public as well as health care providers at national and county levels will find this guideline particularly useful as a daily companion in the day to day call of duty as a more empowered rights aware populace seek support to manage their own reproductive health.

Dr Patrick Amoth, EBS
Director General for Health

FOREWORD

This National Guideline for selfcare in reproductive health comes at an opportune time in the evolution of healthcare towards increased individual autonomy and ownership of own health as an integral pillar towards the realisation of the highest attainable status of reproductive health status. Selfcare is an emerging opportunity to engage individuals in promoting their own health and customizing their respective health needs with support from the conventional health care system. Selfcare interventions therefore play an important role in promoting access to reproductive health.

Kenya has witnessed increased impetus towards advancing selfcare to support an increasingly informed and engaged public in matters health at a time when innovative advances in health products and technologies are being witnessed with each new day. While Kenya has made tremendous effort to improve reproductive health outcomes for her people, more can and needs to be done to ensure no Kenyan is denied enjoyment of quality reproductive health due to preventable reproductive health conditions or diseases.

The main goal of the National Guideline for Selfcare in Reproductive Health is to provide guidance to healthcare providers and other actors within the Kenya healthcare system as they endeavor to provide optimal support for selfcare in reproductive health. The lessons accruing from the implementation of this guideline will go a long way in shaping the future of an equitable, rights based and person-centered health improvement approach. In addition, this guideline is a timely enabler of individual empowerment on matters reproductive health in support of Universal Health Coverage realisation in Kenya.

Areas such as contraception, reproductive tract cancers, menstrual hygiene, antenatal care, self-testing of common reproductive health conditions as well as safe administration of over the counter health products and technologies offer a ready entry point for regulated selfcare practice that is well supported and ensures positive individual experience and population safety. By leveraging on the recommendations and good practices within this guideline, self-care interventions will go a long way towards achieving the highest attainable standard of health for Kenyan citizens as well as be responsive to their needs. This in turn will contribute towards achieving a sustainable pathway to universal health coverage and the Sustainable Development Goals.

This National guideline is for use by health care providers and other actors offering and supporting Reproductive Health services at all levels, and will provide information on selfcare interventions in response to local challenges while highlighting opportunities to scale up uptake. The National, Private sector and our devolved health systems, which take services closer to the community, will play a pivotal role in its implementation.

The Government will work closely with all players at the National and County levels in operationalizing and implementing these guidelines.

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ACKNOWLEDGEMENT

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ARVs	Antiretrovirals
ASRH	Adolescent Sexual Reproductive Health
AYPRH	Adolescent and young persons reproductive Health
BP	Blood Pressure
BSE	Breast Self Examination
CBD	Community based distributors
CHA	Community Health Assistant
CHMT	County Health Management Team
CHV	Community health volunteer
COCs	Combined Oral contaceptives
CORPS	Community Owned Resource Persons
CSO	Civil Society Organization[1]
DMPA-IM	Depo-Medoxyprogesterone Acetate Intramuscular
DMPA-SC	Depot medroxyprogesterone acetate - subcutaneous
DRMH	Division of Reproductive and Maternal Health
FBO	Faith Based Organisation
FGM	Female Genital mutilation
FP	Family planning
GOK	Government of Kenya
HAART	Highly Active Antiretroviral therapy
HCP	Health care provider
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPV	Human Papilloma Virus
HSS	Health Systems Strengthening
HTS	HIV Testing Services
IEC	Information, Education, and Communication
IPC	Infection Prevention and Control
IPV	Intimate partner violence
IFAS	Iron and folic acid supplementation
IUD	Intra Uterine Device
KDHS	Kenya Demographic and Health Survey
KNBS	Kenya National Bureau of Statistics
KEMRI	Kenya Medical Research Institute
KHP	Kenya Health Policy
KNDI	Kenya National Nutrition and Dietetics Institute
LAM	Lactational Amenorrhea Method
MERL	Monitoring, Evaluation, Research and Learning
M&E	Monitoring and Evaluation
MMR	Maternal Mortality ratio
MNH	Maternal and Neonatal Health
MOH	Ministry of Health
NCD	Non communicable diseases
NPHL	National Public health Laboratories

PAC	Post-abortion Care
PHC	Primary Health Care
PHT	Public Health Technician
PHO	Public Health Officer
PLHIV	Persons Living with HIV
PPB	Pharmacy and Poisons Board
PNC	Post Natal Care
POPs	Progesterone only Pills
PPMV	Patent and Proprietary Medicine Vendors
PYD	Positive Youth Development
RH	Reproductive Health
SDGs	Sustainable development goals
SRH	Sexual Reproductive Health
STI	Sexually Transmitted Infections
TBA	Traditional Birth Attendant
UHC	Universal Health Coverage
VDRL	Venereal Disease Research Laboratory
WHO	World Health Organization
WLHIV	Women Living with HIV

GLOSSARY OF TERMS

- **SELF-CARE**: "the ability for individuals, families, and communities to promote, maintain health, prevent disease, and cope with illness with or without the support of a healthcare provider." Self-care enables people to exercise greater autonomy, power, and control of their health, and improve their health and well-being. Self-care includes self-awareness, self-testing, and self-managed care, which includes many forms of self-care.

- **Self-efficacy**: People's belief in their capacity to execute behaviours necessary to produce specific outcomes.

- **Self-manageable condition**s: Any illness condition or symptoms that can be recognized by individuals and managed with self-medication or lifestyle changes

- **Self-awareness**: Involves people gaining a deeper understanding of their bodies, health status, and health conditions to optimize health and well-being.

- **Self-examination**: An inspection done in a private setting to determine if there are any changes or concerns to one's own body**.**

- **Self-testing:** Enables a person to have autonomy and choice by using a user-initiated diagnostic or device to gain knowledge about their own health status or health conditions.

- **Self-sampling:** Users collecting their own health sample or with the help of a friend or family member for it to be analysed by healthcare professionals.

- **Self-diagnosis**: Identifying illnesses or conditions outside a healthcare setting by recognizing symptoms and/or using self-screening or self-education tools. This can be used to make health decisions and manage symptoms.

- **Self-medication**: Administering medicine on one's own or with the help of a loved one to treat self-manageable conditions.

- **Self-administration:** Taking medication on one's own at home, clinic, or pharmacy, or in a private location.

- **Self-treatment**: Caring for a health condition on one's own or through the support of someone outside of the formal health system.

- **Self-managed car**e: When a person on their own or through the support of someone outside of the formal health system (such as a friend or partner) oversees their health and health conditions on a day-to-day basis.

- **Selfcare partner/buddy**: A friend or a family member identified by the client who plays a role in the life of a companion, providing psychosocial and emotional support to include adherence to treatment, clinic appointments and other interventions.

- **Diverse Diet:** A diverse diet involves incorporating foods from a variety of different sources into your meals. In this way, the collection of food choices made every day and their respective nutritional content helps one meet their daily nutrient requirements to support overall health.

SECTION I: INTRODUCTION

Background

Self-care is the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health worker. Self-care recognises 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 (WHO, 2022). Self-care behaviours contribute to one's ability to perform a variety of tasks, ranging from ensuring survival to attaining self-actualization. Families accept responsibilities for facilitating the self-care of their members and take on self-care activities for other members who, owing to maturation, illness or other life events, are unable to complete the necessary task themselves. Clients at the individual, family and community levels have different self-care needs and expectations (Wright, 2003).

Globally, 3.6 billion comprising over half of the world's population lack access to essential health services. 1 in 5 of the world's population are now living in humanitarian crises, in which health systems are challenged to deliver essential services. Approximately 400 million people world-wide lack access to the most essential health services and annually, 100 million people are impoverished as they finance their health care.

Lack of access to essential health services is further compounded by acute shortage of health workers especially in low and middle income countries. By 2030, there's an anticipated shortage of 18 million health workers. COVID-19 relieved the underbelly of most of the world's health system with most pressure put on the few existing health workforce. The pandemic was key in redefining how self care is delivered and the need to mainstream it within the health system considering that on average individuals spend less than 1hour a year with a health worker versus over 8700h a year in self-care (WHO, 2022). It is imperative to consider interventions that go beyond the conventional health sector response and position individuals, families and communities at the centre of health care.

Self-care interventions are tools that support self-care. These include evidence-based, high-quality drugs, devices, diagnostics and/or digital interventions that can be provided fully or partially

outside formal health services and be used with or without a health worker. WHO recommends a range of self-care interventions for health promotion this include self-management, self-medication, self-treatment, self-examination, self-injection, self-administration, self-use. Self-testing which covers self-sampling, self-screening, self-diagnosis, self-collection, self-monitoring. Self-awareness comprising of self-help, self-education, self-regulation, self-efficacy, self-determination. (World Health Organization, 2022).

Self-care interventions have the potential to increase choice, where they are accessible and affordable, and they can also provide more opportunities for individuals to make informed decisions regarding their health and health care. Consequently, self-care interventions represent a significant push towards new and greater self-efficacy, autonomy and engagement in health for self-careers and caregivers. In addition, self-care interventions 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 (World Health Organization, 2022.

Kenya's human population was estimated at 47.6 million in 2019 within 12 million households, with an estimated household size of 3.9 persons and a life expectancy of 66.4 years (KNBS). The high birth rate and declining mortality rate serves to maintain a population growth rate of 2.2% per year. The high child and youth population bulge present opportunities for reproductive health and economic development. Specifically, there are challenges for responsive reproductive health services to a largely dependent and increasingly young urbanized population in Kenya. Additionally, there is the emerging reality for older population reproductive health services requirement in Kenya with the increased life expectancy. The trend of improving health that is driven by reductions in communicable conditions is diminished by the emerging burden of non-communicable conditions including violence and injuries such as gender-based violence and cancers.

The health workforce ratio in Kenya stands at 13 for every 10,000 people and hence there is need to hire 12,000 workers annually to keep the pace of population growth. (Ministry of Health Policy Brief, HRH March 2022). In Kenya, the total number of health workers currently employed in the County Departments of Health as well as in the public, faith based organizations (FBO) and private-for-profit health facilities is estimated at 31,412 (Training Needs Assessment, 2016). These

numbers are below the required of 138,266 health care workers as per the Ministry's Norms and Standards Guidelines of Healthcare Workers.

There is, therefore, an urgent need to find innovative strategies that go beyond the conventional health-sector response because there are basic health care interventions that can be undertaken at an individual level.
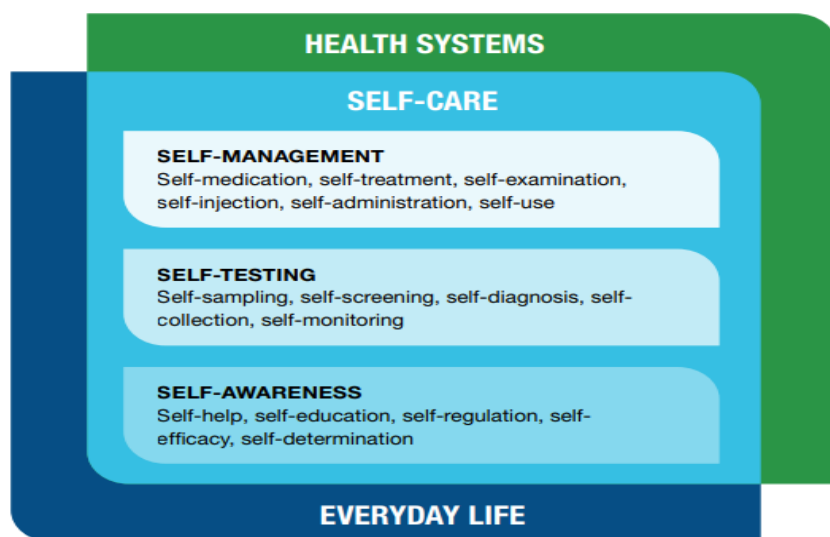
Development of the Guideline

The *National Guideline for Self-Care Interventions in Reproductive Health* was developed through a sector-wide consultative process that borrowed heavily from the knowledge, skills and experiences of various healthcare providers from all levels of care and WHO recommendations. The document followed the following roadmap to conclusion as outlined below:

1. Ideation and Desk Review meeting –September 20-23, 2022 involved conceptualization of Self-Care and Review of the WHO Self-Care Interventions document for adoption and adaption.
2. Further Ideation, Consensus Building and Drafting workshop 1 – October 10-14, 2022.Various cadres and healthcare providers from the two levels – policy formulation and service delivery were involved in the workshop.
3. Further Consensus Building and Drafting workshop 2 – October 24-28, 2022.
   This led to the consolidation and finalization of the contextualized National Healthcare Provider Guideline for RH self-care in Kenya,

4. Validation Workshop – November 24-25, 2022.The draft guideline was validate culminating at the production of a National Guideline for Self-Care Interventions in Reproductive Health.

Goal & objectives of National Guideline for selfcare in Reproductive

Goal

The purpose of this document is to provide guidance on self-care to healthcare providers and other stakeholders in reproductive health.

Objectives

1. Identify priority areas for self-care in reproductive health,

2. Provide guidance that will enable healthcare providers guide and support safe and contextualized self-care in reproductive health,

3. Guide on governance, regulatory, coordination and accountability mechanisms for reproductive self-care in reproductive health.

Guiding principles and core values

This guideline is grounded on and advocates for a strengthened, comprehensive, people-centered approach to health and well-being and is underpinned by the following key principles:

- **People-centered approach:** Self-care should be delivered using an approach to health care that consciously adopts the perspectives of individuals, families and communities and should meet the health needs and aspirations of potential users at all stages of their life course.

- **Holistic approach to health:** This encompasses issues beyond access to or uptake of biomedical interventions. Adopting a holistic approach to health means working at multiple levels from the individual, the family and the community, to the broader health system and the overarching enabling environment.

- **Human rights, ethics and gender equality approaches**: An ethical approach, based on human rights, ethics and gender equality, lies to ensure the dignity and well-being of individuals. An ethical approach should inform all decisions about self-care interventions anchored on principles of fairness and equity. This includes respect for medical ethics within health services, laws, policies and interventions that address gender inequalities.

- **Autonomy**: This is expressed through free, full and informed decision-making and is a central theme in medical ethics. Additionally, the self-care interventions in reproductive health <u>shall</u> be safe, effective and accessible to all individuals; they shall also be complementary to the existing health systems including health financing.

Target audience

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

This guideline primarily targets RH Health Care Providers. However, it can also be utilized by other stakeholders interfacing with RH issues such as:

- National and County government
- Community based providers - CHVS, CBDs CHAs
- Policy makers
- Health regulatory bodies - e.g. PPB, COC, KMLTTB, Nursing Council OF KENYA (NCK), Kenya Medical practitioners and Dentists council, Public Health Officers and Technicians Council, PHOTC, Nutrition council (Kenya nutritionist and dieticians Institute) – KNDI, NACOSTI, IRA/NHIF among others.

Secondary Target Audience

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

Utility of the Guidelines

By Health care providers	As a **Decision Support Tool** - To guide, counsel & provide RH self-care services to clients.
By Policy makers	As a **Reference Document for policy development** – To develop new policies that are facilitative of self-care, resource mobilization.
By the National government	For **Resource Mobilization** - To support implementation of RH self-care guidelines and monitor implementation of the self-care guideline
By the County government	For **Adapting, implementation and monitoring** – To support implementation of self-care guidelines and monitoring through the community strategy
By Development Partners & Implementation Partners	For **Funding, Resource Mobilization and Reference** - To design programs, support governments in implementation

By Health Regulatory Bodies	To regulate health care workers in self-care service provision, determine registration status of RH products (e.g. POMs vs OTCs) and ensure curriculum incorporation of self-care; PPB - To use guidelines for classification/ scheduling self-care products and NEMA/public health - To develop guidelines on waste management
By the Private Sector Players	To make the RH products self-centric, make request for change of classification of their products
By Clients	To acquire general information on self-care and know their rights
By Community-based Providers	Supporting clients on self-care e.g. waste disposal, re-orienting trained clients, referral, health education
By CSOs and CBOs	For advocacy and civic education to individuals, families and communities
By Research Scientists	To generate and collaborate evidence in self-care

SECTION II: PRIORITY AREAS FOR SELFCARE IN REPRODUCTIVE HEALTH

Introduction to section

Reproductive health needs of a population are broad and span the entire life course. General reproductive health needs of an individual are generic to all persons of a homogenous cohort e.g. the menstrual care needs of adolescents have broad commonalities. That said, due to individual idiosyncrasies, we expect divergence of symptoms from one individual to another even for basic menstrual care.
With this realization, it is beyond the scope of a single guideline to conclusively address the entire reproductive health care needs of a population. It thus behooves this guideline to focus on specific priority areas as variously expressed by the needs of the Kenyan population, the health system in place as well as the global trends and advances in selfcare within reproductive health. This section thus addresses the current priority areas for selfcare in Reproductive Health.

The priority areas will further be conceptually organized under the broad categories of: selfawareness; selftesting and selfmanagement. Within each of these broad selfcare categories, further thematic organization mirroring the existing health system organization around reproductive health will be employed, i.e. maternal & newborn health, family planning & infertility and cross-cutting areas in reproductive health. Finally, these priority areas and thematic organization will be framed on the canvas of promoting, introduction, access, uptake and scaleup of selfcare interventions as an indispensable enabler of realizing selfcare in each priority domain or thematic area.

While self-awareness enables individuals to gain a deeper understanding of their bodies, health status and health conditions, self-testing gives individuals the opportunity to autonomously use an appropriate diagnostic device to gain knowledge on own health status or health condition. In the same light, self-management completes the selfcare loop by enabling the person to take charge of own health individually or supported by individuals outside the formal health system but present in the persons day to day health space.

Additionally, this section will provide guidance on when and where to seek further assistance, basically at what stage of selfcare an individual may need to seek the opinion of a healthcare provider or visit a healthcare facility and where that would be.
The table overleaf presents the priority areas for selfcare in reproductive health.

Priority areas for self-care in reproductive health

Maternal and Neonatal health		
Sub-thematic area	**Self-care Component**	**When to seek care**
Preconception care	**Self awareness**: Nutrition requirements, good nutrition habits, lifestyle modifications , safe sex practices, menstrual cycle, intimate partner violence and reproductive coercion, preconception care, genetic disorders, including Sickle Cell. **Self examination/testing/diagnosis**: HIV self-testing, breast examination for breast cancer, Self sampling of HPV, pregnancy testing, ovulation predictor kits. **Self Management**: Consume diverse nutrient dense food (at least 5bout of 10 food groups, supplementation e.g. folic acids), deworming, haematinics, Physical exercise, stop excessive use of alcohol, stop tobacco use, observe good mental health practices. Those with preexisting conditions continue management as per existing guidelines. Do at least 150 minutes of moderate-intensity aerobic physical activity throughout the week, or at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week, or an equivalent combination of moderate- and vigorous-intensity activity. Appropriate physical activity includes recreational or leisure time physical activity, transportation (e.g. walking or cycling), occupational (i.e. work), household chores, play, games, sports or planned exercise, in the context of daily, family, and community activities.	When HIV self-test or pregnancy testing is positive When there is a lamp, pain or discharge on breast self examination. Self sampling of HPV to be taken to labs in stipulated time. Any other issues of concern
Prevention and management of abortion Complications	**Self awareness**: knowledge and signs of Post-abortion sepsis (infection), Post-abortion contraception, abnormal bleeding, pallor for anaemia, personal hygiene, PAC services availability in health care facility. Missed abortion and Molar abortion.. Should an abortion occurs awareness of the complete products of conception explusion. Surgical evacuation incase of incomplete abortion and follow-up care. Possibility of another pregnancy **Self testing**: pregnancy test, body temperature, random blood sugar, assess for goitre, BMI **Self Management:** Post-abortion contraception, pain management, personal hygiene.	When the sepsis sets in - hotness of the body (fever), foul smell discharge and a lot of pain. When excessive bleeding and pallor is present. When BMI is more than 35 - see a Nutritionist Blood sugar is high Persistent pregnancy test - see gynaecologist Persistent uterine bleeding - see a gynaecologist
Antenatal care	**Self awareness**: Understanding importance of seeking services and where to get them eg. deworming once during the second trimester and nutritional supplementation, IPT for malaria endemic areas, personal hygiene,understanding signs of true labour, individualized birth planning and preparedness, awareness of RMC, pregnancy danger signs, listening to local radio talk	Routine Antenatal care visits. If you experience any pregnancy danger signs When blood pressure, blood sugars or pallor are not in the normal range.

	shows on maternal health. Attending CMEs during antenatal visits and other community health talks, do not self medicate. **Self testing**: urine testing, stool sampling, blood pressure, blood sugar for the known hypertensive and known diabetic,weight, pallor, HIV self-testing, breast examination for lumps. **Self Management**:Attend ANC clinics – at least 8 contacts, at least 1 ultrasound (recommended 2 during pregnancy), ensure all health records are documented well, Consume diverse, nutrient-dense food, (at least 10 food groups per day), supplementation e.g. daily uptake of IFAS and zinc supplements. regular monitoring of blood pressure and blood sugars for the known diabetic and hypertensive. Managements of nausea, vomiting, heart burns, leg cramps, constipation;scar pain, oedema, Adherence to ARVs for the HIV positive clients. Vulval hygiene eg. cleaning posteriorly after visiting the toilet to prevent contamination. Bladder hygiene through taking plenty of water and frequent micturation to reduce urine concentration that can lead to infection. Monitoring of fetal movements. Breast care- breast assessment for a healthy breast and cleanliness , avoid breast stimulation that could interfere with the pregnancy process. Changing of dressing - wear recommended ,clothing eg. right size of brassiere Individuals with specific health conditions should take extra precautions and seek medical advice before engaging in physical activity Accumulate at least 150 minutes (2 hours and 30 minutes) per week of moderate-intensity aerobic activity, such as brisk walking, swimming, cycling, and lightweight training. Avoid activities that require sudden starts or stops, jumping, rapid changes in direction or one that increases the risk of falling or abdominal injury, such as netball, soccer, or basketball. Always use a supportive bra and comfortable shoes. Always warm up muscles before each activity and stretch and cool afterwards. Drink water before, during, and after physical activity to replace body fluids lost through perspiration. Avoid performing any activity that involves lying on the back. Instead, perform the exercises while lying on the side, sitting or standing.	When HIV self-test or pregnancy testing is positive When there is a lamp,pain or discharge on breast self examination. urine & stool to be taken to labs in stipulated time. When there is reduced/missing fetal move ment. When the breast is oozing any type of fluid.
Labor and Childbirth	**Self awareness**: Signs and symptoms of labour, need to visit the health facility of choice for delivery**;** Psychoeducation (to address fear of pain, stages of labour, hospital routines, birth process, and pain relief; Health education on keeping the baby warm, clean cord care, breastfeeding practices, importance of postnatal care, management of blood loss, personal hygiene, management of bladder, Postpartum Family Planning; importance of skilled care delivery. **Self testing**: None **Self Management**: Mobility in labour, oral fluid and food intake, choosing a position of choice during second stage of	Labor and Childbirth should be done in a health facility under a trained healthcare provider

	labour,breathing exercises during contractions, maintaining personal hygiene, Responsibility to provide correct information for decision making by health care providers; alert health practitioner when in severe pain; Timing of pushing; Initiation of breastfeeding within one hour after delivery; Empty the bladder; Provide feedback on quality of care.	
Postnatal care	**Self awareness**: Recognition of danger signs, prompt health-seeking behavior when unwell, initiation of breastfeeding within an hour after delivery, correct positioning and attachment during breastfeeding, attendance of postnatal care services, resumption of adherence to arvs for plwhiv and early infant prophhylaxis **Self testing**: Self breast examination, HIV self testing, BP monitoring for known hypertensives, testing for blood sugars for known diabetics, HPV self sampling,disposal of postpartum products **Self Management**: Self monitoring of lochia loss, exercise appropriately, breast care, neonatal care-cord care,wound care after c/s,episiotomy care, frequent emptying of the bladder during immediate postnatal, exclusive breastfeeding for the first 6 months, personal and environmental hygiene, adequate rest, healthy balanced diet, resumption of safe sex, ,birth spacing and family planning (both postpartum and interval FP), adherence to antiretroviral therapy for HIV positive women, use of long lasting insecticidal treated bed nets in malaria-endemic areas,	Presence of danger signs for the mother and baby If the baby is not breastfeeding well For routine postnatal check ups and child welfare clinics When the BP is out of the normal range (120/80mm/Hg) A low or high blood sugar levels If there is an abnormal breast swelling A danger sign following FP method use Excessive /foul smelling lochia loss If the cord gets infected or the baby has fever Presence of incontinence of either/both urine and faeces - identification of obstetric fistula.

Family Planning and Infertility		
Sub-thematic area	**Self-care Component**	**When to seek care**
General FP for Women of Reproductive Age (WRA)	**Self awareness:** Normal menstrual cycle; when and how to initiate contraception; contraceptive method change(when and how); method discontinuation and return to fertility; Common contraceptive methods: Natural contraceptive methods (withdrawal, safe days); Barrier methods (male and female condoms); Intrauterine devices (copper T, mirena, avibella); Hormonal contraceptives (oral: emergency pill, progesterone only contraceptives, contraceptive patch COC's; Injectables (DMPA SC/IM), Implants (Implanon, Norplant) skin Patch), Permanent methods (vasectomy, Bilateral tubal ligation); Contraceptive side effects: changes in menstrual cycle, libido, blood pressure and weight, migraine headaches, abdominal cramping; Options for and effectiveness of selfcare contraception; Contraceptive duration of action; Eligibility for various selfcare contraceptive options; Drug interaction, especially for those on management for other conditions; Proper use/application/administration of selfcare contraceptive methods; Adherence to selfcare contraceptive	Contraceptive initiation; Contraceptive method change; Failed/ suspicion of failed contraception; Routine follow up on contraceptive use; Persistent contraceptive side effects and complications of contraceptives as advised by healthcare provider; for further information or guidance on contraception Any other issues of concern

	schedule; failed contraception; Where to acquire contraceptives; Management and disposal of contraceptive waste	
	Self examination/diagnosis/testing: Self monitoring for common contraceptive side effects: headaches, cramping, changes in libido, menstrual cycle, How to conduct self examination for blood pressure and weight. Pregnancy testing- how to conduct the test and interpret the results **Self Management:** Proper use/application/administration and compliance for self-care contraceptives. FP Methods for Self-care, include Subcutaneous depot-medroxyprogesterone acetate (DMPA-SC), Combined Oral Contraceptives and Progestin-Only Contraceptive Pills, Male and Female Condoms, Fertility Awareness Methods, Emergency Contraceptives as well as other Family Planning self-care methods as per the FP Policy. In addition to the methods, there are various important fertility related services available for self-care. These include Blood Pressure Monitoring, Weight Monitoring, Pregnancy Tests and Home Based Ovulation Predictor Kit. The FP guidelines provide more details on the how and when to use these various available self-care interventions. Self-management options for contraceptive side effects: headache, abdominal cramping, weight changes, changes in libido, menstrual changes, failed or suspected failed contraception Proper storage of contraceptives /contraceptive devices Proper management and disposal of contraceptive waste	
FP for Lactating mothers	**Self-awareness:** Selfcare contraception options for lactating mothers; When to initiate contraception in the postpartum period; LAM(lactational Amenorrhea method); contraceptive contraindications during lactation; Eligibility for, proper use of LAM Other information as for General FP for Women of Reproductive Age (WRA) applies.	As for General FP for Women of Reproductive Age (WRA)
Contraception for People living with HIV	**Self awareness** Drug interactions between ART and contraceptives; Dual action of barrier methods: contraception and Infection transmission prevention Other information as for General FP for Women of Reproductive Age (WRA) applies.	As for General FP for Women of Reproductive Age (WRA)
Contraception and General reproductive health for Young people/adolescents	**Self awareness:** Contraception consent for minors in Kenya; Where to access youth friendly services; Abstinence and delayed sexual debut as selfcare contraceptive options; Puberty; risky sexual behavior; consequences of risky sexual behavior; Sources of information and reproductive healthcare	As for General FP for Women of Reproductive Age (WRA)

	<mark>Other information as for General FP for Women of Reproductive Age (WRA) applies.</mark>	
Infertility	**Self-awareness** Normal menstrual cycle; Causes/ risk factors for infertility Prerequisites for fertility; Lifestyle and Nutritional modifications for enhanced fertility; Menstrual cycle monitoring; ovulation and pregnancy testing; Options for self management of infertility: adoption **Self examination/diagnosis/testing** Self-examination for ovulation symptoms Ovulation testing: How and when to perform it; where to source for ovulation kits; how to interpret result; action to be taken on results. Pregnancy testing: how and when to test **Self-Management:** Nutritional support: <mark>Divers</mark>e diet; folic acid supplements; avoid drugs of abuse/recreational drugs, moderate alcohol intake; Menstrual cycle monitoring; Lifestyle modification: maintain healthy weight, regular physical exercise Child adoption	Abnormal menstrual cycle; After trying to conceive for one year or more if < 35yrs of age and 6 months if > 35yrs of age For fertility monitoring as advised by healthcare provider For adoption services

Cross-cutting reproductive health Issues

Sub-thematic area	Self-care Component	When to seek care
Menstrual cycle, menstrual hygiene	**Self-awareness:** Normal menstrual cycle; abnormal menstrual cycle; possible causes/predisposing factors for abnormal menstrual cycle/vaginal bleeding; consequences of abnormal menstrual cycle (infertility, anemia); other Symptoms associated with abnormal menstrual cycle/vaginal bleeding; Menstrual hygiene and options for the same(Disposable/reusable pads, tampons; menstrual cups); Proper disposal/care for menstrual products Where to seek care for abnormal menstrual cycle/bleeding **Self-management:**	Symptoms persist Incase of any concern
Pelvic floor and vaginal symptoms	**Self-awareness:** Normal menstrual cycle; abnormal menstrual cycle; possible causes/predisposing factors for abnormal menstrual cycle/vaginal bleeding; consequences of abnormal menstrual cycle (infertility, anemia); Menstrual hygiene and options for the same; Proper disposal of Where to seek care for abnormal menstrual cycle/bleeding **Self-management:**	Symptoms persist Incase of any concern
STI's and other reproductive tract infections	**Self-awareness:** HIV self-testing PREP and PEP for people at high risk of HIV infection; signs and symptoms of various STIs (gonorrhoea Chlamydia, Syphilis,	If any symptoms of STI;s Persistent symptoms despite treatment

	genital ulcer disease and Trichomoniasis; Self-examination for painful multiple genital blisters; Observe for genital warts **Selfexamination/testing/diagnosis:** Self-collection of samples for STI testing- gonorrhoea Chlamydia, Syphilis, and Trichomoniasis; Observe unusual Coloured, discharge, smelly discharge, genital swellings, warts and ulcers; HPV self-sampling **Self-management:** STI prevention: use of barrier methods for sti prevention	
Sexual disorders	**Self-awareness:** Various forms of sexual dysfunction (Erectile dysfunction, low libido, dyspareunia etc) Causes/factors predisposing to sexual dysfunction; myths and misinformation on sexual dysfunction; Self management options for sexual dysfunction: (healthy weight and dietary habits, mental health, stress management; moderate alcohol intact; avoid recreational drugs); Where to get validated information on sexual dysfunction and its management. **Self-management:** Healthy weight and dietary habits, mental health and management; moderate alcohol intact; avoid recreational drugs; regular physical exercise; Where to get validated information on sexual dysfunction and its management.	Persisting sexual dysfunction symptoms For management of causes or risk factors for sexual dysfunction Any other issue of concern
Sexual and Gender Based Violence	**Self awareness:** Types of SGBV; SGBV risk perception; prevention strategies for SGBV; available interventions for SGBV(medical, psychosocial, legal); Action to be taken and where too seek for assistance in the event of SGBV; available psychosocial support, how/where to report to authorities, forensic evidence handling. **Self Management**: Avoid situations/environments that may predispose to increased risk of SGBV Remove oneself from risk environment Emergency contraceptive pills as applicable in case of rape Collect any evidence items e.g. nails, clothing etc. for submission to authorities Refer to detailed SGBV algorithm in annex II	Seek help immediately; Report soonest possible to nearest authority/health facility with any evidence items
Menopause and Andropause	**Self awareness:** Various signs and symptoms of menopause/andropause: Hot flushes, fractures vaginal dryness, recurrent vaginitis, skin and hair changes, mood changes, sexual dysfunction; changes in urinary habits;(hesitancy in urination, urine incontinence); changes in sleep habits; Options for self management of menopause/andropause symptoms **Self Management** Calcium, vitamin D and other nutritional supplements; targeted diet, vaginal lubricants, exercise regularly; Moderation in alcohol intake, avoiding recreational drugs; maintaining a healthy weight ; maintaining a positive attitude	Extreme signs and symptoms of menopause/ Andropause; Fractures/ suspected fracture after a fall. Routine medical follow up as advised by healthcare provider; for further information or guidance Any other issues of concern
Reproductive tract Cancers and	**Self awareness:**	Routine follow up for NCD's and cancer

Non communicable diseases (NCD's)	Abnormal weight, bp and blood sugar ranges; common NCD's; Risk factors for common reproductive tract cancers and NCDs (family history, unhealthy diets, physical inactivity, obesity/overweight, tobacco use and harmful use of alcohol); Lifestyle modifications and other cancer and NCD prevention and control interventions; Symptoms of common reproductive tract cancers; Complications of common NCD's, Self screening for common reproductive tract cancers and NCD's (breast self exam, hpv testing, blood sugar testing; where to seek assistance or information for NCD's and cancers prevention and management. **Self examination/diagnosis/testing** Self examination for blood pressure, weight, self-breast exam; self examination for complications of /worsening NCD's eg foot ulcers, poor sight, headaches; Self sampling and testing for blood sugar, HPV self-sampling for ca cervix; self sampling for PSA(screening for cancer of the prostrate): When and how to conduct the examinations/tests, how to interpret the results; how to action on the samples/results. **Self Management** Healthy dietary habits; Self monitoring of BP, weight, Blood sugar; self and proper administration of medications for NCD's after advice from healthcare provider; home based and palliative care as appropriate	management as advised by healthcare provider; New signs of NCD's or cancers (eg postmenopausal bleeding, frequent headaches etc); onset of complications of NCD's/cancers
Mental Health in reproductive health	**Self awareness** What mental health is all about; common symptoms of poor mental health (depression, changes in feeding habits especially over/under eating; changes in sleeping patterns especially insomnia or somnolence; feelings of hopelessness and lack of self-worth; suicidal tendencies; tendency to self-isolation;difficulty completing regular tasks); Consequences of poor mental health; How to improve mental health: where to seek information/assistance for mental health **Self examination/diagnosis/testing** Self-examination for symptoms of poor mental health eg depression, changes in feeding habits especially over/under eating; changes in sleeping patterns especially insomnia or somnolence; feelings of hopelessness and lack of self-worth; suicidal tendencies; tendency to self-isolation **Self Management** Engage in regular physical activity and hobbies; healthy dietary habits; avoid recreational drugs or excessive alcohol; engage in activities that enhance self esteem; have adequate rest; seek peer support	Symptoms persist despite self management efforts, help should be sought without delay

Pathways and considerations for self-referral

When an individual is faced with the need for self-care in reproductive health, several determinants including the individual's beliefs, individual and family competencies, sociocultural setting, physical environment and functional networks within the persons self-care trusted realm will intuitively guide the individual to cascade the search for a solution to the prevailing need in reproductive health. Such an eventuality, is conceptually organized around the three key domains of self-care listed earlier viz: self-awareness; self-testing and self-management. The purpose of this section is to enable the healthcare provider to grasp the self-care self-referral pathways that are at play in an effort to better understand the client who walks in seeking self-care, or utilize the knowledge to identify opportunities to initiate or support self-care within the clientele the provider will be interacting with. This subsection seeks to walk the health care provider through plausible decision making pathways of the individual in need of self-care self-referral

A. **Self-awareness**

An individual faced with a reproductive health need will seek information from various sources and use diverse modalities to help them get informed, competent, or get deeper discernment of their self-awareness of the need at hand. It is important for the healthcare worker to familiarize with, contextualize and understand the individual's self-awareness could have been driven by any or, all of the following contemporary sources of information:

(i) Print material : conventional books, magazines, news circulation and information education and communication material

(ii) Online information sources: social media, google or internet search engines, informational phone apps and electronic push messaging platforms.

(iii)Traditional health information source: traditional healers, traditional birth attendants, medicine men, palm and sign readers, herbalists and village sages.

(iv)Community health resources and networks : barazas or administrative village gatherings, community health out reaches, community health volunteers, health home

visits, public health technicians, community health workers and shared information from community health units

(v) Formal health system : clinics, dispensaries, health centers or hospitals

(vi) Other direct human sources of information : friends, relatives and health gossip

B. Self – testing or self-diagnosis

An individual who has mastered self-awareness and has mastered self-care competency in the area of need may proceed to confirm their health condition or health challenge. It is important for the health care provider and other players to consider the individual needs further support and assistance in the following aspects of self-diagnosis or self-testing:

(i) Information and knowledge on what to test to ascertain or support admission or discharge of their concerns

(ii) Where to get test kits and supporting supplies for the particular test

(iii) How to test or develop competency to test for the specific condition or challenge at hand

(iv) How to interpret the results correctly and competently

(v) What to do and the available options for the different scenarios of test results

(vi) How to dispose the used or unused test kit and the accompanying used or unused supplies after addressing their test need

(vii)   Where to go and how to link with the cascade of health service delivery points such as ; the community health services, the community drug stores/ pharmacies/ chemist, formal health care system , commercial or charitable points of service including commercial laboratories.

C. Self-management:

This usually marks the apex of individual competency in self-care and in most cases will drive the preceding facets of self-care i.e. self- awareness and self- testing. This can give a

sense of gratifying reward and autonomy if the individual can competently self-manage their health promotion, need, condition or challenge. This may further require leaning on the immediate ecosystem around the individual to support safe satisfactory self- management of a particular self-care need. Unfortunately it is also fraught with risks if poorly handled as a condition or disease can escalate to the detriment of the individual. It is crucial that the individual is not only competent in the particular self-care condition or need at hand, but must also be objectively confirmed of their competency to self-manage to eliminate individual competency fallacy and over statement of their ability. The health care provider will need to be aware and be competent to guide the individual considering self-management through the following concern lenses:

- Self-management assistance/ support : advice on how to initiate self-management, counselling on self-management, self-management for persisting , long term or chronic conditions, continuation of self-management and competency to self –manage as advised by a health care provider, follow up on self-management progress, drawing boundaries and recognizing complications at any point in the self-management, pathways of redress in the event of complications and remaining competent and proficient in continuing the self-management

- Where to go: community drug store/pharmacy/chemist/shop, community health services structures and personnel, traditional health systems and alternative medicine/indigenous health care systems, and different levels or the formal health-care system.

- Bounded responsibility in self-management: The individual needs to be aware, and each player or level of support on the individual's journey through or in self-management needs to be aware of their limits and capability, emphasizing their ability to refer the individual for further formal health services as and when necessary.

SECTION III: GOVERNANCE, REGULATION and HEALTH SYSTEMS STRUCTURES for SELFCARE

Governance, regulation and coordination of self-care

Formalizing self – care is a relatively new advance in health care supporting an increasingly autonomous citizenry. This guideline recognizes this new impetus in health care and is a seminal effort to objectively guide on self-care in the country. This comes with the reality of pioneering in an area that may not have been traditionally governed, regulated or coordinated and it may be wishful to expect established well-known well researched governance, regulation and coordination structures. As self –care gets formally established and implemented , lessons accrued will not only be important to share and learn from, but will more significantly be pivotal in informing and improving future revisions of this guideline to reflect the ultimate functional resourced and supported self –care accountability structures.

The Ministry of Health will take leadership in the implementation of this guideline in collaboration with all stakeholders at national and county levels through a multisectoral approach. The county governments, community health care systems and structures, other state actors, and non state actors (NGOs, FBOs, Private Service Providers, private research Institutes and Professional Organizations, regulatory bodies, implementing partners and bilateral partners) will coalesce synergy and contribute in the development ,operationalisation, governance and coordination of self-care in the country centred on the individual autonomy and as guided by the Ministry of Health.

This guideline will be implemented in consideration of existing documents and strategies, including the Universal Health Coverage Roadmap, the Kenya Essential Package for Health, Health sector Norms and Standards, The Partnership framework, The M&E framework, The County Specific Reproductive Health Strategies, and SAGA specific strategies on reproductive health or self-care. .

At national level, management and coordination shall be done by the Health sector intergovernmental consultative forum (HSICF) as provided for in the Health Act of 2017. This forum will be used for mutual consultation, coordination and collaboration on matters of this guideline across both levels of government in its entirety of implementation. The National

Technical Working Group on self-care that brings together all stakeholders including client representation will oversight the operational and technical details of this guideline. .

Laws, Policies and Guidelines on Self-care

There are existing Laws, policies and guidelines that inherently promote self-care or can be harnessed to provide opportunities for advancing self-care in the country. In this subsection, as many as known laws, policies and guidelines that speak to self-care will be listed and briefly defined to the extent they pronounce themselves on self-care. Suffice to note that the list is non exhaustive and is a living list as more laws, policies and guidelines affecting self-care become operational.

This self-care guideline is anchored on the following laws, policies and regulations and aligns self-care to these guiding instruments:

1. **The Constitution of Kenya 2010**
   a) **Article 43. (I) (a):** Guarantees each Kenyan the right to access the highest attainable standard of health including reproductive health care.

   b) **Article 35 (1):** (a) Every citizen has the right to access information 'required for the exercise or protection of any right or fundamental freedom'.

   c) **Article 56. (e):** Mandates the State to put in place affirmative action programs designed to ensure that minorities and marginalised groups have reasonable access to health services amongst others. Self-care will complement other primary health care services guaranteed under this article.

   d) **Fourth Schedule:** Distributes health functions to the county governments including promotion of primary health care, county health facilities and pharmacies, emergency medical services and waste management. Under the provisions of this schedule, county governments shall adapt and monitor implementation of self-care guidelines.

   e) **Article 46:** Introduces consumer's rights to enjoy protection of their health, safety, and economic interests and compensation for loss or injury arising from defects in goods or services. Under this article, regulatory bodies shall prevent the sale/distribution of counterfeit self-care products in the market.

   f) **The Health Act 2017:** Aims to create a unified health system that aligns with the Constitution. A functional healthcare system will support implementation of self-care.

   g) **Sexual offenses act 2006:** This addresses protection from violence, coercion and discrimination. In accordance with this law, efforts shall be put in place to address violence in self-care. Special attention is to be paid to people vulnerable to stigma,

exclusion, violence including people living with HIV as well as sexual and gender minority.

2. POLICIES

This self-care guideline augments existing policies and enhances synergy for an efficient positive self-care experience to all individuals desiring or occasioned to consider self-care. The following policies support the practice of self care in Kenya :

a) **Kenya Health Policy 2014–2030: Towards attaining the highest standard of health.**
   - Acknowledges individuals' need to participate in managing their own health.
   - Highlights the need for a functional healthcare system for self care to effectively complement.

b) **The National Reproductive Health Policy 2022 – 2032.**
   - Advocates for improvement in response to client`s reproductive needs
   - Encourages harnessing digital technology to integrate evidence-based platforms such as tele-medicine and self-care to ensure access to RH care to all.

c) **The Kenya Primary Healthcare Strategic Framework 2018 –2024**
   - Advocates for patient centered comprehensive, coordinated patient care and acknowledges families and communities as key players in managing their own health.

d) **Kenya eHealth Policy 2016 – 2030**
   - Provides an enabling environment for use of E-health at all levels to improve access to reliable health information for self-care.

e) **The Kenya Mental Health Policy 2015-2030**
   - Recognizes the individuals' responsibility to ensure attainment of good mental health status as part of self care in relation to reproductive health matters.

3. REGULATIONS
a) **Public Health Act 242**
- Promotes public health and prevention of disease in Kenya

b) **Pharmacy and Poisons Act 244**
   - Regulates Public access to pharmaceutical products and medical devices at different levels of care. Offers and regulates quality control for pharmaceutical products and technologies. This is the custodian of Pharmacovigilance and post market surveillance and systems for reporting adverse drug reactions and poor quality products that may perform differently in actual use than marketed.

c) **Medical practitioners and Dentists act Cap 253, Clinical officers Act Cap.260 and Nurses and Midwives act Cap 257.**
   - These regulate the practice of different cadres to guarantee provision of quality and ethical care through regulation of training registration, licensing, inspections and

professional practice. The regulatory bodies have a role in overseeing implementation of self care and correcting any non-standard practice.

d) The Pharmacy and Poisons Board Guideline for safe management of pharmaceutical waste management 2022.
- Requires that any person whose activities generate pharmaceutical waste has an obligation to ensure that such pharmaceutical waste is transferred to a person who is licensed to dispose of such pharmaceutical waste in an approved pharmaceutical waste disposal facility.

e) Covid-19 RMNH guideline, MOH, April 2020
- Quarantine and isolation until complete resolution of the disease.
- Hand washing and wearing of masks in public.
- Longer spacing of return dates and extended prescriptions to cover the spacing prolongation for routine contraceptives and other feasible regular medicines for chronic illnesses including ARVs.

f) Kenya HIV prevention and Treatment Guidelines 2022
- HIV testing services and linkage to treatment – HIV self-testing
- Prevention of Mother to Child Transmission of HIV/Syphilis
- ARVs for Post exposure prophylaxis (PEP)
- Pre-exposure prophylaxis (PrEP)
- Condom use
- People who inject drugs (PWID) and HIV

g) National Cancer Screening guidelines, 2018
- Self-Sample collection for HPV test.
- Self-prostate cancer awareness and self-testing.
- Self-breast examination and awareness for early detection of breast cancer.

h) National guideline on quality obstetrics and Perinatal care February 2022.
- Identifies cord care (patient education)
- Early Child breastfeeding and bonding
- Breast care
- Post abortion care (patient education)
- Birth Preparedness and response
- Maternal nutrition and exercise (Emphasis on healthy meals and walks)

j) National Guidelines for Safe Management of Health Care Waste
- Under **Section 6.5**, the guidelines provide options for safe collection, transportation and disposal of health-care waste from scattered small sources, which do not treat their own waste including but not limited to private medical or dental practitioners, research facilities, nursing homes, ambulance services, veterinary centres and home treatment. These options include :

  i. A local authority or an authorised private contractor collects the waste for treatment and takes it to a local hospital incinerator or other treatment facility.

> **ii.** An authorised private contractor collects and treats the waste at the contractor's treatment facility.
- For those who can treat their own waste, **Section 9.2.3** provides the options of health care waste treatment and disposal per level of care including level 1(Community) where self care will be applicable.

k. Post Abortion Care Guidelines

The PAC guidelines seek to standardise the provision of PAC services across the country including establishment of functional PAC units with the necessary equipment, supplies and providers to ensure continuity of PAC services across the country including support for self-care. The guidelines support selfcare by guiding end users on a number of aspects including:

- Use of clean non pharmaceuticals (cotton, sanitary pads) - to prevent infection
- Use of plenty of oral fluids - to sustain blood volume
- Avoidance of contamination and soiling of underwear - to prevent infection
- Encouragement of feeding - to sustain normoglycemia.
- Self-awareness and assessment of blood loss for swift self-referral in god time
- Self-awareness and recognition of blood loss and infection danger signs for expedited self – referral
- Self-pain management and appropriate linkage for further management

l. **Kenya National Clinical Guidelines for the Management of Diabetes.**

The overall goal of diabetes management is to help individuals with diabetes and their families gain the necessary knowledge life skills, resources, and support them to achieve optimal health. The guidelines provides for self care interventions as stated below in the following categories:

- Risk factors for diabetes
- Diabetes Self management education
- Self glucose monitoring
- Self insulin administration
- Diabetes in pregnancy

m. **Kenya National Guidelines for Cardiovascular Disease Management;**

They provide guidance on prevention of cardiovascular diseases through control of risk factors, early detection and prompt management. The guidelines emphasize the following Self care interventions that play a key role in the prevention and management of cardiovascular conditions.

- Reduction of risk factors for CVD
- Nonpharmacological/lifestyle modifications
- Home blood pressure monitoring (HBPM)
- Cardiovascular disease in pregnancy- (lifestyle modification, adherence to management and compliance to clinic appointments)

n. National guidelines for healthy diets and physical activity 2017

The Guidelines aim to promote healthy eating and active living as preventive measures that can help reduce the double burden of malnutrition, as well as diet and physical inactivity contributing to noncommunicable diseases (NCDs).

o. Kenya National Guideline on management of sexual violence and rape

Survivors and perpetrators of sexual violence should seek medical, psycho-social, legal ,referrals and additional support services within the existing healthcare system. Guidelines support victims on proper management and handling of forensic evidence to avoid tampering before presentation to a Court of law to prove that sexual violence indeed occurred and link the perpetrator to the crime.

p. Pharmacy and Poisons Board (PPB) Guidelines for the National Pharmacovigilance System in Kenya- 2009

All health care professionals / the public at large are encouraged to exercise continuous surveillance of safety and efficacy of approved pharmaceutical products and medical supplies used in self-care. Adverse reactions to pharmaceuticals products, herbal preparations, food supplements, medical products and technologies should be reported to the nearest public pharmacy for official reporting to PPB. Individuals can also report directly to PPB through the online PPB portal or by use of mobile phone by dialling * 271# and reporting through the mPvERs platform.

During the pre-conception, conception, pregnancy and breastfeeding phase, medicines and medicinal supplements should only be taken after consultation with a healthcare provider due to potential teratogenicity.

q. National Guidelines for management of sexual violence in Kenya 2014

Gives guidance on how to manage rape and key steps /actions to be taken by survisors of sexual violence. The guidelines detail actions to take immediately post rape including where to seek help including handing of different evidential materials and reporting to authorities.

r. National FP guidelines 2018

Gives guidance on the provision of contraceptives including the different self-care activities for short term, long term and permanent contraceptives.

1) Regulation - who regulates what - information, service delivery, health products and technologies, environmental safety/health

Health system structures supporting selfcare

· **Health system referral mechanism:**

A key consideration of this guideline is establishing clarity in understanding how the self-referral system in Kenya fits into the existing referral systems. It is important to consider that self-care referral mechanisms may or may not confine to the traditional layered referral mechanisms and may skip or ignore expected point of contact guided by individual determinants that shape the self-referral pathway the individual will eventually adopt. However, the health care provider and the different levels of health care need to employ a client centred cost effective and efficient reverse referral once the client has been attended to or initiated into self-care. A case in point is a patient who has undergone specialist care at a referral hospital and seeks early discharge to continue with self-catheterisation at home. The referral system needs to be centred on the clients convenience, safety and preference in building self-catheterisation competency for the client, and back referral to the nearest preferred service delivery point for continuous support and conclusion of the catheterisation phase, without incurring enormous resources to be monitored and concluded at the tertiary facility. It is necessary to summarise the current health system organisation and the guiding referral strategy to enable the health care provider comprehend and adequately link the self-care client to this existing system in the most efficient and cost effective referral pathway

The health system in Kenya is organised around six levels of care grouped into four operational capabilities based on the scope and complexity of services offered as follows :
1. **Level 1:** comprises community units (CUs) that are a collection of households staffed by volunteer community health workers. Activities at the community unit level focus mainly on promotive health through health education, treatment of minor ailments, and identification of cases for referral to health facilities.

2. **Levels 2 (dispensaries) and 3 (health centres)**: offer primary health care services. These levels of care form the interface between the community and the higher level facilities. These facilities offer basic outpatient care, minor surgical services, basic laboratory services, maternity care, and limited inpatient facilities. They also coordinate the community units under their jurisdiction.

3. **Levels 4 and 5** (**secondary referral facilities**): These form the county referral facilities. They offer a broad spectrum of curative services, and some are also health training centres.

4. **Level 6 (The tertiary referral facilities**): These offer specialised care and specialised training to health workers. The national government manages these facilities, but they are semi-autonomous organisations (SAGAs)

The Kenya Referral Strategy considers four key movements in referral:

2) **Client movement**: Addresses the actual patient seeking an appropriate level of care at which their health needs are best addressed.

3) **Expertise movement** : involves the system of rotation and facilitation of healthcare providers so that they are able to reach patients in need of care, and especially in situations where it may be more efficient and cost effective

4) **Specimen movement**: The movement of a sample, i.e. urine, blood, etc. usually for investigative purposes. The final is the

5) **Movement of client parameters**: This is an indirect referral involving movement of the patient's information for supportive diagnosis to higher levels of the system. The development in the information technology sector directly facilitates this form of referral

Referral cases are classified based on the type of client that is being referred or the given condition at the time a referral is needed into the following categories:

(1) **Emergency referrals**: conditions that threaten life, limb or eyesight. There are

(2) **Urgent referrals:** conditions that require immediate attention so as to prevent them from becoming a serious risk to health.

(3) **Routine referrals** : Aimed at looking for second opinion or higher-level investigation

The self-care and self-referral support chain in Kenya:

LEVEL 6: TERTIARY REFERRAL HOSPITALS

LEVEL 4 &5: SUB-COUNTY ⇨ COUNTY REFERRAL

LEVEL 2 & 3: PRIMARY HEALTH CARE: DISPENSARIES HEALTH CENTRES

LEVEL 1: COMMUNITY HEALTH UNITS (CHC, CHO, CHA, PHT'S, FHP'S, TRADITIONAL HEALERS)

Individual | Household | Awareness | Self-test | Self- Management

A key consideration in self –care is the avalanche of information sources at the client's disposal today. The client considering self-care will have sought information from any of a myriad of sources.Using a variety of communication channels can allow health messages to shape mass media or interpersonal, small group, or community level campaigns. Health

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communication strategies aim to change people's knowledge, attitudes, and/or behaviors; for example:

- o Increase risk perception
- o Reinforce positive behaviors
- o Influence social norms
- o Increase availability of support and needed services
- o Empower individuals to change or improve their health conditions

Client sources of information that are also used as media strategies to convey health messages and inform behavior change communication in self-care include the following:

- o Television
- o Newspaper
- o Flyers
- o Brochures
- o Internet
- o Social media tools (i.e., Twitter, Facebook, and YouTube)

Sources of information on self- care are broadly categorized into healthcare providers, family and friends as well as themselves (Chou, Fang-Yu, et al. "Self-care strategies and sources of information for HIV/AIDS symptom management." *Nursing research* 53.5 (2004): 332-339.) It is to be noted that each source provided a preferred type of information. There were four categories of information sources: self (34.41%), healthcare provider (27.95%), personal network (19.20%), and community (18.44%)

Categories of client information sources on self-care

- Self — 34%
- Healthcare provider — 28%
- Personal Network — 19%
- Community — 18%
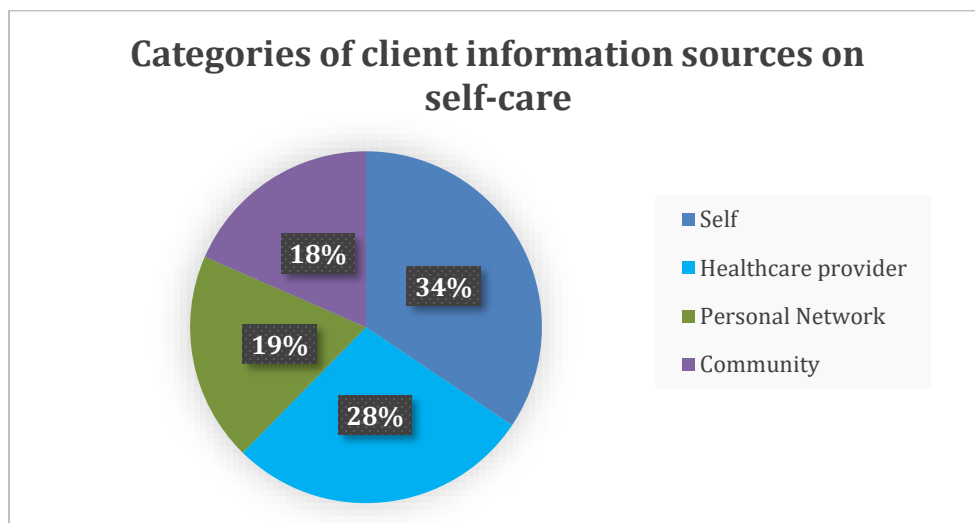
The health-care provider needs to consider guiding and empowering the self-care client on the following information tips and touchpoints:

1	Inform the client they have a right to ask questions about their self-care
2	Guide the client to understand not all information is reliable : empower the client to find good information by asking their health care provider and pointing them to a legitimate source
3	Guide client to comprehend the risks and benefits involved in their self-care
4	Teach client to list all medications and products the client is using in self-care and create the clients need to seek more information about the medicines they are taking or health products or technologies they are using. Workout a waste disposal plan with the client.
5	Empower client to ask more about their self-care plan, who will be involved and what is likely to happen : help the client develop a complete informed self-care plan
6	Teach client to ask the events after leaving the hospital: what will happen? Preferably let the client leave with a written outline of their after visit self-care and what should happen after the client gets home. Guide the client on efficient self-referral and plug client to surveillance system
7	Lead the client to read and understand their rights in health generally but specifically in self-care
8	Empower the client to understand there medical information is confidential and they have a right to access the information held by the health system on their care
9	Encourage client to give feedback on their experience to help improve and tailor make their self-care
10	Empower the client by sharing helpline contacts, hot-lines, and links to sources of further support or information on their self-care plan

- **Community health delivery structures** (Kenya Community Health Strategy 2020-2025, MOH)

- CHC : Community Health Committee
- CHA: Community Health Assistant
- CHO: Community Health Officer
- CHV: Community Health Volunteer

1 CHC (5-7

1 CHA/CHO

10 CHV's

5000 people (500-1000

Note:
Although the average size of households in Kenya is 3.9, this strategy assumes an average of 5 people
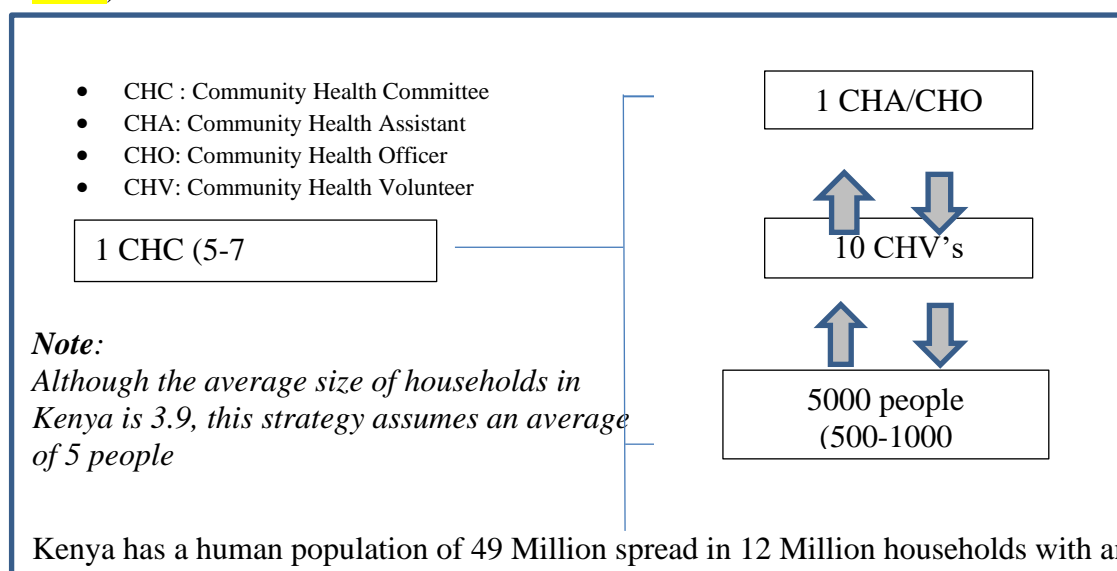
- Kenya has a human population of 49 Million spread in 12 Million households with an average household size of 3.9 persons (KNBS 2019 Population and household census). This population has been mapped into community health units that are supported by a community health structure with the smallest administrative unit being the community health committee.

This committee links with the county and national governance and administrative structures at the village head level.

- There are health resource persons active at the community level that may not reflect in the simple community health strategy organogram as presented above but still play an important role and could be an added platform to support self –care. These include Public Health Technicians, community pharmacists, enrolled community nurses, alternative and indigenous medicine practitioners, traditional birth attendants, medicine men , reproductive health coordinators and Family Medicine personnel whose line of trade, responsibility or duty abut into the community

- Then within the community are informal Community health access points that include village drug stores, private pharmaceutical and herbal outlets, private clinics, lone ranger health practitioners embedded within the community, business oriented health product promotion initiatives or community client recruitment points, religious and non-governmental community health, wellness and nutrition programs or philanthropic interventions.

- **Outreaches**
  Outreaches in Kenya are organised on the premise of health promotion and disease prevention. They also act as essential platforms of social behaviour change communication through passing deliberate health information and dispelling misinformation on the target population. Outreaches are thus by design an extension of level 2 and 3 (primary healthcare) activities into the community and especially for those isolated groups of households or individuals who may not have regular opportunities to visit these primary health care facilities. Outreaches will thus be organised, anchored and accounted for within the local dispensary or health centre.

- **Health Camps**
  Health camps in Kenya are extension of Level 4 – 6 services into the community. They are thus organised primarily around taking curative, screening, diagnostic and specialist care to the community. They also act as points of direct client linkage with higher levels of care and may often lead to recruitment of clientele into care within these ordinarily out of reach levels of care.

Role of stakeholders in Selfcare

Stakeholder	Roles and Responsibilities
Client	- Understand what is expected from them regarding health-seeking behavior - Know their health rights and responsibilities - Ask questions and express their preferences - Adherence to medical advice and instructions - Report on pharmacovigilance (poor quality, adverse drug reactions and side effects) - Actively participate in health education dialogues, forum and events - Promote Autonomy/confidence to engage in self care - Get knowledge and information using all platforms e.g. digital health platforms, health care provider and community to seek health information. - Self-diagnosis of health conditions and home based active data capture and record keeping records and share with the health Care providers - Self-monitoring and management - Self-referral: -individual initiate communication with the nearest health facility and other health service points to receive feedback - Understand the dangers of over the counter drug acquisition especially during pregnancy
Immediate and Extended Family,	- Male involvement in self-care practices - Providing an enabling environment for self-care including financial support, moral/psychological/emotional support - Peer mentorship and counseling egg supporting access to uptake and use of self-care interventions - Monitoring the patient

	- Report on pharmacovigilance (poor quality, adverse drug reactions and side effects)
Communities and Community Leaders **Community owned resource persons (CORPS)- TBAs, traditional medicine men/herbalist**	- Attend community meetings to get correct health information e.g. public barazas - Organize community forums to encourage community conversation on self-care and to identify self-care champions to promote self-care practices - Use drama, songs and other participatory means to pass information and share success stories on self-care practices - Report on pharmacovigilance (poor quality, adverse drug reactions and side effects) - Address the Myths and misconception about Reproductive Health - Sensitize the community on self-care - Herbalist to be licensed and work with researchers in health - Incorporate TBAs in maternal and newborn health as birth companions
Different Cadres of health Care Providers	- Provide accurate and correct information according to self-care intervention protocols - Support client to initiate self-care interventions e.g. injectable contraception - Counsel and educate the client on self-care practices - Get training on self-care interventions - Provide information to clients on self-management Participate in the follow-up management through tele-medicine - Identify individuals in need of self-care interventions - Demonstrate and provide instructions for correct use of self-care interventions - Conduct pharmacovigilance - Nutritional counseling **Nurses/Midwives** - Counsel the clients on self-care - Demonstrate and coach on self-injection, self-testing and monitoring of vital signs

	- Train on interpretation of results
	- Guide on follow up and referrals
	- Assist in client needs identification
	- Sensitize the communities on self care
	- Refilling for FP Commodities
	- Provide information for Infection Prevention Control
	- Educate on when to seek health care
	- Teach on recognition of danger signs in pregnancy, postnatal, newborn care and FP side effects
	- Conduct research on self-care at facility and community level
	- To conduct community diagnosis to identify conditions affecting a particular community
	Doctors/clinicians
	- Counsel clients
	- Prescribe drugs and teach on side effects, drug reactions
	- Educate the client on when to seek doctor's prescription to avoid endangering themselves with drugs that require medical subscription
	- Do periodic reviews
	- Discharge clients
	Pharmacist/Pharm tech.
	- Pharmacovigilance (side effects, ADRs, poor quality medicines and devices)
	- Dispensing drugs and health products for self-care use
	- Do client Counseling
	- Instructing on how to use, store, transport of drugs
	Laboratory technologist
	- How to collect specimen
	- Storage and Transportation of specimens
	- Demonstrate how to self-test
	- Educate on how to interpret results (positive, negative, valid, invalid results)
	- How to report critical values after self testing
	- Educate on how to dispose used test kits and any other wastes

	- When to contact healthcare provider after testing - Demonstrate on how to run test controls - Refer clients or specimen - **PHOs/PHT** - Create awareness on point integrated sanitation and hygiene to facilitate self-care at the community level through community strategy activities such as WASH, CLTS among others - Defaulters tracing to facilitate adherence - Linkage between the community and health facility - Advocacy on patient safety from a self-care standpoint. - Identify and monitor the use of medical products and technologies at the community level - Supervise – CHAs/CHVs and other community-level staff under community strategy - Create demand for self-care - that is safe and in line with government policy - Create awareness and sensitization – on circumstances under which self-care may be undertaken, the risks and opportunities within a legal framework - Encourage and motivate the community members on safe self-care. - Implementation of infection prevention and control at the community level to support self-care - Enforcement of public health laws that support safe self-care to address adherence - Designing and approval of small scale systems for treatment and disposal of waste to ensure proper waste management in the community **CHOs/CHAs/CHVs** - Create community awareness and sensitization on self-care through barazas, dialogue, action days - Train and supervise community units on self-care - Documentation and reporting on self-care - Do referrals from the community to health facility - Disease surveillance and response

	- Do household visits - Community health education - Refill self-care commodities - Do referrals
Government (Policy makers-MOH , other line ministries including, SAGAs and regulators)	**AT POLICY LEVEL** - Develop and disseminate Self-care IEC materials i.e. electronic, print, digital/socials media platforms - Review, revise, reformulate, adapt and harmonize health policies to incorporate self-care interventions - Capacity-building of health-care providers - Develop and disseminate self-care policies, guidelines and strategies - Provide guidance to health service providers on how to initiate and manage self-care interventions (policies, guideline and SOPs) - Develop policies on safe disposal of medical waste - Develop and Strengthen the supply chain policies on health products and technologies - Provide a guideline on health commodities accessibility, affordability and availability. - Develop and Strengthen the RH Self-care referral pathway - Develop a policy for health insurance for self-care **Health financing for self-care interventions** - Budget for health care products and technologies for self care - -Register and verify individuals' insurance membership - - Assess out-of-pocket expenses for individuals - Assess cost-effectiveness of self-care intervention option(s) - Assess availability of financial services/schemes to ensure affordability for all individuals, including those without health insurance **AT REGULATORY LEVEL** - Register health products and technologies for self-care. - Develop, implement and monitor enforcement mechanisms - Take immediate action on reported cases on pharmacovigilance - Regulate and commission research studies and surveys to solicit for feedback from communities and health care providers.

	- Identify training needs on self-care interventions, train and coordinate with pre-service and in-service training institutions on delivery - Oversee health insurance schemes - Regulate pharmaceutical practice of self-care in terms of support in service delivery. - *To include self-care as one of the services to be covered by Insurance Regulatory Authority (IRA)* (GAP) Recommendation
Partners (Development and Implementing partners)	- Provide funding for self-care investment areas - Capacity-building of health-care providers, communities and clients on self-care - Support the development of self-care innovations and tools - Support the strengthening of policy and legal frameworks for self-care - Support and conduct research on self-care to build a strong evidence base for self-care policy, programming and practice
Religious Leaders (e.g. the Interreligious Council)	- Promote on self-care through public sermons, meetings, conferences e.g. SDA church - Capacity-building for religious leaders to help reach large audiences e.g.
Civil Society (NGOs, NGOs, FBOs, CBOs, media)	- Design and execute public sensitization campaigns to promote self-care using various communication and media platforms - Identify and train self-care champions on positive self-care messaging - Support capacity-building of healthcare providers, communities and clients on self-care - Support advocacy and community sensitization on self-care - support advocacy and civic education for self-care.
	NB: Referral coordination for access to and uptake to self care Manage referrals between points of service within health sector Manage referrals between health and other sectors

HEALTH PROGRAMME MANAGERS (CHMT) self-care interventions	- Identify all members of the health team, include people, and collect data on all members of the health team - Monitor health worker(s) performance in promoting self-care interventions - Identify training needs on self-care interventions and coordinate with pre-service and in-service training institutions on delivery - Provide and track the training credentials of health worker(s) in promoting self-care interventions
Supply chain management of commodities for self-care interventions	- Ensure sufficient stock levels of quality commodities for self-care interventions by managing the procurement, inventory and distribution of these goods - Register licensed self-care drugs, devices, diagnostics and other interventions - Develop and implement enforcement mechanisms to track and report data on counterfeit, substandard or unregulated drugs, devices and diagnostics by individuals

Opportunities and recommendations for optimization of self-care

During the development of this selfcare guideline, glaring gaps in the systems meant to support selfcare emerged. As rectification measures, the following were identified as opportunities and recommendations that if addressed will go a long way in ensuring that selfcare in reproductive health is supported and optimized.

1. **Capacity Building for Selfcare in reproductive health.**
   Selfcare from the client's perspective has been in existence since time in memorial and as such is not new. However, training of health care providers has traditionally focused on healthcare as provided or assisted directly by the healthcare provider within the formal healthcare system. As a result, it is not surprising that training of various cadres of healthcare providers is almost completely silent on the healthcare providers role in supporting selfcare in reproductive and other areas of health. Subsequently, the healthcare provider is not systematically trained on selfcare, leading to deficiencies in knowledge and skill on this concept. The outcome of this is a health workforce that is not able to adequately support or promote selfcare.

To rectify this omission, as outlined in this guideline, the various healthcare provider regulatory authorities and institutions have an opportunity to bridge the capacity gap by ensuring that following:

- Preservice and Inservice training curricula incorporate selfcare in reproductive health.
- Providers under the various regulatory institutions have and maintain the requisite knowledge and skills in selfcare for reproductive health

2. Waste disposal for self-care

The global growth rate of self care medical devices was estimated to rise from $10.5 billion in 2013 to $16.8 billion in 2019, reflecting a compound annual growth rate of 7%[2].This increase directly correlates with the level of selfcare waste entering the waste stream. This burgeoning churning of health care waste into the environment comes at a time when over half of the world's population is at risk from occupational, environmental, or public health threats due to improper management of healthcare waste, with Africa shouldering the heaviest burden of negative impact due to non-existent or dysfunctional health care waste management systems.

Kenya is no exception, with waste management of products and technologies used for self care being largely unregulated. With a high burden of infectious diseases, and a population oblivious of the dangers of medical waste in the community, it behooves all the players in the regulation, promotion and prescription of self-care in Kenya to prioritize public safety and enforce self-care waste management emphatically. Actualization of the following measures will therefore go a long way in addressing the selfcare waste disposal gaps.

- The urgent establishment or enforcement of adequate and appropriate selfcare waste management systems at the individual and community level by the relevant regulatory/oversight authorities and National bodies
- Ensuring the incorporation of inherent environmentally friendly disposal and waste elimination mechanisms into products, technologies or devices dispensed for selfcare. An example of this includes incorporating disposal packaging into condoms and menstrual hygiene products.
- Establishment of systems or enforce regulatory laws compelling proper selfcare waste disposal especially of biohazardous waste emanating from reproductive health selfcare practices including but not limited to condoms, menstrual hygiene products, sharps and test kits.

3. Regulation of Selfcare Products and technologies

Beyond setting up appropriate selfcare waste disposal systems it is imperative that the selfcare products and technologies allowed into the Kenyan market and that are made available or dispensed to the Kenyan populace have adequate individual and community safety features and are supplied with a clear pathway or mechanism for safe disposal. The following steps seek to ensure this:

- Development or enforcement of specific policies and guidelines regulating the importation, distribution and manufacture or selfcare products to ensure safety of the products and proper management of the same. This will also go along way in protecting the consumer from harmful products.

- Ensuring that sources and outlets and suppliers of selfcare products and technologies e.g. pharmacies and chemists, provide clear information presented in a user friendly manner to the intended user on use, risks and safe disposal of the selfcare products and technologies
- Ensuring that persons peddling, dispensing or distributing health products and technologies e.g. pharmaceutical technologists, health practitioners have the responsibility of ensuring that they provide the clients with clear information on use, risks and disposal of selfcare waste occasioned by the products and technologies being dispensed to the clients

4. **Health Information for selfcare**

   Almost three quarters of client's sources of information on selfcare are from personal and/or community networks, including social media, with the remaining quarter turning to healthcare providers and other legitimate sources for information on selfcare. Unfortunately, most of the information that is easily available to the clients is not verified or factual, with quite some information based on myths, personal prejudices and experiences that may not be applicable to the majority of the populace.

   There is therefore a need and opportunity to make easily available the correct information as and when needed by the clients., the following is an approach that can address this gap:
   - Establishment by Ministry of Health, of an online selfcare literacy/Information platform and avenue for the public, akin to the CDC online platform, where any Kenyan can access regulated, legitimate and verified information on self-awareness, self-testing/diagnosis, self-management as well when and where to seek care.
   - Where possible, active regulation of other sources and gateways of selfcare information in order to minimize misinformation and dis-information on selfcare as part of the Governments fiduciary role of protecting the public from harm.

5. **Surveillance systems for selfcare**

   While structures are in place for pharmacovigilance and routine disease surveillance, there is an urgent need for the surveillance system to move from being reactive as is the current situation in Kenya, to being preventive. This will ensure that adverse events are minimized through prevention efforts as opposed to dealing with adverse events as they occur. In addition, this will ensure that selfcare clients are mapped and supported at their convenience to not only practice selfcare safely, but also have a supportive system for swift redress should there be a need for intervention with an adverse outcome in the process of self-care.

6. **Referral systems to support self-care**

   Self-care presents an opportunity to re-organize or re-establish a robust referral system that can support the client right from the household level. The advantage of most self-care needs is that the referral is usually initiated and executed to a large extent by the client as self-referral, and may not drain the health system resources as much as conventional referral if well managed. It is

thus not a surprise the client will self-refer to their most convenient or preferred point of service, which in most instances may not be the most efficient or sustainable for the referral system or strategy in place. Enhancing efficiency of referral systems to support selfcare saves time, resources and enhances accountability. Inline with this, it is prudent that:

- As guided earlier in this guideline, health care providers understand the client's self-referral preferences and further guide the client on efficient ways of selfreferral as per the prevailing need.
- Strengthening of the healthcare referral mechanism in order decongest and optimize functioning of the various levels of the healthcare system according to their niche of expertise is prioritized. This will ensure that clients are supported to self-refer to their primary healthcare facilities when need arises and are further referred for specialist care at higher level facilities if need be. This further ensures efficient reverse referral of clients initiated on selfcare at higher care levels to the optimal primary healthcare facility/provider for continued monitoring and follow up upto the community. Strengthening the referral system will eventually prevent incongruent self-referral to mis-matched levels of care as per the need of the client.

SECTION IV: IMPLEMENTATION OF THE SELFCARE GUIDELINE

Implementation Plan

The implementation of this self-care guideline for health care workers will be guided by the following processes and monitored using the implementation framework in the following subsection.

1. Dissemination

Following the launch of the document, dissemination will be conducted at various levels in order to ensure that all stakeholders are made aware of this guideline for adequate and timely consumption in terms of advocacy, resource allocation, as well as to inform the practice of selfcare in reproductive health at various levels. The various dissemination levels are as follows:

a. **National level dissemination:** Since selfcare in reproductive health is broad and practically touches on all spheres of health care, it will be important to have an elaborate mechanism to disseminate this guideline to all departments within the MOH and further to other stakeholders in reproductive health as each has an important role to play in implementing this guideline. This dissemination will cast its net wide and include other ministries eg ministry of gender, MOE, other units, departments and arms of MOH including regulatory bodies, tertiary facilities and

SAGAS; Donor and implementing partners; Media and other stakeholders in reproductive health.

b. **County level dissemination (regional clusters):** The county governments play an indispensable role in implementing this guideline as they are the duty bearers in service delivery as well as the hosts of the clients, the implementors of selfcare. Deliberate and elaborate dissemination to the county through regional clusters will be conducted and partners in reproductive health operating within these counties looped in to ensure synergy of resources and unity of purpose in implementing this guideline. The county health management teams will play a crucial role in domesticating and operationalizing this guideline and should be the link to disseminating this guideline to the lowest facility and last healthcare provider at the count level.

c. **Community and primary health care level dissemination:** Through the County health management team, with technical support from the Division of reproductive and maternal health, the Division of Community health and County level implementing partners, dissemination will deliberately be cascaded to level 1 i.e. community and primary health delivery structures.

d. **Target audience dissemination:** This will be conducted as need dictates and include various for a targeting specific groups eg the reproductive health technical working group, multisectoral collaboration for a etc which target various stakeholders eg development partners, implementing partners and other CSO's.

2. **Implementation of the guideline**

Implementation of this guideline will be executed collaboratively with leadership and guidance of the Ministry of health, Division of Reproductive and maternal health. Implementation will involve concerted efforts with the various stakeholders and specifically policy makers, funding agencies and partners, regulatory institutions, the counties and other implementing partners, selfcare advocacy and civil society organizations in the space of selfcare in reproductive health. To ensure that this guideline meets its objectives, key activities to be executed in the implementation process will include the following:

   a. Identification of a selfcare in RH focal person within DRMH to activate the implementation process
   b. Sensitization of stakeholders at National level on the Selfcare guideline but especially on the utility of the guideline, the role of various stakeholders in reproductive health selfcare and the opportunities and recommendations for optimization of selfcare. The National level sensitization will involve but not be limited to: Other MOH departments , Units and arms, regulators specifically the pharmacy and poisons board, Kenya bureau of standards, patient safety and product surveillance authorities and networks, health waste disposal oversight authorities/agencies, healthcare provider regulators ; Other SAGAS and national bodies key in the RH Selfcare arena; Funding agencies, implementing partners, private sector, media and representation from importers, distributors and manufacturers of healthcare products and technologies
   c. MOH DRMH in partnership with Sensitization of county level stakeholders, specifically the CHMT and county level implementing partners on the selfcare guideline.
   d. Technical support to counties to domesticate the guideline to suit specific county needs

e. Development of a Selfcare in reproductive health training package for healthcare providers. The training package will contain a training curriculum, trainers and trainee's manual, power point presentations and pre/posttests.
f. Cascaded training of healthcare providers at different levels of care from the tertiary level of care to community level of care involving community health delivery structures, on selfcare in RH
g. As outlined in the opportunities and recommendations section, establishment of an online selfcare literacy/Information platform domiciled at Ministry of health
h. Development of client centered and user-friendly Information, education and communication material on selfcare for reproductive health
i. Advocacy for relevant stakeholders to address the opportunities and recommendations addressed in the opportunities and recommendations outlined in Section III above.

3. **Situation analysis, Midterm and End term Evaluations of the Selfcare Guideline**
   It is imperative that we harness lessons learnt from the development and implementation of the selfcare guideline in order to feedback into the healthcare system for further improvements. To facilitate this, it will be necessary to conduct a Situational analysis/needs assessment to further map the selfcare landscape in Kenya especially through the clients' lens. This will help understand the clients' needs as they exercise selfcare in RH as well as map the barriers, threats, facilitators and opportunities for selfcare at the client and community level

4. **Monitoring and evaluation:**

Monitoring and Evaluation of the research agenda will be executed according to the M/E framework stipulated in this document.

Monitoring, Evaluation, Research and Learning Framework

The Division of reproductive and maternal health, with support from the Reproductive health technical working group, a continuous Monitoring and Evaluation mechanism for this guideline will be executed according to the M/E framework described in the table below. The monitoring and evaluation process will be cognizant of the two levels of monitoring i.e. intrinsic to the dissemination implementation of the guideline, and the ultimate monitoring of the performance and impact of the guidance contained in this guideline on the practice of reproductive health selfcare in country.

Monitoring and Evaluation Framework				
Input	Activity	Indicator	Data Source	Frequency of Data collection

Dissemination of the Selfcare Guideline	National level dissemination meeting	Number of dissemination meetings held disaggregated by level	Meeting reports, attendance lists	Bi-annually
	County level dissemination (regional clusters)	Number of dissemination meetings held disaggregated by region and counties represented	Meeting reports, attendance lists	Bi-annually
	Community and primary health care level dissemination	Number of dissemination meetings held disaggregated by level	Meeting reports, attendance lists	Bi-annually
	Target audience dissemination	Number of dissemination meetings held disaggregated by target group/forum	Meeting reports, attendance lists	Bi-annually
Implementation of the guideline	Identification of a DRMH focal person for selfcare in RH	DRMH focal person for selfcare in RH identified	Meeting minutes, attendance list	Quarterly until complete
	National level sensitization meetings	Number of sensitization meetings held disaggregated by level/representation	Meeting reports, attendance lists	Quarterly/Bi-annually
	County level sensitization meetings	Number of sensitization meetings held disaggregated by region/counties and cadres/offices sensitized	Meeting reports, attendance lists	Quarterly/Bi-annually
	Technical support to counties to domesticate the selfcare guideline	Technical support visits/ workshops disaggregated by county	Meeting/workshop reports, attendance lists	Quarterly/Bi-annually
	Development of Selfcare in reproductive health training package for healthcare providers	Training package developed: training curriculum, trainers and trainee's manual, power point presentations and pre/posttests	Evidence of training package documents	Bi-annually until complete
	Cascaded training of healthcare providers on selfcare in RH using training package	Number of healthcare providers trained disaggregated by cadre and level	Training workshop reports, Attendance lists	Quarterly/Bi-annually
	Establishment of online selfcare literacy/ Information platform domiciled at Ministry of health	Online selfcare literacy/ Information platform established	Ministry of Health Website	Quarterly until complete

	Development of client centered and user-friendly Information, education and communication material on selfcare for reproductive health	Client centered and user-friendly IEC material developed	Client centered and user-friendly IEC material	Quarterly until complete
	Advocacy for relevant stakeholders to address the five (other than health information platform) other opportunities and recommendations addressed in the opportunities and recommendations outlined in Section III above.	Number of recommendations addressed out of the five suggested in Section III	Meeting/workshop reports and minutes, new policies, guidelines and advisories developed	Quarterly /Biannually
Research	Situation analysis	Situation analysis report	Situation analysis report	End 2023 2023
	Midterm evaluation	Midterm Evaluation report	Midterm Evaluation report	Mid term - 2025
	End term evaluation report	End term evaluation report	End term evaluation report	End term – 2027

Risk Mapping

Implementation of the National selfcare Guideline may be faced with various challenges. If left to natural courses, these challenges or risks threaten the success of a seminal long overdue guide for the nation in an emerging frontier that promises to signifcantly impact reproductive health in the country. The following risk table identifies potential risks and proposed mitigation measures for the same.
is will aid in identifying the potential threats to the effective and efficient implementation of this self–care guideline. Below is a tabulated risk identification and proposed mitigation for this self-care guideline:

RISK	RISK CATEGORY	MITIGATION MEASURES
Inadequate funding for dissemination and	High	Advocate for specific dissemination and implementation budget at the National level and County levels. Lobby for partner support for the entirety of the selfcare guideline

implementation of the National Guideline for selfcare in RH		implementation process. Advocate for inclusion of self-care budget and resources at the National and at the county budgeting processes including in annual work plans and implementation plans
Diverse or extraneous antagonism of the guideline by those not keen to see regulation of an otherwise unregulated field	High	Relevant legislative and policy guidance. Efficient Self-care implementation coordination processes. Broad advocacy and awareness creation among all stakeholders
Overall guideline implementation schedule delay	High	Adherence to the guideline Implementation and M&E plan Identification of selfcare champions and focal persons at National and county levels with support from CSO to fast-track implementation
Emergence of new self-care technologies, devices and domains not captured in this generic guideline	High	Institute progressive real time selfcare learning and sharing mechanisms and platforms Agility in updating this guideline to assimilate significant new developments in reproductive health selfcare
Inadequate literacy on the guideline and its implementation leads to misinterpretation	High	Establish government led legitimate sources of information on selfcare for the public. Regulate and enforce elimination of health misinformation. Wide dissemination of this selfcare guideline.
Lack of coordination of the self-care implementation	High	Establish technical working groups at both National and sub-national levels to spearhead the implementation of this guideline and its evaluation. Develop guidance on the introduction and scale-up of selfcare at various levels by the inline state and non-state actors as aligned to this guideline. Effectively execute the implementation plan as well as the monitoring and evaluation framework
Conflict with advocates for selfcare practices that are not foreseen in Kenya policies or legal instruments	High	Education of stakeholders on the policy and legal confines of Reproductive Health selfcare, Alignment / Amendments as need arises to further support implementation of this selfcare guideline
Poor accountability and surveillance systems of the selfcare services and products including waste disposal from test kits, condoms, medicines, menstrual hygiene products.	High	leadership and governance structures for selfcare, plugging in selfcare into routine surveillance systems, establishment of public feedback and reporting tools on selfcare, heightened surveillance and establishment of safe selfcare waste disposal mechanisms at the client level. Integrate services and commodities within the routine reporting channels to support data for decision making
Low demand for this self-care guideline among policy makers, decison makers , gatekeepers of health given it is a new approach of formalising an otherwise	Medium	Advocacy for selfcare entrenched and aligned in policy priorities including UHC and Community Health Strategy Deliberate periodic sharing of Self-care implementation lessons through policy forums and relevant publications

informal practice that has largely continued unregulated		
Relevance of selfcare guideline to health care providers, workers, monitoring and evaluation stakeholders and selfcare implementation partners	Medium	Collaboration with all stakeholders and institutions in unpacking, dissemination and roll out of this guideline in the country. Flexibility in addressing divergent opinions and establishing an agreed common ground for united implementation and ownership of this selfcare guideline.
Lack of acceptability by other stakeholders	Low	Active engagement and involvement of RH stakeholders in the entirety of developing, disseminating and implementing this guideline.
The emergence of various sub-standard/counterfeit selfcare commodities in the market	Low	Post-market surveillance and robust pharmacovigilance system. Regulation of importation and registration of the products

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