

Self-care" refers to acquired, conscious, and purposeful behaviors undertaken by individuals for themselves, their children, and their families to maintain overall health, safeguard physical, mental, and social well-being, meet their physical, mental, and social needs, prevent diseases and accidents, manage chronic diseases, and promote recovery post-acute illness or hospital discharge.

Self-care encompasses aspects such as promoting health, adjusting lifestyle, disease prevention, self-assessment, maintaining well-being, engaging in treatment, and fostering empowerment.

Self-care enhances health and quality of life, increases patient satisfaction, rationalizes the use of services, and reduces health costs. In the Iran Health Transformation Plan, the national self-care program was designed as the fifth national transformation program of the health system in the field of health, and the self-care package was announced for implementation on 10 October 2015 through letter No. 11036/300D by the Honorable Vice President of Health.

Self-care program terms:

- *Health literacy*

This term describes the level of capability an individual has to acquire and comprehend health-related information essential for making decisions and taking action.

- *Individual self-care*

This term is defined as acquisitive, conscious, and purposeful actions undertaken by individuals for themselves, their children, and their families to maintain good health, safeguard the physical, mental, and social well-being of themselves and their families, meet their own and their family's physical, mental, and social requirements, prevent diseases or events, manage chronic illnesses for themselves and their families, and promote the health recovery of themselves and their families after experiencing acute illnesses or being discharged from the hospital.

Family Health Ambassador

The goal of this approach is to train one person as a health ambassador for each family. The health ambassador is a family member with literacy skills equivalent to an 8th-grade level who voluntarily takes on the responsibility of sharing knowledge acquired in health matters and actively caring for the health of both their family and community.

- *Program implementation steps:*

1. Holding briefing sessions for University Health Education and Promotion experts and affiliated centers by the Head of Department/official responsible for health education and promotion

- 2. Holding a meeting with the heads of city health centers by the Department of Health Education and Promotion to justify and support the program*
- 3. Holding training courses of the national self-care program (national guidelines for family self-care) for health education and promotion experts and health workers of affiliated centers (health workers, health care experts, supervising experts of comprehensive health service centers, experts at other units at the city and university level) by the Department of Education and Health Promotion of the University.*
- 4. Providing and distributing forms and checklists required by the program*
- 5. Developing and executing educational initiatives on a national or regional level to raise awareness among the public through diverse communication platforms and with the involvement of experts from the Departments of Education and Health Promotion at the program's initiation and throughout its implementation.*
- 6. Supervising the registration of health ambassadors and guiding the households under coverage on how to complete the health file by healthcare workers/providers.*
- 7. Assessing the educational requirements of health ambassadors by healthcare workers and providers, based on the established needs assessment protocol, as well as the health priorities of the country, province, and city, including emergencies (e.g., the coronavirus pandemic).*
- 8. Organizing face-to-face training courses for health ambassadors by health care experts and health professionals.*
- 9. Evaluating the training of health ambassadors.*
- 10. Assessing the performance of health ambassadors by healthcare workers/providers.*
- 11. Recognizing households lacking a health ambassador using the electronic records of the household by healthcare workers/providers.*
- 12. Justifying households without health ambassadors by healthcare workers/providers.*
- 13. Preparing the "coverage percentage of the individual self-care program" index.*
- 14. Registering and determining the status of the mentioned index in the health information management panel by the education and health promotion expert of the city/university on an annual basis*

Objectives of the program:

General goal: empowering people to take care of their health

Quantitative goal: Coverage of the national individual self-care program to the extent of 70% of the covered population until the end of the sixth phase.

Quantitative annual goal: Coverage of the national program of individual (collective) self-care program to the extent of 55% of the population until the end of March 2022.

Specific goals: training one health ambassador for each household

The implementation process of the program in recent years:

-The primary level of service provision (rural health center, urban health center): identification, recruitment, and training of ambassadors and provision of a book on self-care for current diseases to each ambassador, completion of the ambassadors' performance evaluation checklist by healthcare workers/providers.

-Supervising experts of comprehensive health service centers/unit experts in the urban health center: monitoring the activity of healthcare workers and healthcare providers, completing the checklist, and giving feedback.

-Education and health promotion unit of the town: holding training courses for the national individual self-care program, monitoring, and supervising activities at the level of urban/rural health service centers, completing the checklist, preparing indicators, and providing seasonal feedback.

-Department of Health Education and Promotion: Empowerment of education and health promotion experts, monitoring of the town headquarters in urban health services centers, preparation of university index, presentation of reports in the resilience economy program and operational plan system monthly, quarterly, every six months, and annually, providing feedback, analyzing the program annually.

Year 2015: Introduction and training of health education and promotion experts regarding the national individual self-care program, declaration of opinion regarding the tools and conditions of implementation to the Education and Health Promotion Office of the Ministry, and cooperation in drafting the executive order of the national self-care program

Year 2016: Announcing the index and starting cascade training in the health sector, identifying and attracting health ambassadors, multiplying manual reporting forms, preparing 30,000 books and distributing them in the health centers of the town, handing over one book to each trained ambassador, preparing statistics and information, and reporting activities, and reaching the target index.

Year 2017: Removal of manual and paper forms, registration in the SIB system, failure to reach; the index and goal of 2017 due to lack of credit, and non-preparation of books (self-care 1, 2, 3, and 4), non-preparation of an instruction manual for reporting from the SIB system, and statement problems;

Year 2018: Continuing the program and planning to reach the 45% index.

Year 2018: Monitoring programs based on graded checklists according to the instruction manual

(Attachment No. 12034/1/32/16/P dated 21 February 2018)

-Analyzing the programs based on completed individual self-care checklists, ranking health service centers based on the different axes of the checklist biannually, continuing the program based on the instructions of the national self-care program

-Strengthening intra-departmental coordination to prepare the index of this program and improve the index

-Enhancing self-efficacy and developing self-care skills to sustain engagement

-Introducing the program to new clients and service recipients by healthcare workers and recovering individuals (eligible as household health ambassadors), particularly following the nationwide campaign to manage blood pressure at rural/urban healthcare centers.

Year 2020:

-Announcement of the program "Each Home as a Health Post"

-Training of headquarters and environmental levels

-Preparation of educational content (in the form of CD, written form, and virtually)

-Compilation of instructional manual in epidemic conditions

-Preparation of program indicators/monitoring checklist

- Monthly 10% verification

-Preparation of statistics and information and reports to higher levels

Year 2021:

-Continuation of the program of identifying and attracting health ambassadors from every household and the program "Each Home as a Health Post"

-Training and empowering health sector employees regarding the formation of groups, strengthening of virtual groups, and sending messages and special content to the target group

-Preparation of educational content (in the form of CD, written form, and virtually)

-Compilation of instructional manual in epidemic conditions

-Preparation of program indicators/monitoring checklist

- Monthly 10% verification

-Preparation of statistics and information and reports to higher levels

Year 2022:

- Continuation of the program of identifying and attracting health ambassadors from every household and the program "Each Home as a Health Post"

- Training and empowering health sector employees regarding the formation of groups, strengthening of virtual groups, and sending messages and special content to the target group on authorized platforms

-Sending instructions for the national self-care program from 2022 to 2026

-Preparation of indicators/checklist for technical monitoring of the program and announcement to the health centers of the town

- Quarterly 10% verification of statistics and information and reporting to higher levels

Report on the training of family health ambassadors in 2022

Row	Titles of held courses*	Number of participating health ambassadors (trained)
1.	<i>Control of the prevention of COVID-19</i>	
2.	<i>Reducing the consumption of sugar, salt, and fat</i>	
3.	<i>Household preparedness against disasters</i>	
4.	<i>Oral health</i>	
5.	<i>Avoid smoking and hookah</i>	
6.	<i>Healthy old age</i>	
7.	<i>physical activity</i>	
8.	<i>Poisoning with carbon monoxide</i>	
9.	<i>Preventing the elderly from falling</i>	
10.	<i>Self-care in depression</i>	
11.	<i>Correct sitting position</i>	

Annual individual self-care index

<i>Index</i>	<i>Numerator: Number of households with health ambassadors</i>	<i>Denominator: The number of covered households</i>	<i>Percentage</i>
<i>Individual self-care program coverage</i>			

<i>Title</i>	<i>Definition</i>	<i>Index (%)</i>
<i>Percentage of healthy families educated about COVID-19</i>	<i>Numerator: The number of healthy families educated about COVID-19</i> <i>Denominator: All covered families</i>	75
<i>The percentage of families with patients trained on COVID-19</i>	<i>Numerator: The number of families with COVID-19 patients who have been trained</i> <i>Denominator: All families with patients infected with COVID-19</i>	100
<i>The percentage of families educated about COVID-19</i>	<i>Numerator: The total number of healthy families with patients who received training about COVID-19</i> <i>Denominator: All covered families</i>	86
<i>The percentage of family health ambassadors trained on COVID-19</i>	<i>Numerator: The number of family health ambassadors trained on COVID-19</i> <i>Denominator: the total number of family health ambassadors covered</i>	95
<i>The percentage of local health ambassadors trained on COVID-19</i>	<i>Numerator: The number of health volunteers trained on the disease of COVID-19</i> <i>Denominator: Total number of covered health volunteers</i>	100