

SELF-CARE LEARNING AND DISCOVERY SERIES / 2021

INSIGHTS THAT IGNITE



ACKNOWLEDGMENTS

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The success of the Self-Care Learning and Discovery Series is also due to the incredible 50+ session organizers from across the world that volunteered their time and expertise to curate informative, dynamic sessions on a range self-care topics. All session organizers were provided with the opportunity to review this report. For the full list of [session organizers](#), please see page 5.

Recognition and appreciation is also due to TechChange for its partnership and impressive technical execution of the Self-Care Learning and Discovery Series. Special thank you to Natalya Buchwald and Nana Konadu Cann for their support.

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ACRONYMS

| | |
|---------|---|
| CEHURD | Center for Health, Human Rights and Development |
| DMPA-SC | Subcutaneous depot-medroxyprogesterone acetate |
| FMOH | Federal Ministry of Health |
| FP | Family planning |
| HPV | Human papillomavirus |
| LNG | Levonorgestrel |
| MHM | Menstrual health management |
| MOH | Ministry of Health |
| NCD | Noncommunicable disease |
| OCPs | Oral contraceptive pills |
| PHC | Primary Health Care |
| PPH | Postpartum hemorrhage |
| SCTG | Self-Care Trailblazer Group |
| SRHR | Sexual and reproductive health and rights |
| UHC | Universal Health Coverage |
| WRA | White Ribbon Alliance |
| WHO | World Health Organization |



SELF-CARE LEARNING & DISCOVERY SERIES

BY THE NUMBERS

16 SESSIONS

50+ ORGANIZERS

119 COUNTRIES

1,858 REGISTRANTS

66% of registrants were from low- and middle-income countries

70% of registrants were women

MOST POPULAR SESSIONS

- Self-Care and Humanitarian & Fragile Settings
- Digital Self-Care Revolution
- Self-Care Health Literacy and Decision-Making

SELF-CARE DISCOVERIES

>90% of participants surveyed learned something new

INTRODUCTION

Self-care. It means different things to different people, but there is strong agreement on the potential of self-care to revolutionize health and well-being—from supporting individual health literacy and decision-making to strengthening broader health systems.



Photo credit: Jhpeigo/Kate Holt

Despite the promise of self-care, the concept—especially [as defined by the World Health Organization](#) (WHO)—is still not well-known outside of health and development circles. And while the self-care movement has grown significantly, there is tremendous opportunity for it to grow farther and faster, especially with COVID-19 underscoring the need for safe and effective self-care approaches.

The Self-Care Learning and Discovery Series, organized by White Ribbon Alliance (WRA) on behalf of the Self-Care Trailblazer Group (SCTG), was a galvanizing moment for existing and new champions for self-care. Running from 24 June to 27 August 2021, the Self-Care Learning and Discovery Series was a highly interactive, virtual forum for participants to exchange and incubate ideas, experiences, and solutions on a variety of self-care topics. More than 50 organizations across the world hosted 16 sessions, examining self-care’s connections with digital health, adolescent health, humanitarian settings, gender transformation, universal health coverage, and so much more.¹ Interest in this first-ever Self-Care Learning and Discovery Series was impressive. The Discovery Series drew 1,858 individuals from 119 countries, nearly half of whom were not previously engaged with SCTG.

This report highlights key insights surfaced at the Self-Care Learning and Discovery Series—insights to inform and ignite evidence-generation, practice, and advocacy. While the Discovery Series featured examples of “what’s working” with self-care interventions in various contexts, it also revealed that stakeholders are grappling with challenges and questions, some common and some different. This report contains a sample of salient points as they were raised at the Discovery Series, whether specific to a particular issue or geography, or more global and cross-cutting. The report does not and cannot attempt to capture every practice example and lesson learned, as there are far too many! If your interest or curiosity is piqued, we encourage you to go back and watch the associated session recordings, review the slides, or even reach out to session organizers. Ultimately, we hope that you are inspired and moved to act.

It’s now time to #DiscoverSelfCare!

¹ Each session organizer took on content curation for individual sessions. As such, content may not necessarily reflect the views of the Self-Care Learning and Discovery Series steering committee.

SELF-CARE LEARNING AND DISCOVERY SERIES: SESSIONS AND ORGANIZERS

To access full session descriptions, recordings, and slides, visit the [Self-Care Trailblazer Group website](#).

- 1 The Role of Supportive Self-Care Environments in Advancing Menstrual Equity**
29 June 2021 • Global Menstrual Collective • Days for Girls International • WASH United • MIET Africa
- 2 Self-Care Products from Innovation to Implementation: Lessons from HIV and Family Planning**
2 July 2021 • John Snow, Inc./DMPA-SC Access Collaborative • Pathfinder International • Population Services Kenya • Population Council
• Bella Foundation for Child and Maternal Care • Concept Foundation
- 3 Digital Self-Care Revolution: Lessons and Opportunities**
13 July 2021 • Camber Collective • mDoc Healthcare • Pathfinder International • Planned Parenthood Global •
Population Services International • Kasha • Delivering Innovation in Self-Care (DISC) • HealthEnabled • Society for Family Health Nigeria
- 4 Self-Managed Abortion: Dismantling the Myths, Power Dynamics, and Challenges Along the Journey**
13 July 2021 • International Planned Parenthood Federation • Options • Rutgers • Women on Web
- 5 National Self-Care Guidelines: Developing Health Policy Architecture with Individuals at the Center**
14 July 2021 • Federal Ministry of Health Nigeria • Ministry of Health Uganda • Federal Ministry of Health Pakistan
• Society for Family Health Nigeria • Australian Health Policy Collaboration • Population Services International
- 6 Making Self-Care Count by Measuring What Counts**
28 July 2021 • FHI360 • Population Services International
- 7 Self-Care: Transforming Opposition to Support**
29 July 2021 • Global Self-Care Federation • National Self-Care Pioneers Group Senegal • Senegalese Women's Network for the Promotion of
Family Planning
- 8 Policy and Legal Frameworks to Support Self-Care during COVID-19 and Beyond: The Role of Rights-Holders and Duty-Bearers**
2 August 2021 • Center for Reproductive Rights • Imperial College London Self-Care Academic Research Unit • Population Reference Bureau

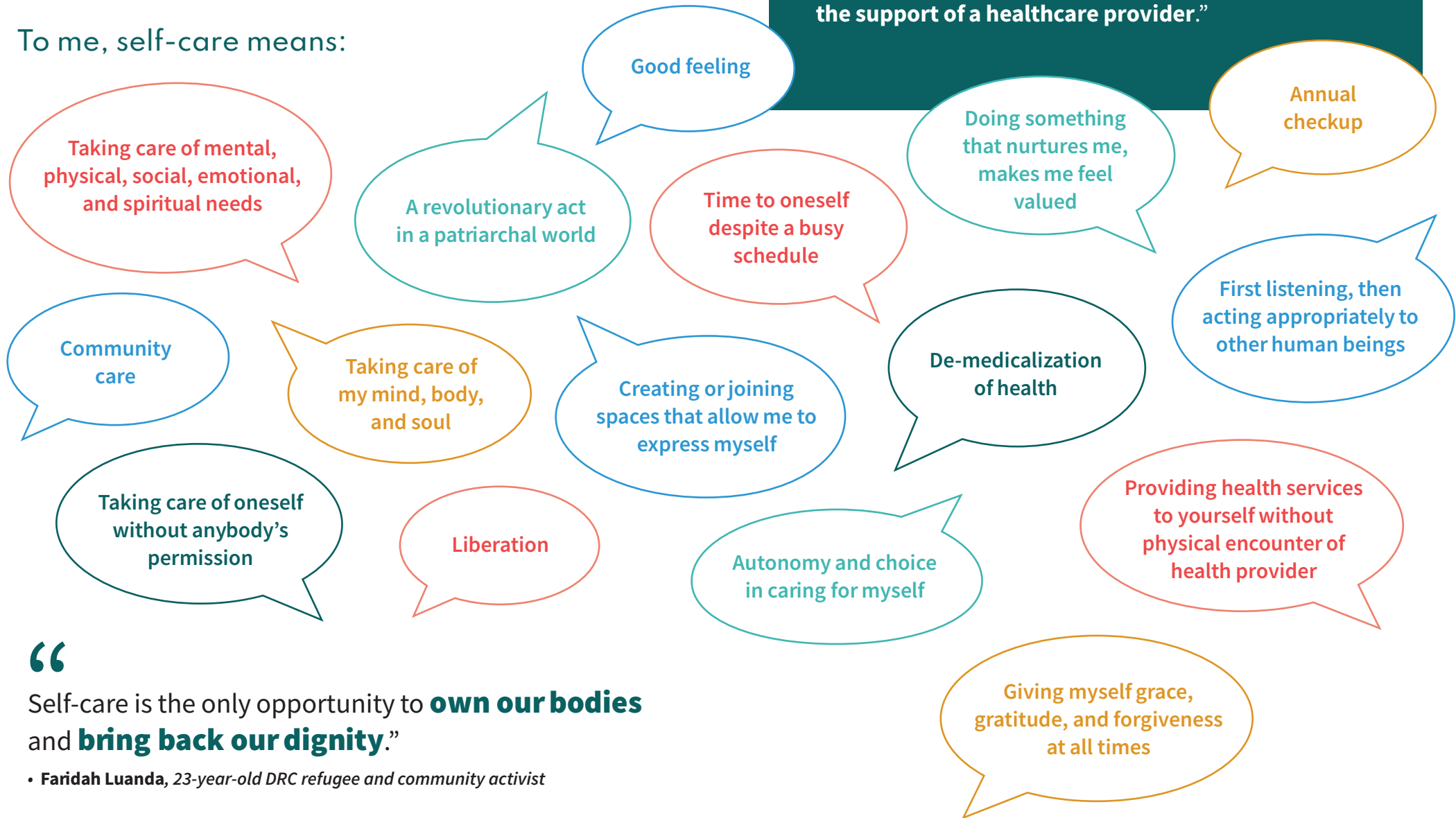
SELF-CARE LEARNING AND DISCOVERY SERIES: SESSIONS AND ORGANIZERS

- 9 Self-Care and **Universal Health Coverage (UHC)**: How Self-Care Can Help Leave No One Behind**
3 August 2021 • Engenderhealth • PATH • Society for Family Health Nigeria
- 10 In Our Own Words: Re-Defining Self-Care From the Perspective of a **Young Person****
11 August 2021 • Grassroot Soccer • YLabs Global • White Ribbon Alliance Kenya • HCDEXchange
- 11 Self-Care and Strengthening the **Patient-Provider** Dynamic: The Evolving Role of Healthcare Providers in Advancing Self-Care & User Autonomy for Health**
12 August 2021 • International Confederation of Midwives • International Federation of Medical Students' Associations • Jhpiego
• MSI Choices • PATH Senegal
- 12 Know Thyself: Behavioral Insights into **Self-Care Decision-Making** and Empowerment**
19 August 2021 • Ideas42 • International Center for Research on Women • John Hopkins Center for Communication Programs
• White Ribbon Alliance Nigeria
- 13 Self-Care's Role in **Bodily Autonomy, Liberation, and Gender Transformation****
20 August 2021 • BalanceMX • ProFamilia • White Ribbon Alliance
- 14 Self-Care Everywhere: Innovative Approaches to Achieving Sexual and Reproductive Health and Rights in **Humanitarian and Fragile Settings****
24 August 2021 • International Rescue Committee on behalf of the Inter-Agency Working Group on Reproductive Health in Crises
• Vitala Global Foundation
- 15 More Love: Global Lenses on **Respectful Care and Self-Care****
25 August 2021 • Beyond Zero Zambia • National Birth Equity Collective • University of Nairobi • White Ribbon Alliance on behalf of the Respectful Maternity Care Council
- 16 Self-Care's Role in **Mental Well-Being**: Defining Self-Care for the Individual**
27 August 2021 • SisterLove, Inc.

SELF-CARE DEFINED

Participants offered their own definitions of self-care throughout the Self-Care Learning and Discovery Series. Here is what some had to say:

To me, self-care means:



The World Health Organization defines self-care as “the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider.”

“

Self-care is the only opportunity to **own our bodies** and **bring back our dignity.**”

• Faridah Luanda, 23-year-old DRC refugee and community activist

PROMISING PRACTICES



“Promising practices” refer to examples of tried and/or tested self-care interventions and approaches that were raised during the Self-Care Learning and Discovery Series and can serve as inspiration for adaptation and application in other settings. This is not a compendium of gold-standard evidence, and not every example highlighted has been formally evaluated.

Addressing Provider Bias Toward Self-Injectable Contraception in Malawi

The issue: In Malawi, during initial introduction of the self-injectable contraceptive DMPA-SC (subcutaneous depot-medroxyprogesterone acetate), some healthcare workers were reluctant to provide one-on-one counseling with their clients. The length of time required for high-quality counseling on self-injection was identified as a root cause of provider bias, because healthcare workers felt overwhelmed to spend 40 minutes on just one person considering the queue waiting outside.

Promising practice: The Malawi Ministry of Health (MOH) used group health talks to incorporate even more information about self-injection to answer common questions and to walk through the steps of self-injection, shifting these details from individual counseling to group counseling. As a result, this approach served to more efficiently disseminate critical information to clients, improve work flow for healthcare workers, and strengthen quality of service provision overall. Self-injection rates in the target facilities—defined as the number of visits for DMPA-SC where a client self-injects or leaves with product to self-inject—picked up from 4-5 percent to more than 40 percent.

Session: Self-Care Products

Reaching Men with HIV Self-Testing in Kenya

The issue: In Kenya, HIV prevalence stands at 4.9 percent, according to latest estimates. Knowing one’s HIV status is crucial, yet there is a large testing gap, particularly among men 15-34 years of age.

Promising practice: Distributing HIV self-testing kits through innovative channels that meet men where they are can help increase testing. For example, Population Services Kenya is delivering HIV self-testing kits through facilities, community hotspots (marketplaces, small businesses), pharmacies (including online pharmacies like Kasha), vending machines, and workplace sites (construction, security, farms, manufacturing). Even with the COVID-19 pandemic, Population Services Kenya witnessed increased frequency of HIV self-testing, thanks to multi-channel distribution approaches, including digital.

Session: Self-Care Products



Photo credit: Jhpiego/Monique Jaques

Mobilizing Financial Resources for Primary Health Care and Self-Care

The issue: Despite the role evidence-based self-care and primary health care (PHC) play in supporting governments to attain universal health coverage (UHC), domestic investment in PHC continues to fall woefully short, especially in low-and middle-income countries.

Promising practice: Financing Alliance for Health has developed and successfully deployed a four-step approach to strengthening investment in community and PHC financing within national and/or subnational contexts. This approach has mobilized more than US \$200 million in financing for at-scale community health systems in more than 10 African countries.

- Political prioritization: Build team and identify champions to make the case, conduct continuous advocacy
- Develop policies and costed strategies: Develop country strategy, build supportive policies, run iterative costing processes
- Map resources: Identify and prioritize funding sources, analyze financial gaps, develop financing pathway
- Create investment plan: Summarize in an Investment Plan Advocacy Toolkit, conduct targeted resource mobilization

Session: UHC

Advancing Accompaniment Models for Self-Managed Abortion in Argentina

The issue: Some women and people who choose to have an abortion, including self-managed abortions, experience self-doubt, fear, guilt, or isolation. Many do not know what to expect during the medication abortion process and when and where to seek follow-up care, if needed.

Promising practice: Accompaniment models for self-managed abortions, where a companion provides pregnant people with evidence-based counseling and support through the medication abortion process, can be game-changing. One example is the Socorristas en Red, a feminist network based in Argentina, that has developed a highly effective accompaniment model that is safe, loving, and supportive. The four-step process involves:

1. An introductory phone call.
2. A workshop meeting to review the process and provide counseling.
3. Real-time support during the abortion process, through phone calls.
4. A post-abortion checkup one week later.

Ultimately, the Socorristas are working toward “feminist abortions”—legal and free of violence, personal judgments, and patriarchal mandates.

Session: Self-Managed Abortion

“

One of the biggest elephants in the room is financing. If we are to accelerate or even maintain progress, we need sustainable and greater investment in community and primary health care.

Because with self-care, we cannot leave the community behind.”

• **Nelly Wakaba**, *Financing Alliance for Health*

Did you know ? ? ?

There are three main components of **abortion self-care**:

- Delivery of accurate and accessible information
- Access to quality and affordable medication
- Provision of supportive care

Source: [IMAP Statement Abortion Self-Care](#)

Piloting a Compassion-Based Course for Health Workers

The issue: Frontline health workers experience high burnout and mental stress, which has been exacerbated during the COVID-19 pandemic. This burden can make it challenging for health workers to care for themselves, let alone consistently provide respectful, dignified, high-quality care to their patients.

Promising practice: At the request of the U.S. Centers for Disease Control and Prevention, FACE (Focus Area for Compassion and Ethics) and the Compassion Institute designed *Caring from the Inside Out*, a compassion-based course to address provider burnout. With leadership buy-in and time off during the workday to participate, cohorts of 20-30 peers meet for one hour a week with a trained facilitator to focus on compassion-related topics (settling the mind, intention setting, emotion regulation, empathy, self-care, and more). In an evaluation of the course pilot with 100 COVID-19 responders in the U.S., 81 percent reported less burnout, 86 percent reported improved mental health, and 89 percent reported more connection to their purpose.

Session: Respectful Care and Self-Care

Strengthening Contraceptive Use and Gender Norms among Youth through Digital Communication in India

The issue: In India, rates of modern contraceptive use among adolescents and young people are low. Additionally, gender and social norms encourage young couples to become pregnant quickly, even though many young women are not physically and mentally ready for pregnancy and childbearing.

Promising practice: Pathfinder India's Youth Voices for Agency and Access (YUVAA) program, which combines social entrepreneurship and innovative communication approaches to deliver customized family planning (FP) messages to young couples, is utilizing several different digital interventions to promote self-care and self-learning. For example, YUVAA is testing an Interactive Voice Recording-based social media platform with content on pleasure and parenting targeting young couples, as well as a new app, mPari, that collates FP educational videos and tools for health professionals to provide easy access to continued, self-directed learning. Initial feedback shows good reception to the YUVAA program overall and digital approaches in particular—thanks in part to a larger shift toward telemedicine during COVID-19 and relatively high internet penetration and smartphone use in the target states.

Session: Digital Self-Care

Securing Support for Adolescent Self-Care among Gatekeepers in Uganda

The issue: Support from decision-makers, parents, and caregivers is important to enable adolescents to practice self-care, but many adults in positions of power are resistant to embrace adolescent self-care practices, especially for sexual and reproductive health.

Promising practice: In Uganda, YLabs, a youth advocacy group, engages decision-makers and caretakers at the very beginning before undertaking any program on adolescent self-care, so that decision-makers can feel they have a say in what is happening in their communities. YLabs creates space for decision-makers and caretakers to air their questions and concerns about the proposed program or practice (for example, long-acting contraceptives). When reservations are raised, YLabs then goes back and shares the experiences and perspectives of adolescents, shedding light on what their lives are like and how the self-care program would make a positive difference. This has been a successful strategy in changing mindsets and securing needed approvals for programming to commence.

Session: Young People

Co-Designing a Contraceptive Self-Care Solution with Garment Workers in Bangladesh

The issue: While there is high contraceptive uptake in Bangladesh, there is still a high number of unintended pregnancies and terminations. This is the case among garment workers, who predominantly use oral contraceptive pills (OCPs) and are hesitant to consider other methods, but rarely have time to visit health clinics and often discontinue use.

Promising practice: Ideas42 collaborated with Pathfinder International and garment workers to co-design and pilot a solution that would enhance self-care in a way that empowers women to take control of their health and links women at the right times back to health providers when necessary. The resulting solution was implemented through Marie Stopes Bangladesh health clinics. The pilot showed promising results, and the Government of Bangladesh is now working with Pathfinder International to [scale up the program](#). The solution entailed:

1. Enhanced OCP packaging with a decorated envelope, reminder stickers, visual instructions for taking the pill, and a hotline/interactive voice response messages.
2. A prompt to remind health providers and garment workers to create an OCP adherence plan together.
3. Client-centered, scenario-based provider training module for Marie Stopes Bangladesh providers.

*Session: **Self-Care Decision-Making***

Surfacing Gaps in Knowledge on Menstrual Health Management in South Africa

The issue: In South Africa, myths and misperceptions about menstruation continue to be common among girls and young people, especially in rural areas.

Promising practice: MIET Africa is implementing a four-year program to increase knowledge and skills on menstrual health management (MHM) through the promotion of menstrual hygiene in senior primary schools. To inform the program, MIET Africa collaborated with MatCH Research Unit to conduct surveys and focus group discussions with female and male students to understand the extent of their knowledge on MHM. Despite the existence of a robust, comprehensive sexuality education curriculum in South Africa that covers puberty and menstruation, a quarter of the female students were unaware what would happen during their first period. The survey revealed there are still gaps in the implementation of MHM and comprehensive sexuality education in the classroom, with MIET using findings to enhance delivery and uptake of age-appropriate information and knowledge about menstruation and menstrual care in classes.

*Session: **Menstrual Equity***

Did you know???

A supportive self-care environment for **menstrual health** entails four perspectives:

- **Education:** Knowledge about menstruation and menstrual health is a pre-requisite for self-care.
- **Physical well-being:** Self-care must be used to promote menstrual well-being, including managing menstrual discomfort.
- **Mental well-being:** Mental health is linked to menstruation and can fluctuate on a day-to-day basis during the cycle and along the reproductive life.
- **Products:** Use of quality menstrual products with access to water, sanitation and hygiene, and proper disposal systems is necessary for dignified self-care.

Source: Session Report, [The Role of Supportive Self-Care Environments in Advancing Menstrual Equity](#)

Increasing Awareness of Cervical Cancer Prevention through a Digital Platform in Kenya

The issue: The leading cause of cancer death in Kenya is cervical cancer. Many women and girls, however, remain unaware that there are tools available to prevent and treat cervical cancer, including human papillomavirus (HPV) vaccination, early screenings, and treatment of malignant lesions.

Promising practice: Pathfinder Kenya and Nivi partnered to create a digital solution to increase awareness of cervical cancer prevention services that is being tested in Mombasa and Kilifi counties. AskNivi is a digital platform that uses WhatsApp and Facebook Messenger to deliver information on cervical cancer and the HPV vaccine through multi-set conversations. It also integrates referrals to more than 150 public and private clinics, dispensaries, and hospitals that provide screenings and vaccinations in the two counties. At the time of the Discovery Series, more than 4,500 women had used the Nivi chat function and nearly 250 were referred successfully for services.

Session: Digital Self-Care

Determining and Elevating Self-Care Policy Priorities in Australia

The issue: It is critical to have self-care embedded in all health policies, but in countries such as Australia, there has been a real deficit in understanding what self-care is, let alone incorporating it into relevant policies.

Promising practice: The Australian Health Policy Collaboration implemented a successful stepwise process to develop self-care policy priorities and policy options that culminated in endorsement by the National Minister of Health. The process entailed:

- Approach leading health and self-care experts to co-chair expert working groups.
- Develop briefing papers and policy options related to each "self-care policy action area," co-authored by expert working group chairs.
- Convene expert working groups in line with "action areas" made up of a broad range of health professionals, consumers, academics, and policy experts.
- Reach consensus with each expert working group on what policy options should be the top priorities for action.
- Finalize and disseminate [Self-Care for Health: A National Policy Blueprint and Technical Paper](#).

Session: Self-Care Guidelines

Self-Care for Health: A National Policy Blueprint and Technical Paper

SELF-CARE POLICY ACTION AREAS

- Improving health literacy for all
- Building self-care into healthcare practice
- Enabling consumers to be active partners in health care
- Assuring quality and accessibility of digital health information
- Measuring and evaluating self-care
- Funding models to support self-care services
- Investing in preventive health and self-care
- Establishing a national approach
- Supporting health through all public policies

PROMISING PRACTICES

Introducing Self-Administration of Misoprostol for Postpartum Hemorrhage in Afghanistan and South Sudan

The issue: Postpartum hemorrhage (PPH), or excessive bleeding after birth, is the main cause of maternal deaths globally. Many cases of PPH are preventable with administration of a uterotonic to contract the uterus. One such drug is misoprostol, which is temperature stable and recommended by World Health Organization (WHO) for women giving birth at home or who otherwise have restricted access to a health facility.

Promising practice: As part of global efforts to improve prevention and treatment of PPH, Jhpiego successfully introduced advance distribution of misoprostol for self-administration by women in Afghanistan and South Sudan. Three tablets of misoprostol are distributed to pregnant women at eight months, along with counseling on how and when to take them. In both countries, feasibility studies show the practice to be safe, acceptable, and feasible, with high levels of uptake. Additionally, due to increased counseling on birth preparedness, Jhpiego also found a modest increase in facility births—allaying a concern that self-administration of misoprostol may lead to increases in home/unattended births.

Session: Humanitarian and Fragile Settings

Using Digital Channels to Reach LGBTQ people with HIV Self-Care Information in Kenya

The issue: Reaching LGBTQ youth in a safe way with health and self-care information is challenging, especially in countries where the LGBTQ population faces criminalization and discrimination.

Promising practice: In Kenya, HOYMAS (Health Options for Young Men on HIV/AIDS/STIs), a youth group, works to find LGBTQ youth where they are. One promising approach is use of targeted online advertising directed toward people who have searched for similar content and may not even be aware that they are at an increased risk of acquiring an HIV infection and may benefit from self-care, especially for testing and prevention. HOYMAS has used apps such as Grinder or other dating apps that people usually use when they are alone, reducing the chance that somebody might walk by, risking exposure of their sexual orientation.

Session: Young People

“

Self-care goes beyond people deciding whether or not they want to undergo a procedure, but when and how they want to live their sexuality and reproduction. Women and girls are at the center of all systems of care. In some ways, we can move from focusing on access to services to refocusing on the life experiences behind those services. It's not just about self-management, but about a holistic experience that includes information, social and alternative care, and mental health.”

• **Marta Royo**, *Executive Director, Profamilia, Colombia*



Photo credit: KoeKoeTech/Steele Burrow

Capitalizing on Community Health Workers to Promote Self-Injectable DMPA-SC in Nigeria

The issue: In Nigeria, full-scale national introduction of DMPA-SC began in 2017–2018 under the guidance of a five-year strategic plan. Many considerations with DMPA-SC introduction may be relevant to the broader self-care rollout, including how self-injection can dramatically expand access and choice for women (and reduce the burden on health systems) and the possibility of administration by lower-cadre health workers, including training women on how to self-inject.

Promising practice: Community-based distribution of DMPA-SC, including self-injection, through a United Nations Population Fund program has shown to be effective at reaching underserved women. Community-based distribution has been particularly helpful in places with conservative cultural norms, where women may face restrictions on leaving their homes. In fact, community resource persons have been the main source of self-injection of DMPA-SC in the national rollout. Between November 2020 and August 2021, in five states, more than 2,429 women received services through community resource persons versus facility-based providers (1,504 women).

Session: Self-Care Decision-Making

Leveraging E-Commerce to Expand Women’s Access to Pericoital Contraception in Kenya

The issue: In Kenya, rates of unmet need for contraception and unintended pregnancy are high, as are rates of discontinuation for those using a contraceptive method. Additionally, many women find it difficult or time consuming to travel to a health facility or pharmacy to obtain their contraceptive of choice.

Promising practice: Camber Collective and Kasha are testing the feasibility and acceptability of e-commerce provision of the Levonorgestrel (LNG) 1.5mg pill to women. LNG 1.5mg is a pericoital contraceptive pill that is taken only at the time of sex to prevent pregnancy—ideal for women seeking a method that is discreet and used only when needed. In the study, participants purchase the product from Kasha—an e-commerce platform for women’s health and self-care—through a dedicated USSD text message, call center, or website page (offline and online options); the order is verified; pharmacists counsel on use and side effects; and the product is delivered the next day by a rider. Early lessons learned show that offline and online options are key to reaching the broadest number of women from a variety of socioeconomic backgrounds, last mile direct-to-consumer delivery can be discreet, and it is important to have fast-to-consumer delivery for products that women need in the short term.

Session: Digital Self-Care



Photo credit: PSI/Natasha Sweeney

PROVOCATIVE POINTS AND PONDERINGS

The current self-care narrative is a trap.

It focuses on the need for a break, restoration, and individual responsibility, and so on—often marketed through a consumer and capitalist lens—versus approaching the root causes that lead to poor mental and physical health. We need to change this narrative and reframe as collective care focusing on what needs to change in the system for us to live the lives we want.

*Session: **Bodily Autonomy***

In the quest to create an enabling legal and policy environment for self-care, **some question whether we are proposing a new self-care paradigm that is more emancipatory and different from existing laws**, rather than continuing to work within the status quo. The law not only needs to be reformed to remove harmful and punitive measures prohibiting many forms of self-care, but it also needs to be reimagined to consider how self-care can be recognized as a right of all individuals and how governments can guarantee access to the information, supplies, and other resources for individuals to effectively exercise self-care.

*Session: **Policy and Legal***

These points are paraphrased quotes posed by presenters and participants at the Self-Care Learning and Discovery Series. They reflect common themes that came up again and again across sessions. They are meant to push the self-care community, to challenge our assumptions, and to expand our ways of thinking and acting—though there is no definitive answer. Views expressed here do not necessarily reflect the views of the Self-Care Learning and Discovery Series Steering Committee and all session organizers.

Regulatory processes can be a positive attribute to support self-care,

providing the confidence to users that a medicine is proven to be safe and effective for its intended purpose. Yet, regulatory processes can also be a barrier to increased self-care through designating a medicine as provider dependent in terms of prescription only access. How can we maximize the former while mitigating the latter?

*Session: **Self-Care Products***

We need to focus on equity so that a new divide is not created

because some segments of the population are left behind. Digital especially should not lead to another layer of exclusion in our self-care efforts.

*Session: **Digital Self-Care***

Did you know???

There are real—though not insurmountable—challenges to providing digital self-care support to underserved communities in low-and middle-income countries:

- **Infrastructure:** limited smartphone ownership; mobile phone characteristics like battery life, high costs of data, or broadband access; electricity disruptions
- **Competency:** limited digital literacy, low health literacy, lack of self-efficacy, limited English proficiency
- **Network effects:** bias, limited competency and knowledge of healthcare providers, lack of publicity about digital health

Source: mDoc

PROVOCATIVE POINTS AND PONDERINGS

Self-care is just as much a social concept as it is a technical concept.

In the 1990s, the World Bank introduced the concept of disability-adjusted life years (DALYs), used to model the minimum health packages. This did not work well in Uganda, specifically. Health package development is not a technical concept. It's a social concept with a political influence. We must keep the politicization of health in mind as we work to advance self-care.

Session: UHC

There is not a huge difference in the approach to self-care in humanitarian versus more stable settings, but rather the traditional humanitarian response is very top-down.

Humanitarian implementers and partners must shift our approach and perspective, shift power, and support trust-based models. The sector's role is to support an ecosystem to allow self-care to be possible.

Session: Humanitarian and Fragile Settings

Self-care is a key driver of bodily autonomy, but at the same time it can be seen as decreasing the accountability of decision-makers to their citizens. Who ultimately is responsible for public health?

Sessions: UHC, Young People

Traditionally, providers are trained in ways that make clients more dependent on them, not less dependent. This needs to change for self-care. Training, especially pre-service training, needs to include soft skills in communication, particularly when supporting clients dealing with chronic illness. Services need to be provided in a de-medicalized way, simplifying instructions, making the service accessible and removing the need for the provider to intervene.

Session: Patient-Provider

Clinicians really need to listen to their patients. Patients are the experts. Patients need to guide the plan of care, not what task can clinicians check off the list of things we need to document. Developing trust, involving patients in their plan of care, empowering patients to self-assess—these are the type of things that build skills and confidence among patients to practice self-care.

Session: Mental Well-Being

Traditional self-care interventions and approaches are largely not designed with the needs of those most discriminated against in mind, such as sex workers, gender-diverse, disabled, and LGBTQI people. We have much more work to do to listen to these groups and craft self-care information and services that are accessible, affirming, and inclusive.

Session: Bodily Autonomy

There have been a lot of concerns and hesitations about how much we can really trust women and people to manage their self-care, like abortions. Can we trust them to accurately assess their last menstrual period? Can we trust them to go home with a few more misoprostol pills if needed? And what we've learned is, yes, we can. It is actually trust and respect that is a key ingredient of any type of self-care model.

Sessions: Self-Managed Abortion, Humanitarian and Fragile Settings

What everyone is aspiring for is actually liberation. Let everyone have equal everything without any barriers hindering access to sexual and reproductive health, self-care. This includes people's values and norms that hinder themselves from practicing self-care.

Session: Self-Care Decision-Making

LEARNING QUESTIONS

Numerous questions and corresponding calls for evidence generation and practice examples were raised throughout the Self-Care Learning and Discovery Series. The list of questions below represents an emerging self-care learning agenda, sourced from those who are currently grappling with these questions. While all self-care stakeholders have a role to play in contributing to the answers, researchers, academicians, program implementers, and funders specifically should prioritize these questions on their agendas.

- How do we change the mindset among all stakeholders to one where **people can be trusted to use products and practice self-care behaviors safely and effectively**?
What kinds of interventions or practice examples do we need to generate to change this mindset?
- **How do we measure and monitor self-care for individuals who do not routinely interface with the healthcare system?**
- **How do we monitor and integrate self-care into the routine Health Management Information System (HMIS)?**
- What are best practices on **strengthening documentation of outcomes following HIV self-testing**? For example, the number of clients tested via HIV self-testing, the number turned HIV-positive, the number linked to confirmatory diagnosis and subsequently into care?
- How do we identify, tailor, and make available **self-care interventions that address the varied physical symptoms experienced by menstruators that go beyond bleeding** (i.e., cramping, migraines, nausea, vomiting, etc.)?
- How do we ensure providers are trained on how to **coach women on their fear/self-doubt around self-injection**, especially when many do not feel comfortable handling clients' hesitancy?
- What financial and non-financial **value propositions would help increase pharmacists' interest in proactively offering self-care products and approaches to consumers**?
- Beyond the provision of health care, self-care is a major asset for governments' responsibility to provide social protection to the entire population, by contributing to preventing health deterioration; protecting against inequitable access to health care; promoting human capital; and transforming by strengthening social justice and the rights of the excluded and marginalized. **How do we measure the intersection of self-care and social protection?**
- **Can compassion training be a pathway to anti-racist care, including for self-care?**
- **Self-care and reproductive empowerment: What leads to which one?** Does self-care lead to empowerment or vice versa? How does it change across various contexts, population groups?
- With a **less top-down approach from the big humanitarian actors, will relevant supplies be available that are considered "sensitive"** by some local actors and governments? How to shift power while still ensuring availability of supplies?
- **What have we done differently during COVID-19 in humanitarian settings that could be continued?** For example, in Nepal they made available supplies such as contraceptives and menstrual products to those in quarantine facilities.

LEARNING QUESTIONS

- Three key questions on economic and financing considerations for self-care:
 1. **Efficiency:** What are the user and health system costs and benefits associated with self-care?
 2. **Financing:** Who pays for these self-care services and interventions? Importantly, how are we going to address not increasing out-of-pocket payments if we expand self-care, when this means people are going more to pharmacies or drug shops to purchase self-administered products?
 3. **Equity:** Who accesses the self-care interventions?

Did you know ???

In Europe, more than one billion minor ailments are treated by self-administered products, saving roughly €35 billion in direct and indirect costs. Ultimately, every case of self-care saves on average €14.14 for the national economy and more than 1.5 hours and €2.18 for the patient.

Source: European Association of the Self-Care Industry [commissioned study](#) on the Economic and Social Value of Self-Care

Additionally, there are specific questions that the self-care monitoring and evaluation community is wrestling with when it comes to setting standards for the broader self-care learning agenda.

The following questions were flagged during **Session: Making Self-Care Count by Measuring What Counts**.

- What is in and what is out of our definition of self-care?
- Smaller scope might be easier to measure, but does a restrictive definition meet our needs?
- We might have different definitions (across contexts, time, etc.), so how can we compare?
- When community members have limited or no interaction with the traditional health system, how can we access potential users, follow up for longitudinal outcomes (e.g., continuation, satisfaction, empowerment), and validate our measures?
- How can we incorporate self-care measures into/ alongside of existing traditional health system data?



ADVOCACY ASKS

Many advocacy “asks” aimed at creating an enabling policy environment for self-care were raised throughout the Self-Care Learning and Discovery Series. Some asks are large and lofty, while others are more targeted and issue-specific. This list, which is by no means exhaustive, is intended to inform advocacy priority setting and incite collective action among self-care stakeholders.

- Advocate with the World Health Organization (WHO) to bring forward a resolution on self-care that recognizes the unique value of self-care in managing costs while improving the health of populations.
- Advocate with WHO to modify regulatory processes and guidelines for self-care products that safeguard quality and safety while promoting greater accessibility, including supporting countries to develop regulatory process for over-the-counter products.
- Encourage and collaborate with governments to adapt, adopt, and implement/domesticate the [WHO Guideline on Self-Care Interventions for Health and Well-Being](#) in their country contexts.
- Encourage governments to ensure coherent healthcare policy, law, and regulation across the multitude of strategies, plans, and programs that touch on self-care.
- Increase domestic financing for primary health care and self-care, as key drivers in achieving universal health coverage.
- Advocate with funders to support studies and analyses that characterize the financial and economic return on investment for self-care programs and practices.
- Build health literacy for all, including digital literacy and self-efficacy using digital health solutions.
- Remove legal restrictions on safe abortion in general and self-managed abortion in particular, including on the sale and availability of medication. Expand access to abortion doulas.

Did you know ???

The Global Self-Care Federation has identified four main enablers to self-care—all of which have policy and advocacy implications:

- **Stakeholder Support and Adoption:** Support and adoption of self-care products and practices among patients, consumers, healthcare providers, regulators, and policymakers.
- **Consumer and Patient Empowerment:** The drivers necessary for informed, empowered consumers, including health literacy, access to information, and a focus on prevention.
- **Self-Care Health Policy:** Policymakers’ perceptions and decisions related to self-care, including recognition of self-care products’ economic value, data- and science-based policy decisions, policies to promote self-care as an affordable health solution, and value-based reimbursement.
- **Regulatory Environment:** Key aspects of regulation, including the ability of companies to price, advertise, and distribute their products; trademark principles; the efficiency of switching from prescription to over-the-counter, and approval processes.

Source: [Self-Care Readiness Index](#)

ADVOCACY ASKS

- Remove age-of-consent restrictions and other legal and policy restrictions that infringe on bodily autonomy and self-care for adolescents.
- Advance free menstrual product schemes, uniform product standards, and removal of taxes on products to improve accessibility.
- Partner with mobile network operators and device manufacturers to drive down the cost of data and medical devices to make digital self-care more accessible.
- Update key humanitarian resources such as inter-agency guidelines and the [Minimum Initial Service Package](#) to truly reflect self-care opportunities.
- Ensure health provider training, especially pre-service training, includes soft skills like communication and empathy, as well as self-care.
- Generate hospital and health leadership buy-in for the need for anti-racist training, and include respectful and anti-racist care in broader quality improvement initiatives in areas that are ready to take to scale—particularly in the United States.

For additional advocacy opportunities, see the [Self-Care Advocacy Roadmap](#) developed in 2020 by White Ribbon Alliance in collaboration with the Self-Care Trailblazer Group.



ACCELERATE SELF-CARE ADVOCACY WITH US!

If you're interested in advocating to advance self-care in your country, here are three ways to get engaged:

1. Join the Self-Care Trailblazer Group (SCTG) and contact secretariat@selfcaretrailblazers.org to express your interest in the Global Advocacy and Communications Working Group and/or Country Advocacy Working Group.
2. Sign on to the collective, self-care advocacy Generation Equality Forum (GEF) commitment (see page 21). Email info@whiteribbonalliance.org to endorse.
3. Learn more about the SMART Advocacy approach and access related resources to develop your own self-care SMART advocacy strategy by visiting smartadvocacy.org.



Photo credit: Jhpiego/Paul Joseph Brown



SELF-CARE SMART ADVOCACY STRATEGIES

White Ribbon Alliance, Advance Family Planning, and Reproductive Health Supplies Coalition, on behalf of the SCTG Country Advocacy Working Group, organized a dynamic **Self-Care SMART Advocacy Workshop** June to December 2021. Running parallel to the Self-Care Learning and Discovery Series, the SMART Advocacy Workshop gave participants an opportunity to connect with fellow advocates and use learnings from the Discovery Series to develop targeted, country advocacy strategies to advance self-care. Using the SMART Advocacy approach, approximately 40 active participants from 14 countries identified policy changes that are critical to advancing self-care in any setting—including adaptation, adoption, and implementation of all or most relevant parts of the WHO Self-Care Guideline—and developed a corresponding advocacy plan. Examples of country advocacy priorities emerging from the workshop include:

- Government approval of a pilot of community-based contraceptive DMPA-SC (subcutaneous depot-medroxyprogesterone acetate) in rural and remote villages in one district in Nepal.
- Development of an antenatal self-care implementation e-health strategy on birth preparedness and psychosocial support in Zimbabwe.
- Incorporation of self-care as a key intervention in the Uganda National Adolescent Health Policy and Strategy.
- Inclusion of self-care in the Revised National Community Health Assistant Program in Liberia.
- Provision of equitable and inclusive sexual and reproductive health and rights interventions for adolescents in Kenya through targeted implementation of the National Adolescent Sexual and Reproductive Health Policy in three counties.
- Domestication of the Nigeria Self-Care Guideline in at least six states.
- Revision of regulations governing the pharmacy profession so that family planning services and client training for self-injection of DMPA-SC in pharmacies is effective in Senegal.
- Implementation of a training plan for health personnel in sexual and reproductive health services and self-care for adolescents in one district in Peru.

Most of the Self-Care SMART Advocacy Workshop participants came together to issue a collective self-care advocacy commitment to advancing bodily autonomy and sexual and reproductive health and rights as part of the GEF, as follows:

Acting in solidarity, the Self-Care Trailblazer Group, White Ribbon Alliance, and 14 organizations representing civil society, academia, and health providers commit to implementing advocacy strategies to strengthen the enabling environment for self-care in our contexts, supporting people—especially women and girls—to make autonomous decisions about their sexual and reproductive health (SRH). This group commits to collectively advancing at least 12 policy changes across 11 countries to integrate self-care in health, gender, and other multi-sectoral policies; promote health literacy; improve access to adolescent SRH services; advance digital health solutions; and sensitize and train service providers.

LIVING CASE STUDIES: SELF-CARE ADVOCACY IN ACTION

The institutionalization of self-care policies and funding at national and subnational levels requires dedicated, longer-term advocacy. That is why the Self-Care Trailblazer Group (SCTG) is supporting civil society organizations in several countries to help create an enabling policy environment for self-care, while also serving as “learning centers” for self-care advocacy.

Specifically, in 2020, the SCTG selected National Self-Care Network leads from Nigeria (White Ribbon Alliance Nigeria, or WRA Nigeria), Senegal (PATH Senegal), and Uganda (Center for Health, Human Rights and Development, or CEHURD) to develop and lead in-country, self-care advocacy efforts and serve as models for guideline adoption and implementation efforts in subsequent countries. All three countries have made significant progress, as detailed in the living case studies. Each organization also organized sessions at the Self-Care Learning and Discovery Series to share their experience and lessons learned to date.

Do you or your organization have a self-care advocacy win or approach that you would like to see documented as a case study? If so, please reach out to White Ribbon Alliance at info@whiteribbonalliance.org. We would love to capture and amplify your work!

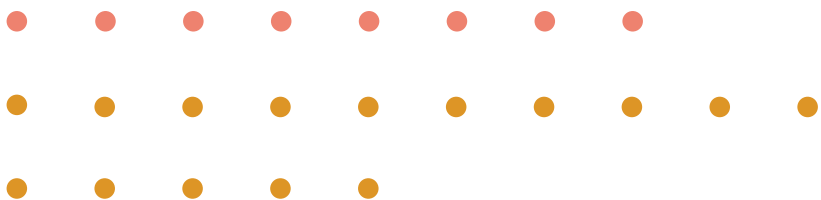


Photo credits: Jhpiego/Catherine Ndungu (top),
Jhpiego/Paul Joseph Brown (bottom)



SPURRING SUBNATIONAL IMPLEMENTATION OF THE NIGERIA SELF-CARE GUIDELINE

BACKGROUND

Nigeria is a frontrunner in adapting and adopting the [WHO Consolidated Guideline on Self-Care Interventions for Health: Sexual and Reproductive Health and Rights](#).² The Federal Ministry of Health (FMOH) led a highly consultative process to develop its National Self-Care Guideline. Through a newly formed technical working group called the Nigeria Self-Care Network, the FMOH actively engaged the private sector, professional associations, regulatory bodies, policymakers, nongovernmental organizations, and advocacy groups to provide input on the guideline. The FMOH approved the final National Self-Care Guideline for Sexual, Reproductive, and Maternal Health in May 2021. While approval of the guideline is a tremendous accomplishment, it is a first step in creating widespread access to self-care. Nigeria is a decentralized country, meaning states must adapt/adopt the national self-care guideline for state-level implementation. Therefore, advocacy to state leaders to generate commitment and action to domesticate the National Self-Care Guideline is critical. And equally important is creating awareness of and demand for self-care among communities.

APPROACH

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

²The WHO guideline was updated in 2021 and renamed World Health Organization (WHO) Guideline on Self-Care Interventions for Health and Well-Being.



Photo credit: WRA Nigeria

White Ribbon Alliance (WRA) Nigeria

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



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

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

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

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

OUTCOMES

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



Photo credit: WRA Nigeria

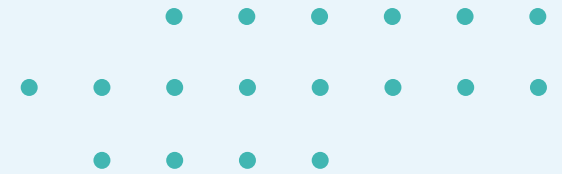
INSIGHTS GAINED

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

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

NEXT STEPS

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



RECOMMENDED RESOURCES:

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



CREATING AN ENABLING POLICY AND LEGAL FRAMEWORK FOR SELF-CARE IN UGANDA

BACKGROUND

Uganda is another self-care guideline trailblazer country, with implementation of its National Guideline for Self-Care Interventions for Sexual and Reproductive Health and Rights already being piloted in one district. As the spotlight on self-care continued to grow over the past couple of years, so too did the realization that relevant national policies and laws were not keeping pace with integrating self-care concepts, especially as laid out in the national guideline. While the National Self-Care Guideline is crucial for informing programming and practice, the guideline itself is not legally binding, and it must operate within existing policy and legal frameworks. Therefore, advocacy to embed self-care within related, multi-sectoral policies and laws is necessary to ensure the National Self-Care Guideline is widely recognized and fully implemented. This became a priority advocacy agenda for the Center for Health, Human Rights and Development (CEHURD), a leading health and human rights organization in Uganda with expertise on litigation and advocacy.

APPROACH

CEHURD joined the national self-care conversation in 2020 when the National Self-Care Guideline for sexual and reproductive health and rights (SRHR) was under development and provided legal and technical expertise to ensure that human rights were woven throughout the guideline. First, it led a stakeholder mapping exercise to identify who was working on self-care, how, and where, with a special focus on mapping sectors beyond health (gender, education, labor, social development) and groups historically excluded from power (LGBTQI+, persons with disabilities). The mapping itself helped bring new self-care supporters into the Uganda self-care movement. Next, CEHURD conducted a self-care policy and legal analysis at the country and regional levels to identify gaps.



Photo credit: PATH/Matthias Mugisha

The Center for Health, Human Rights and Development (CEHURD) serves as the Uganda self-care advocacy focal point under the SCTG and is an active member of the Self-Care Expert Group. CEHURD is a nonprofit, research, and advocacy organization that focuses on critical issues of human rights and health systems in East Africa such as sexual and reproductive health rights, trade and health, and medical ethics that affect less-advantaged populations. For more information or to get involved, contact Annah Kukundakwe at kukundakwe@cehurd.org.

The analysis revealed that most national policies were outdated and not reflective of the latest evidence and recommendations on self-care. CEHURD then set out to support the government in reviewing some of these policies like the National SRHR Policy and the National Adolescent Health Policy and Strategy, to ensure self-care's adoption as a key health intervention in both policies and strategy.

Seizing a timely advocacy window, CEHURD organized a series of meetings to inform and influence the policy development process. It first convened a meeting in collaboration with the Reproductive Health Division, Ministry of Health (MOH) to explore opportunities for self-care integration in the National SRHR Policy, as this policy was on a faster timeline. During the meeting, CEHURD provided an orientation to self-care and the draft National Self-Care Guideline, discussed how self-care is fundamental to advancing human rights, presented key findings from its self-care policy and legal analysis, and offered specific policy recommendations, especially those focused on those promoting bodily autonomy for adolescents. CEHURD replicated this approach for the National Adolescent Health Policy and Strategy, again partnering with the Reproductive Health Division, MOH to organize a retreat for the Adolescent Health Technical Working Group to review and incorporate self-care into the policy and strategy.

OUTCOMES

In both cases, the MOH was convinced of the value of self-care and approved its incorporation into the National SRHR Policy and National Health Policy and Strategy. Specifically, both policies clarified consent to enable adolescents to make informed, autonomous decisions about their sexual and reproductive health—a cornerstone for practicing self-care. Other rights-based self-care priorities were included in the policies such as the right to information, the right to decide whether and when to have children (and use self-administered contraceptive methods), the right to access sexual and reproductive health services (including over the counter commodities).



Photo credit: PATH/Will Boase



INSIGHTS GAINED

CEHURD was able to quickly and successfully advocate with the MOH to incorporate key self-care principles and recommendations into two relevant national policies—including on adolescent health, which can be a contested issue. Insights gained include:

- **A strong relationship with decision-makers is key.** CEHURD enjoys a longstanding, positive relationship with the MOH, which sees CEHURD as a trusted partner with valuable legal and policy expertise. The MOH also views CEHURD as a self-care expert. This relationship and standing facilitated rapid adoption of CEHURD’s self-care advocacy recommendations into the National SRHR Policy and National Adolescent Health Policy and Strategy.
- **Silos still exist and must be broken.** During stakeholder and policy mapping, CEHURD learned that various government line ministries are working in silos. Yet, the institutionalization of self-care in all national policies and programs requires a multi-sectoral approach and strong collaboration across government ministries and agencies. Self-care advocates must create opportunities for inter-ministerial dialogue to promote collaboration and coordination among government bodies.
- **Don’t treat self-care as a “unique” or “stand-alone.”** Rather, self-care should be seen as part of the ongoing health and human rights issues that a country must focus on. Positioning self-care from a human rights lens helped CEHURD mainstream the concept among key decision-makers and influencers in Uganda.

NEXT STEPS

Through the policy and legal analysis, CEHURD identified two bills up for debate that will be critical for aligning and embedding self-care priorities: the National Health Act and the National Health Insurance Scheme Bill. These present an opportunity to make the legal environment for self-care more progressive than what is currently reflected in the National Self-Care Guideline. Additionally, CEHURD will continue its advocacy to socialize self-care and institutionalize it across different sectoral areas and stakeholders, especially gender, education, and universal health coverage (UHC). Finally, CEHURD will also continue to grow the self-care movement at the national level through development of a national advocacy strategy for self-care to guide implementation of advocacy interventions on self-care and SRHR.

RECOMMENDED RESOURCES:

- [Policy and Legal Frameworks to Support Self-Care during COVID-19 and Beyond: The Role of Rights-Holders and Duty-Bearers](#)
- [Stakeholder Mapping and Analysis Report on Self-Care in Uganda](#)
- [Legal and Policy Mapping on Self-Care in Uganda](#)
- [Case Study: Developing National Self-Care Guidelines in Uganda and Nigeria](#)

BUILDING MULTI-SECTORAL SUPPORT AND COALITIONS FOR SELF-CARE IN SENEGAL

BACKGROUND

Self-care is not a new concept in Senegal. The country has well-established self-care practices, not only for sexual and reproductive health and rights, but also for noncommunicable diseases (NCDs)—from self-injection of subcutaneous DMPA for contraception to self-injection of insulin for diabetes. Yet, pockets of opposition to self-care still exist, including among health providers. And until recent times, there has not been a dedicated platform for coordination among different stakeholders to produce an integrated strategy for self-care within the health system. This is changing with the 2020 launch of the Self-Care Pioneers Group, a multi-sectoral coalition led by PATH Senegal and housed within the Family Planning Division, Ministry of Health (MOH) that is driving a coordinated self-care agenda in Senegal. The Self-Care Pioneers Group demonstrates how coalitions can be used strategically to build new and diverse champions for self-care, inform self-care policymaking, and secure advocacy wins.

APPROACH

PATH Senegal, a recognized leader on health innovation and self-care, saw the groundswell of interest and work on specific self-care interventions in Senegal. It also saw how self-care initiatives were fragmented, lacking a central coordinating mechanism. To address this, as a precursor to establishing the Self-Care Pioneers Group, PATH Senegal collaborated with the Family Planning Division, MOH to hold a Self-Care Symposium in March 2020. Symposium goals were simple: to raise awareness of self-care as a concept and to recruit organizations and individuals to join the Self-Care Pioneers Group. The symposium espoused a broad definition of self-care that went beyond sexual and reproductive health and rights—to be as inclusive as possible and attract the widest possible spectrum of supporters. The strategy worked, with the Self-Care Pioneers Group



Photo credit: PATH/Gabe Biencycki

PATH Senegal serves as the Senegal self-care advocacy focal point under the SCTG and is the founder and coordinator of the Self-Care Pioneers Group in Senegal. For two decades, PATH Senegal has worked alongside the Senegalese Government, healthcare workers, private sector companies, and other stakeholders to strengthen health systems and improve health equity across Senegal. For more information or to get involved, contact Ida Ndione at indione@path.org.

officially launching in July 2020, with representation from different government divisions (NCDs, Maternal and Child Health), civil society organizations, development partners, patients' associations, women's groups, and the private sector—including the pharmaceutical industry.

One of the first major activities of the Self-Care Pioneers Group was to convene in-depth consultations to better understand self-care opportunities and barriers for different stakeholder groups: health professionals, civil society, and decision-makers and partners. The consultations unearthed key entry points and concerns for each group. For example, health professionals need more information and training on the benefits of self-care to themselves as providers and their patients, as well as a clear delineation between what is considered self-care (acceptable) and self-medication (unacceptable); civil society stressed the importance of improving women's autonomy and decision-making to effectively practice self-care; and decision-makers emphasized the need to strengthen links between the health system and patients and develop strong messages about the value of self-care. This has helped the Self-Care Pioneers Group tailor evidence and messaging to each stakeholder group. Additionally, insights gleaned from the stakeholder consultations have informed the Self-Care Pioneers Group outreach to new stakeholders. One example is the Ministry of Family and Gender. Self-care resonated with the Ministry because it could see how self-care approaches can support women, including those who are disadvantaged, in having greater autonomy and ownership of their health.

The Self-Care Pioneers Group now meets monthly to strategize and coordinate internally. It also participates in relevant policy discussions and meetings, including meetings to develop a National Self-Care Guideline and to shape Senegal's FP2030 commitment.

OUTCOMES

The Self-Care Pioneers Group has grown rapidly over the past year, now boasting more than 30 members representing diverse interests and sectors. Following the civil society consultation, members endorsed a Civil Society Declaration for the Promotion of Self-Care, committing themselves to conduct advocacy and awareness-raising activities on self-care, including developing action plans that integrate gender, human rights, and women's and girls' empowerment issues. The Declaration itself is being used as a coalition recruitment tool and an advocacy tool with the MOH. Finally, the Self-Care Pioneers Group was successful in influencing Senegal's draft FP2030 commitment to recognize self-care as a key strategy to improve the contraceptive prevalence rate and the strengthen regulatory framework for family planning.



Photo credit: PATH/Gabe Bienczycki



INSIGHTS GAINED

The Self-Care Pioneers Group has become an effective coalition that is actively shaping the self-care agenda and building an inclusive self-care movement in Senegal. Insights gained through this process include:

- **Think broadly and keep the doors open.** In Senegal, it worked well to keep the vision and framing on self-care broad, and not targeted to specific self-care interventions or technologies. Ultimately, self-care is about putting people at the center of decision-making for their health. This self-care framing has been well received and has significantly expanded the tent of supporters.
- **Know your stakeholders' key interests.** The value of the in-depth stakeholder consultations cannot be overstated. For example, when it comes to health providers, the Self-Care Pioneers now know that they must better address concerns that self-care will lead to loss of power and income, in order for this group to be more supportive of self-care moving forward.
- **A coordinator of the coalition is a must.** Effective coalitions almost always have a strong individual and/or organization coordinating activities behind the scenes. While it takes time and resources to keep coalition members engaged and meeting regularly, the potential payoff is high. Additionally, the Self-Care Pioneers Group has benefited greatly from the leadership role played by the Family Planning Division, MOH. Not only does the MOH lend credibility to the coalition, it also opens doors within other government divisions.

NEXT STEPS

The Self-Care Pioneers Group is now focusing its energies on informing the development of the National Self-Care Guideline. The coalition has already participated in several workshops, with the most recent one aimed at identifying the components of the guideline and determining implementation modalities for each component. The hope is that a draft guideline will be ready by the end of 2021. In addition, the Self-Care Pioneers Group is developing an advocacy strategy to update regulations to allow pharmacists to offer supplies and client training for self-injection of DMPA-SC.



Photo credit: PATH/Gabe Biencycki

RECOMMENDED RESOURCES:

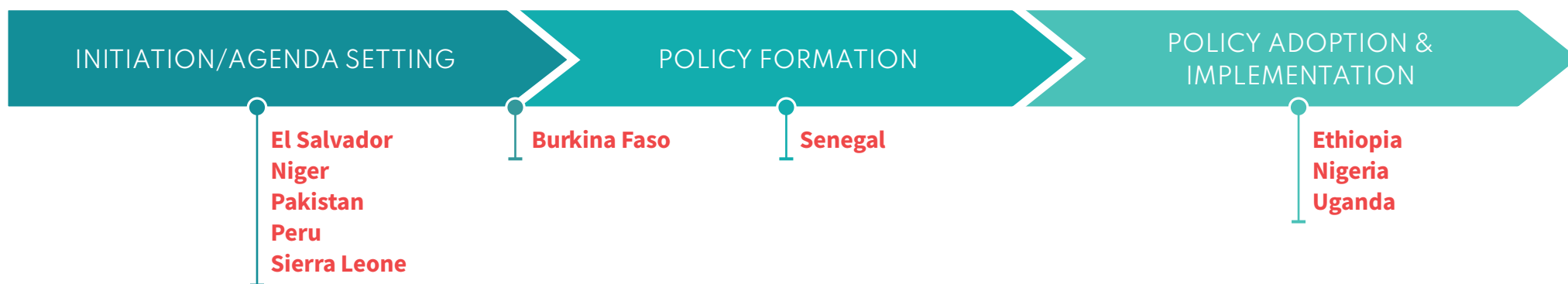
- [Self-Care: Transforming Opposition to Support](#)
- [Self-Care and Strengthening the Patient-Provider Dynamic: The Evolving Role of Healthcare Providers in Advancing Self-Care & User Autonomy for Health](#)

WHO'S UPDATED SELF-CARE GUIDELINE: WHAT YOU NEED TO KNOW (AND DO!)

SESSION: National Self-Care Guidelines: Developing Health Policy Architecture with Individuals at the Center

In June 2021, World Health Organization (WHO) launched the [WHO Guideline on Self-Care Interventions for Health and Well-Being](#), an update to the original guideline from 2019. In many ways, the WHO Self-Care Guideline serves as a “guiding star” for the global self-care movement. These normative standards provide countries with clear, validated self-care approaches, signaling that self-care practices are medically acceptable, recommended, and worthy of integration in national and subnational health systems. The guideline’s purpose is to offer evidence-based normative guidance to support individuals, communities, and countries with quality health services and self-care interventions—based on primary health care (PHC) strategies, comprehensive essential service packages, and people-centeredness. The 2021 guideline expands the scope from the 2019 guideline, focusing not only on sexual and reproductive health and rights, but also noncommunicable diseases and training for health workers.

Motivated in part by this guideline, overstretched health systems strained even further by the COVID-19 pandemic, and a desire to place individuals at the center of responsive and accountable health systems, countries are adapting and adopting the WHO Self-Care Guideline. Some countries have already developed or are in the process of developing consolidated national self-care guidelines as a significant first step toward acknowledging how self-care builds and strengthens health systems. (The figure below illustrates how countries are at different stages in the process to develop consolidated self-care guidelines; this figure is illustrative and not exhaustive). Other countries are advancing specific self-care policies such as e-pharmacy guidelines, assigning over-the-counter status to key drugs, and task shifting to increase access through pharmacies, drug shops, and community health workers. While others still are focused on broader universal health coverage (UHC) frameworks that may include or leverage self-care generally.



EMERGING LESSONS

While the approach to consolidated self-care guideline development (rightfully!) looks different in different contexts, a few cross-cutting themes are emerging:

- Strong political will and collaboration across ministries of health, WHO, implementing/development partners, private sector, civil society, and academic partners are driving progress in self-care policy agenda setting.
- Like PHC and task shifting, developing consolidated self-care policies requires working across traditional health/disease area silos to collaboratively define a package of self-care interventions and supporting structures.
- In some cases, policy advances for a specific and new self-care intervention (e.g., self-injection of the contraceptive DMPA-SC) can pave the way for broader advances in self-care policies and approaches.
- Self-care can address barriers to access for the most stigmatized and vulnerable, such as sex workers and adolescents, who are unwilling or unable to access services from traditional providers. At the same time, appropriate safeguards must be put in place to ensure that self-care doesn't create widening inequities, including along the lines of income and literacy.

LET'S HEAR FROM THE FRONT-RUNNER COUNTRIES

But don't take our word for it! Experts from WHO, ministries of health, and civil society came together during the Self-Care Learning and Discovery Series (*Session: Self-Care Guidelines*) to share their experiences adapting and adopting the WHO normative guidance.

Let's hear their words of wisdom:

Manjulaa Narasimhan, *Scientist, Department of Sexual and Reproductive Health and Research, WHO*

“ Since 2019, when WHO published the first guideline on self-care interventions with a focus on sexual and reproductive health, COVID has affected all of our lives. The role people are playing in their own self-care and the expectations we are placing on people in protecting themselves, in protecting their families, and in protecting health workers is something that has increased dramatically since publication of this guideline. With this in mind, WHO moved quickly to update and expand the scope and published the new guideline in June 2021.”

Dr. Kayode Afolabi, *Director, Reproductive Health Division of the Federal Ministry of Health, Nigeria*

“ The Nigeria Federal Ministry of Health put a strong emphasis on expanding the self-care guideline task force to include actors from outside the healthcare system. This included community leaders, private sector, youth, and civil society. The youth, in particular, made it very clear we should do nothing about them without them. Expanding this multistakeholder space to include sectors outside health allowed us to engender community participation right from the beginning.”

WHO'S UPDATED SELF-CARE GUIDELINE: WHAT YOU NEED TO KNOW (AND DO!)

Dr. Dinah Nakiganda Busiku, *Assistant Commissioner, Adolescent and School Health, Ministry of Health, Uganda*

“ Uganda has adopted a two-pronged approach of developing the national guideline for self-care interventions for SRHR. First, we did a general development of the guideline, looking at all existing literature. Second, we are now looking at integration of the guideline into the existing health system, which we refer to as ‘implementation.’ The purpose of implementation of the guideline is to optimize the opportunities for self-care uptake within the existing health care system so that the lessons learned can be used to update the national guideline. This process will also help promote awareness of the self-care concept and of the draft national guideline among all stakeholders.”

Dr. Fauzia Assad, *Country Director, Jhpiego-Pakistan*

“ In Pakistan, the concept of self-care is comparatively new and nascent as compared to other countries, so it’s helpful to talk about the motivating factors for adapting and adopting a national guideline. For example, we have seen interest to accelerate health impact where Pakistan has faced persistent barriers to health access due to gender inequality and also due to instability. There is an emerging interest among the population for new, self-administered products like DMPA-SC, as well as best practices like breast cancer self-screening. And there is growing use of technology, like use of digital apps by young people. There is a ground on which these guidelines can be built up and consolidated.”

Dr. Olumuyiwa Ojo, *National Professional Officer, Maternal, Sexual and Reproductive Health, WHO Nigeria*

“ We believe that the self-care guideline is a critical tool for achieving universal health coverage, especially for sexual and reproductive health and rights interventions in Nigeria. With issues of access to conventional health facilities, issues around equity and health disparities, and also overworked, overburdened health systems in most cases, self-care was very important to Nigeria.”

Professor Rosemary Calder, *Director, Australian Health Policy Collaboration, Australia*

“ In the Australian context, self-care was not recognized as an important component of healthcare. We therefore began work with a wide group of organizations several years ago to look at the causes of the deficit in understanding the importance of self-care and what can be done. Over a two-year period we brought together a collaborative network of experts in health—particularly population health and chronic disease prevention and management, as well academics. We set out to develop a national policy blueprint showing the three levels to self-care in policy: the individual context, the meso system—the system at which health services are available, provided, accessed, utilized, supported, and funded, and the macro system—what enables policies, practices, and investments in self-care to reach through the health system to the individual.”

Dr. Olive Setumbwe Mugisa, *Family Health and Population Advisor, WHO Uganda*

“ Uganda was already ahead by promoting self-help groups like women’s groups, male action groups, and young and youth-serving organizations. It has become even more important around this time of COVID-19. Starting last year, there has been increased awareness, increased demand to have services reach communities where they are, especially now that they are in lockdown. In this way, various organizations like religious and cultural institutions have come in, and they will be supporting these very important self-care guidelines. But we need to build capacity, we need to advocate and ensure that all levels—including community groups—are actually brought into implementation.”

CALL TO ACTION

National adaptation and adoption of the WHO Self-Care Guideline is a significant milestone in the journey to more formally recognize self-care practices in health systems. It is a clear way to signal Ministry of Health endorsement of self-care as a key approach to reach UHC and to draw attention among health system actors to the many policies and guidelines that are already aligned with global self-care guidance that can be harnessed immediately to achieve gains. There are several ways you can help take this agenda forward in your country context:

- 1. READ** the [WHO Self-Care Guideline 2021](#), and case studies from countries' experiences adapting and adopting the WHO guidance, such as [Developing National Self Care Guidelines in Uganda and Nigeria](#) and [Spurring Subnational Implementation of the Nigeria Self-Care Guideline](#) (see page 23).
- 2. WATCH** the Self-Care Learning and Discovery Series session recording: [National Self-Care Guidelines: Developing Health Policy Architecture with Individuals at the Center](#).
- 3. JOIN** the [Self-Care Trailblazer Group \(SCTG\) and its Country Advocacy Working Group \(CAWG\)](#), led by WRA, for opportunities to share lessons learned and pursue collaborations to advance national self-care policies.
- 4. CONNECT** with others globally working on other aspects of self-care such as [Access Collaborative](#), [Global Self Care Federation](#), [hivst.org](#), HPV World (HPW), [IBP Consortium](#), [International Self Care Foundation \(ISFH\)](#), [R4S](#), [Safe Access Hub](#), and WHO Self-Care Community of Practice. Explore who is working on self-care in your country and link up with them.



Photo credit: White Ribbon Alliance India

SELF-CARE AND ME, YOU, AND EVERYONE!

KEY RESOURCES

MENSTRUAL HEALTH

[Session Report: The Role of Supportive Self-Care Environments in Advancing Menstrual Equity.](#)

Days for Girls, WASH United, MIET Africa, Global Menstrual Collective

[Commentary in *Sexual and Reproductive Health Matters*: Menstrual health: a definition for policy, practice, and research](#)

Hennegan, Julie et al.

[The Sheosk Study: A story of choice](#)

The Case for Her

Featured App: Oky, the world's first period tracker app for girls, created with girls: okyapp.info

FAMILY PLANNING

[20 Essential Resources: Self-Care For Family Planning](#)

Knowledge Success and PATH

[Commentary in *Contraception*: Addressing contraceptive needs exacerbated by COVID-19: A call for increasing choice and access to self-managed methods.](#)

Haddad, Lisa B. et al.

[Mainstreaming Emergency Contraception in Developing Countries: A Toolkit for Policymakers and Service Providers](#)

Population Council

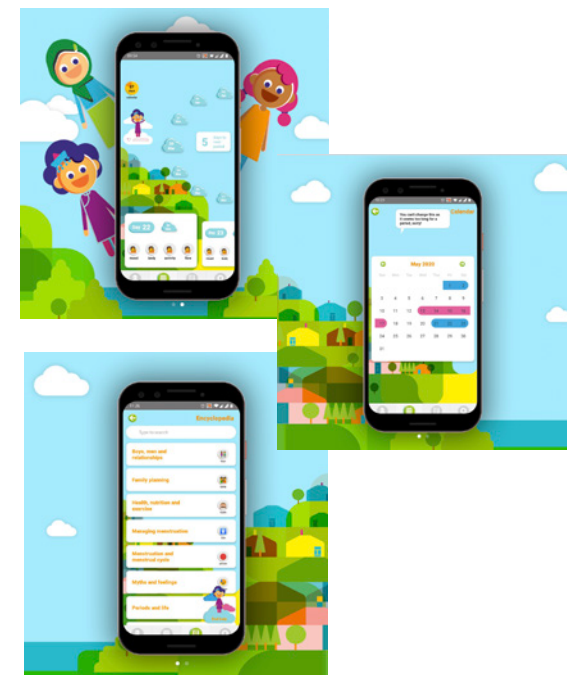
[DMPA-SC Resource Library](#)

PATH

[Insights Gained Through Evidence-Based Design \(Self-Injection of DMPA-SC\)](#)

Delivering Innovation in Self-Care (DISC)

Select publications, research articles, frameworks, digital apps, and tools promoted at the Self-Care Learning and Discovery Series, to advance the field of self-care and support you—and everyone—to practice self-care and promote well-being.



SELF-CARE AND ME, YOU, AND EVERYONE! KEY RESOURCES

ABORTION

[Article in *International Perspectives in Sexual and Reproductive Health*: Abortion Self-Care: A Forward-Looking Solution To Inequitable Access](#)

Vázquez-Quesada, Lucía et al.

[IMAP Statement on Abortion Self-Care](#)

International Planned Parenthood Federation

[Article in *BJOG*: 10-year evaluation of the use of self-managed abortion through telemedicine: A retrospective cohort study](#)

Nortén, Hannah et al.

Featured digital tools:

- Instructions for a safe abortion with pills: www.howtouseabortionpill.org
- Get abortion care, information, and counseling: www.safe2choose.org
- Digital resource hub on safe abortion and post-abortion care: www.safeaccesshub.org



DIGITAL HEALTH

[Global Strategy on Digital Health 2020-2025](#)

World Health Organization

[WHO guideline: recommendations on digital interventions for health system strengthening](#)

World Health Organization

[Digital Implementation Investment Guide \(DIIG\): Integrating Digital Interventions into Health Programmes](#)

World Health Organization, PATH, UNFPA, UNICEF, Human Reproduction Programme

[Digital Self-Care: A Framework for Design, Implementation & Evaluation](#)

HealthEnabled and Self-Care Trailblazer Group

HEALTH FINANCING

[Online Course: Financing Community Health Programs for Scale and Sustainability](#)

[Economic and financing considerations for self-care interventions for sexual and reproductive health and rights](#)

World Health Organization, Human Reproduction Programme, United Nations University International Institute for Global Health

SELF-CARE AND ME, YOU, AND EVERYONE! KEY RESOURCES

ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Featured digital tools:

- One2One (Kenya): www.one2onekenya.org
- B-wise platform (South Africa): www.bwisehealth.com

HUMANITARIAN

[Article in *Conflict and Health*: Sexual and reproductive health self-care in humanitarian and fragile settings: where should we start?](#)

Tran, Nguyen Toan et al.

[A Scoping Review on Self-Care Interventions for SRH in Humanitarian Settings](#)

John Hopkins University, Jhpiego, University of Geneva, and University of Technology Sydney

[A Human-Centered Design Self-Injectable Contraception Intervention for Crisis-Affected South Sudanese Women](#)

International Rescue Committee

[Inclusion of Self-Management of Abortion into Zonal Healthcare Packages in Eastern Democratic Republic of the Congo](#)

International Rescue Committee

[A Pilot Project on a Harm Reduction Approach to Safe Abortion Care and Integration with SRH and Women's Protection and Empowerment Services](#)

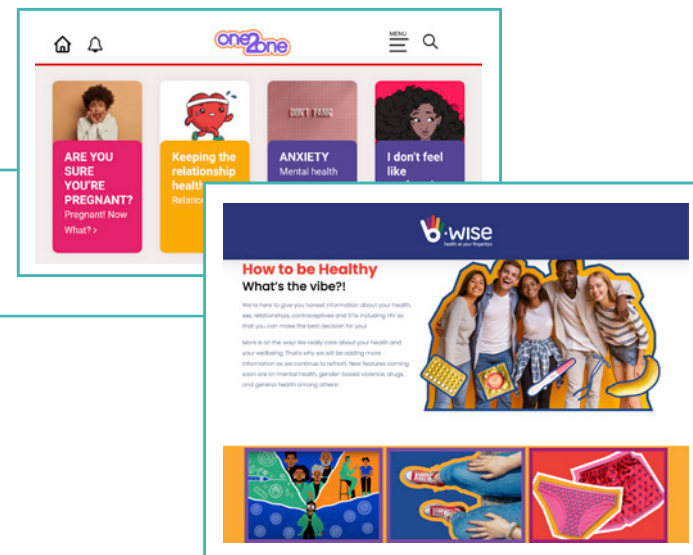
International Rescue Committee

[Measuring Abortion Self-Efficacy: The Potential for Understanding Abortion Self-Care in Humanitarian Settings](#)

Ipas

[Aya Contigo: A Digital Sexual and Reproductive Health Companion \(Digital Self-Care Tool Developed and Tested in Venezuela\)](#)

Vitala Global Foundation



SELF-CARE AND ME, YOU, AND EVERYONE! KEY RESOURCES

SELF-CARE (GENERAL/CROSS-CUTTING)

[WHO Guideline on Self-Care Interventions for Health and Well-Being](#)

World Health Organization

[Policy Mapping: Assessing Implementation of the WHO Consolidated Guideline on Self-Care Interventions in Policy and Practice](#)

Self-Care Academic Research Unit (SCARU) at Imperial College London

[Self-Care Readiness Index](#)

Global Self-Care Federation

[Special edition of *Outlook on Reproductive Health: Women's Self-Care: Products and Practices*](#)

PATH

[Self-Care for Health: A National Policy Blueprint](#)

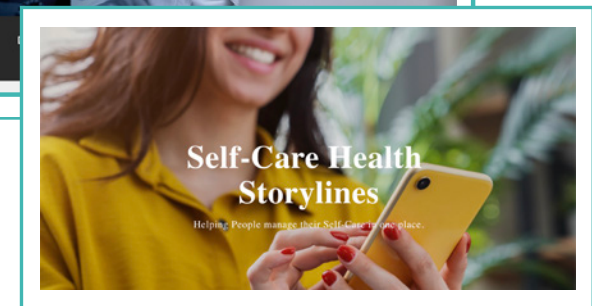
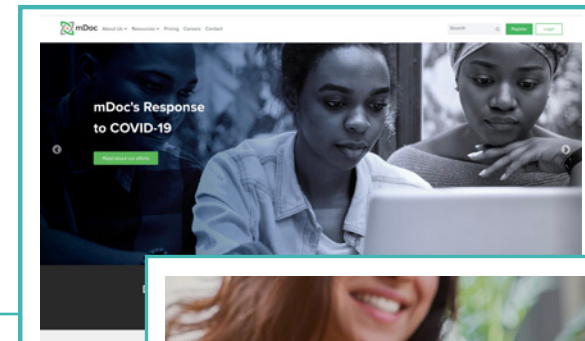
Mitchell Institute and Victoria University

[Quality of Care Framework for Self-Care](#)

Self-Care Trailblazer Group

Featured digital tools:

- mDoc: www.myndoc.com
- Self-Care Health Storylines: www.healthstorylines.com/self-care-health-storylines



OTHER

[Infographic: Getting to Market: Roadmap for User Access.](#)

Population Council

[Article in *International Journal of Environmental Research and Public Health*: The cycle to respectful care: a qualitative approach to the creation of an actionable framework to address maternal outcome disparities](#)

Green, Carmen L. et al.

[What Women Want Resource Suite](#)

White Ribbon Alliance

SIX PRACTICAL ACTIONS TO PRACTICE SELF-CARE

From Self-Care's Role in Mental Well-Being: Defining Self-Care for the Individual and Self-Care's Roll in and Bodily Autonomy, Liberation, and Gender Transformation

- 1. Give YOURSELF permission.** We oftentimes get permission from everyone else—parents, teachers, employers, spouses. Give yourself permission to live, to show up in your body.
- 2. Affirm yourself.** Try to affirm yourself every day. Even if it's just noting you are loved simply because you were created out of love.
- 3. Do mirror activities.** Look at yourself in the eyes, even though it's hard. Look at yourself, love yourself, hug yourself, tell yourself you are worthy, special, and loved. Just because you are.
- 4.** Identify what **happiness, love, and feeling safe** look like for your personally, and then pursue them.
- 5. Incorporate mindfulness meditation** into your daily routine.
 - ▶ Practice along in the [Mental Well-Being recording](#) (see 1:15 hour mark).
- 6.** Consider **self-defense training** as a key self-care approach for bodily autonomy.
 - ▶ Practice along in the [Bodily Autonomy recording](#) (see 1:42 hour mark).

“

We tend to think of self-care as selfish given the current narrative and conditioning around self-care. And I absolutely like to say yes, it is, because self is who we are and the 'ish' is what we need to unpack in order to heal, be present, and show up every day in our bodies.”

• *Dr. TaMara Rose Campbell, Self-Care's Role in Mental Well-Being*

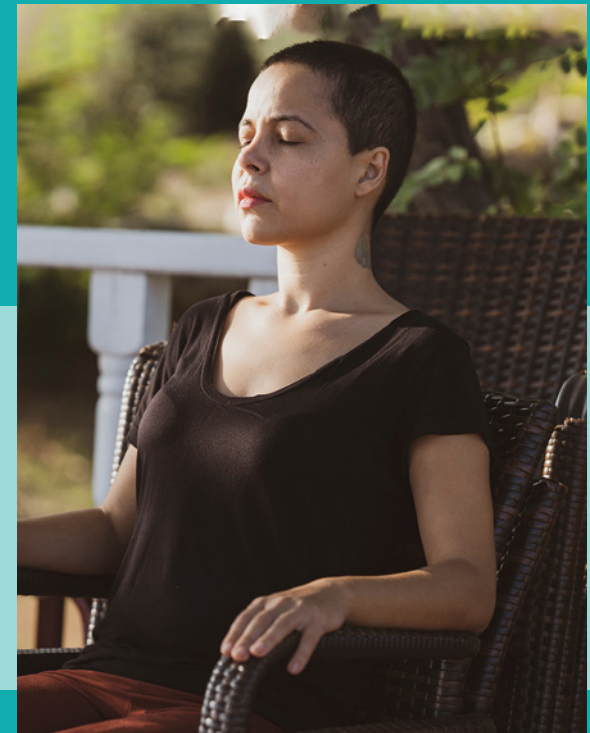


Photo credit: Pexels/Engin Akyurt

IGNITING ACTION

The Self-Care Learning and Discovery Series was designed to present new knowledge, elevate self-care solutions, forge connections across issues and geographies, and ultimately, ignite action. Here are a few immediate steps you can take to further the self-care movement.

1. Become a member of the SCTG or renew your membership. To do so, [fill out this survey](#) or email secretariat@selfcaretrailblazers.org.
2. Join one or more of the SCTG working groups:
 - [Global Advocacy and Communications Working Group](#)
 - [Country Advocacy Working Group](#)
 - [Evidence and Learning Working Group](#)
3. Revisit [Self-Care Learning and Discovery Series session recordings, slides, and resources](#).
4. Share Self-Care Learning and Discovery Series [recordings](#) and content with your colleagues and friends. Host a watch party!
5. Organize a follow-up event or discussion to any of the Discovery Series sessions.
6. Contact White Ribbon Alliance (info@whiteribbonalliance.org) with your self-care advocacy learning and sharing ideas, including ideas for future iterations of the Self-Care Learning and Discovery Series and case study content. We can also connect you with Discovery Series session organizers and speakers if you want to follow up on a particular topic.

We look forward to collaborating and advancing self-care with you!

White Ribbon Alliance mobilizes and amplifies community voices, especially those of women and girls, to create demand and accelerate progress for sexual, reproductive, maternal, and newborn health and rights and gender equality at all levels. Through our extensive network of Alliances and partners around the world, WRA influences policies, programs, and practices, harnesses resources, enhances accountability, and inspires action.

The Self-Care Trailblazer Group (SCTG) is a global coalition of partners dedicated to expanding the safe and effective practice of self-care so that individuals can better manage their own health, health outcomes are improved, and health systems are better equipped to achieve universal health coverage. Members include representatives of multilateral and bilateral organizations, private foundations, governments, civil society, intergovernmental-governmental and nongovernmental organizations, advocacy groups, research and academic institutions, and the private sector. In 2021, the SCTG is supporting the adoption and implementation of the World Health Organization (WHO) Guideline on Self-Care Interventions for Health and Well-Being as well as supporting the wider community in advancing self-care at the global, regional, national, and local levels.



