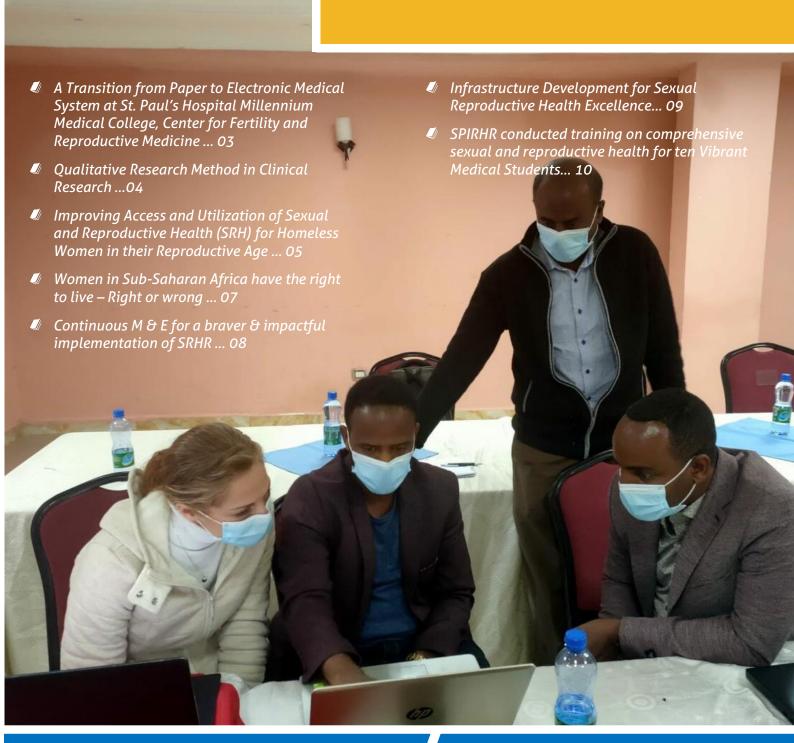


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SPIRHR BULLETIN

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MESSAGE FROM THE DIRECTOR

Dear readers,

Welcome to the second issue of the biannual SPIRHR bulletin.

We are in an extraordinary time in history where all collaborative efforts to promote health and achieve universal health coverage is defied. The pandemic has challenged all health systems across the world, and those with weak health systems suffered the most. Today in the midst of the pandemic, we continued to suffer from high maternal morbidity and mortality, sexual violence, war, and famine, particularly in Sub-Saharan African countries. These effects of the pandemic have an unequal and compounding effect on the already disadvantaged and marginalized group of the population. Growing economic challenges has led to an increased vulnerability which in turn made all efforts of ensuring sexual and reproductive health and rights extremely difficult. Some of the developing countries like Ethiopia are also suffering from a protracted war that has resulted in massive displacement of the people and humanitarian crisis, further perpetuating the SRHR problems.

"Leave no one behind," the transformative promise of the 2030 agenda for sustainable development, should ensure that the work is done on the ground. We are at a point where we need teamwork more than anything. Collective effort is very much needed to make the world a better place for everyone.

In the second SPIRHR bulletin, we have included key activities performed in the first biennium of the year 2021. We have made remarkable progress and came this far since our establishment with the help of our partner organizations, including St. Paul's Hospital Millennium Medical College. Our appreciation is beyond words to all stakeholders who supported our journey. I wish you happy reading, and your thoughts on the publication is very much appreciated. Feel free to send us an email at: admin@spirhr.org

Tesfaye H. Tufa (MD)

Director, Saint Paul Institute for Reproductive Health and Rights



EDITORIAL MESSAGE

More Investment and Engagement to Reproductive Health and Rights for a better Society

For the past 25 years, the world has endeavored immensely to increase understanding and implement activities in the field of Reproductive Health and Rights. This has triggered social out speakers, policymakers, and community leaders to endorse and provide services for the better of their people. In doing so, tens of millions of unplanned pregnancies were avoided, millions of women's lives were saved, and a remarkable amount of workforce has been added to the economy worldwide.

In Africa, enormous resources have been mobilized for Reproductive health and rights activities. Especially in Ethiopia, after the 2005 Abortion Law, international players like USA, EU, UN, donors, and associated multilateral agencies invested significantly. The outcome was tremendous. Decrement in maternal death, poverty and hunger reduction, better opportunity of education and health for women, gender equality and women empowerment are all the benefits for the better future of Ethiopian women and society as a whole.

Though that is the case, in the past three years the international players showed a decrease in attention and funding for reproductive health and rights in Ethiopia. This reduction in funding may affect the SRHR endeavours and achievements made so far. Let the achievements continue, let the implementation reinstituted, let our women and girls fulfill their dreams.

Ayalew Marye (MD), Editor in chief Email: ayalewmarye56@gmail.com



NEWS

A Transition from Paper to Electronic Medical System at St.

Paul's Hospital Millennium Medical College, Center for Fertility and Reproductive Medicine



Saint Paul's Hospital Millennium Medical College to paperless electronic medical shifting registration and documentation at the Center for Reproductive Medicine (CFRM). The Electronic Medical Registration (EMR) project was initiated and started two years back at SPHMMC with the objective of adopting a health information system that will automate the manual capture, storage, processing, and retrieval of health related information at the target service areas. It aims to improve quality of care, patient safety, staff productivity, efficient data access for a day to day operation and research, client and staff satisfaction, exchange of patient data securely between different service units and serve as a framework system providing smooth scale-up capability to other units based on the facility EMR migration path. As a first step SPIRHR (then Center of Excellence for

Reproductive Health), in collaboration with SPHMMC formed and led an EMR steering committee from all major service areas in the development of the first phase of the EMR system.

The EMR committee was successful in gathering detailed requirements (mainly outpatient) to be included in the EMR system and compared and selected available open-source EMR systems close to institution requirements. The first phase of the customization based on the requirement was successfully implemented by a company based in India through the collaboration with the Center for International Reproductive Health Training – University of Michigan (CIRHT- UM).

SPIRHR followed and started pilot system implementation at the CFRM of SPHMMC in January 2021. Detailed system customizations were further made based on feedback from endduring the pilot period of users implementation. Dr. Biruk Abebe, ICT and HIT advisor at SPIRHR, describes the millstone to this accomplishment "Electronic Medical Registration is now fully adopted by the center towards a mostly paperless environment. This remarkable achievement is made possible through the tireless effort of the CFRM staff and exemplary leadership of the Center". He also noted despite the success, limited human resources, and lack of systemic procurement process of necessary equipment were some of the challenges during the implementation. Currently, the center is exploring ways to ensure sustainable and smooth operation of the system.



Qualitative Research Method in Clinical Research



One of the objectives of SPIRHR is to strengthen the institutional capacity of St. Paul Hospital Millennium Medical College (SPHMMC) to conduct high quality and impactful SRH researches that address community needs as well as generate scientific evidence that can be used to improve practice, inform policy, and advocacy. Trainings are conducted for faculties and residents to develop sustainable skills within the institutions while generating research that will address the needs of the community.

In light of this, SPIRHR organized three days training (Jan 27-29, 2021) on "Qualitative Research Methods" for the various faculty members of St. Paul's Hospital Millennium Medical College (SPHMMC). The main objective of the training was to equip the various faculty members of SPHMMC with the knowledge and skill to carry out qualitative research independently. The training was facilitated by Dr. Eshetu Girma, an associate professor in health promotion and health communication from the department of preventive medicine, School of Public Health, Addis Ababa University.

Eighteen faculty members of SPHMMC from obstetrics and gynecology, pediatrics, surgery,

internal medicine, pathology and nursing departments attended the training. SPHMMC research directorate office staff also attended the training. The training was participatory with hands on experience on critical reviewing of qualitative research articles and qualitative data analysis using Open Code. The training was supplemented by a guest speaker, Prof. Don Eliseo Lucero-Prisno III, (MD MSc MPH PhD FHEA), from London School of Hygiene and Tropical Medicine (LSHTM) who joined us virtually. The speaker from LSHTM presented his ethnographic research summary, the policy implication, and his experience as journal editor and in publishing qualitative researches. Upon successful completion of this training, participants are expected to conduct research using qualitative research methods.

Dr. Mekitie Wondafrash, Research and Publication Advisor at SPIRHR encourages qualitative research which is currently receiving recognition and increasingly used in health care research "Despite its importance for practitioners in clinical settings, qualitative methods are among the least used methods and such training workshop is hoped to stimulate more research projects employing qualitative methods". The Qualitative Research Methods training is one of the several trainings planned by SPIRHR in strengthening research and publication capacity mainly for faculty members at Obstetrics and Gynecology department of SPHMMC.



Improving Access and Utilization of Sexual and Reproductive Health (SRH) for Homeless Women in their Reproductive Age



Homelessness is a serious challenge in Ethiopia with recent estimates of more than 24,000 homeless individuals living in Addis Ababa, according to the report by the Ministry of Labor and social affairs. This estimate is said to have multiple methodological flaws and the actual number is expected to be even higher. Homelessness is a result of cumulative impact of several factors, including poverty, family conflict and experience of abuse at home.

A significant proportion of homeless individuals constitute women in their reproductive ages. These women are at increased risk of sexual violence, substance abuse, unintended pregnancy and several other threats. They usually are victims of crime and engage in informal work to earn an income, which further increases their susceptibility. They are also denied formal education and unaware of how and where to access essential reproductive health services.

Since its establishment, St. Paul Institute for Reproductive Health and Rights (SPIRHR) has been promoting Sexual and Reproductive Health through training, research, advocacy and clinical services. The advocacy pillar of the program is uniquely designed to increase access through improving awareness of vulnerable groups. SPIRHR identified homeless women and started intervention by reaching out to multiple stakeholders to create awareness for vulnerable groups that disproportionately face poor reproductive health and adverse pregnancy outcomes.

Continuing its value of identifying young people not solely as beneficiaries but as equal and valuable partners in projects, programs, and initiatives, SPIRHR reached out and provided a training to ten vibrant medical students and SRH advocates who are member of Standing committee on Sexual and Reproductive Health and Rights including HIV/AIDS(SCORA). These SRH advocates were equipped with knowledge and skills on comprehensive Sexual Reproductive Health to cascade awareness creation to the homeless. The training was followed by a successful half day awareness session for 20 homeless on SRH to improve access and utilization of SRH services, as well as help women get the knowledge necessary to achieve and enjoy SRH. SPIRHR along with trained SCORA team and in collaboration with Bole Kifle Ketema and Woreda 4 children and women affairs, St. Paul's Hospital Millennium Medical College staff conducted the training at MICHU 22 Center for Fertility and Reproductive Medicine (CFRM).

Focused areas of the training were carefully selected, considering homeless living conditions that lead to poor uptake and engagement with SRH, including unintended pregnancies,



increased burden of STI, including HIV/AIDS, and unsafe sexual behaviors. Thus, topics covered and discussed during the session were family planning services, Risky sexual behaviors, Safe sex practices, access to safe abortion services, Prevention of sexually transmitted infections, including HIV/AIDS.

Participants also visited MICHU clinic at CFRM, where comprehensive reproductive health service is provided free of charge 24 hours a day seven days a week. An enthusiastic nurse, Sr Winta Mekasha, led the tour and described services provided to encourage utilization of the services at the clinic. Pregnancy test and FP services were also offered on the spot for those who were interested.

The event was successfully concluded with the women reflecting on the importance of having similar sessions to other sites and pledging to utilize SRH clinics available in their vicinity. This participatory exercise with practical examples from participants has provided insight to SPIRHR in advocating equal access to SRH services while empowering vulnerable groups to utilize SRH services and exercise their rights.



CURRENT SRHR ISSUES

Women in Sub-Saharan Africa have the Right to Live – Right or Wrong

Abraham Fessehaye, MD

The vicious cycle of maternal death from unsafe abortion in Sub-Saharan Africa continues. Yes, safe abortion is a reproductive health right. But, in Sub-Saharan Africa (SSA), where unsafe abortion is a leading cause of maternal mortality and access to safe abortion services is a public health priority, it is more than that. Expansion of safe abortion care services is the only immediate short-term solution to stop women in this region from dying from this leading cause. Three in four abortions that occur in SSA are unsafe.

In this region of Africa, health illiteracy, strict abortion laws, and unavailability of safe abortion care facilities are among the key factors wedging a vicious cycle of not using contraception followed by a high rate of unintended pregnancy, which in turn ends up in a dangerous journey of unsafe abortion. Late request for safe abortion is another aggravating factor that sustains this vicious cycle. Second trimester abortions constitute 10-15% of all induced abortions worldwide. However, in Sub-Saharan countries, the magnitude of this problem is three times higher than this - at least two recent studies from Ethiopia support this truth. Secondtrimester safe termination of pregnancy is provider dependent and requires availability of trained health personnel to undertake the procedure safely. Unfortunately, this region is also hard-hit by shortage of such qualified health care providers and ideal clinical settings.

One effective way to break this deadly cycle in the region is evidence-based advocacy. Globally, majority of the evidence on safe abortion care stems from the United States. This evidence is quite useful, but it does not fit as it is in situations of safe abortion care in SSA, especially the data on second trimester abortion. The majority of second trimester abortions in the US are surgical, while in Sub-Saharan Africa, the reverse is true (medication abortion is the most common method of abortion). With high burden of second trimester abortion and different abortion practices on the background of limited resources, SSA countries need to conduct as many researches as possible to generate data that fits into its own way of doing things. But, this is going to be a long journey, as evidence generation from research and policy change requires huge mobilization of financial and human resources.

Another fruitful way to crush this deadly cycle is art-based advocacy. Literature, music, film, and visual art (painting and sculpture) have long been used as a way of expanding literacy in different thematic areas all over the world. Effective use of art as a tool to change existing scientific evidence into a take home message is an easily available way out in SSA, as far as the high burden of unsafe abortion is concerned. It should be the bedrock to stand on to breed high community engagement and political commitment across the region until the long journey of evidence-based advocacy and satisfactory practice of effective contraception and comprehensive abortion care becomes a reality. Women in Sub-Saharan Africa have the right to choose, but first, they have the right to live - right or wrong. And now is the time to act upon this.



Continuous M & E for a Braver & Impactful Implementation of SRHR

Dr. Gebresilassie Andualem, MD

world is moving extraordinarily modernizing the science & availing a reliable information that is complete and generally in accord with the most recent standards. The international community is also striving in mobilizing stakeholders within and beyond the health sector; analyzing SRHR needs among all people and throughout the life course; mapping the resources available and systems constraints; and prioritizing and progressively implementing interventions at various levels of the health system and beyond for ensuring access to an essential package of SRHR interventions. In line with target 3.7 of the Sustainable Development Goals (SDGs), access to sexual and reproductive health (SRH) services, including maternal health services, is crucial to ensure health and well-being of all people at all ages, and is a human right.

Ethiopia has domesticated those international instruments and is diligently acting for its successful implementation. However, SRHRs has not been recognized to their maximum potential due to a bunch of barriers for access to sexual and reproductive health care services. The existence of customary practices and deeply-rooted beliefs that discriminate on the grounds of gender and sexual orientation all testify to a failure to effectively realize sexual and reproductive health rights.

Above all, there remains a lack of regular monitoring and evaluation (M&E) frameworks to assess the relevance, effectiveness, efficiency and impact of activities in the light of specified

objectives. There should be a continuous and deeper analysis of the magnitude of gender inequality, skilled service provider, distance to health service point, misinformation in the community, cultural norms and traditions, service provider bias, as well as legislative and legal barriers. Valid, timely, and reliable monitoring and evaluation of SRHR care is also essential for guiding sustainable provision as well as ensuring the accountability of care providers and health facilities. Investing time, effort and platforms to clearly identify gaps and act in accordance require an openness for greater consistency in equitable provision of SRHR packages and demonstrate performance expectations for implementing organization.

Finally, I want to emphasize the need for having a user-friendly M & E tool to be designed by programmers at the Ethiopian Federal Ministry of Health and concerned stakeholders that will enable to track implementation and outputs systematically and measure the effectiveness of SRHR intervention. The monitoring piece of M&E provides detailed information on assessed activities and where improvements can be made.



Infrastructure Development for Sexual and Reproductive Health Excellence



St. Paul's Hospital Millennium Medical College in collaboration with St. Paul Institute for Reproductive Health and Rights (SPIRHR), is set out to provide high quality Sexual and Reproductive Health programs and dedicated a space within the premises to build a State-of-Art facility. The building commenced in December 2020 and the construction is expected to be completed with high quality.

The B+G+4 building is designed to provide sexual Reproductive Health services with dedicated space for clinical service, sim lab, research, education and training center with conference rooms and offices. Specifications were developed to ensure high quality one-stop comprehensive women Centered RH services and training facility which will further expand the clinical space for Michu clinic at SPHMMC.

Appropriate stakeholders at SPHMMC participated in the initial designing and development of the building to ensure quality and best functional outcome. SPIRHR in collaboration

with SPHMMC coordinates and supervises administration and execution of the project on the basis of general description and project program.



YOUTH ENGAGMENT

SPIRHR conducted training on comprehensive sexual and reproductive health for ten

Vibrant Medical Students



Continuing its value of identifying young people not solely as beneficiaries but as equal and valuable partners in projects, programs, and initiatives, St. Paul's Institute for Reproductive Health and Rights (SPIRHR), in collaboration with Ethiopian Medical Students Association, Standing committee on Sexual and Reproductive Health and Rights including HIV/AIDS(SCORA) hosted training for ten vibrant medical students and SRH advocates.

The training topics include sexually transmitted infections, risky behaviors, safe sex practice, family planning and safe abortion. The trainees were also updated on the current SRHR policy of the country. During the session, it was indicated that common myths on family planning can impact the uptake of certain family planning options. It was pointed out that this misinterpretation and misconceptions have affected the right of women to practice their reproductive rights to the maximum. Fully equipped with this knowledge and skill, the students are expected to conduct a series of

awareness creation among high school students, homeless individuals in the reproductive age groups and other marginalized portions of the society. SPIRHR believes that similar training can bring a substantial change in the community and has pledged to continue leading and supporting similar activities.



ABOUT ST. PAUL INSTITUTE FOR REPRODUCTIVE HEALTH AND RIGHTS (SPIRHR)

SPIRHR was established and registered by the Federal Democratic Republic of Ethiopia Agency for Civil Society in September 2019 as a local non-governmental organization with the vision of strengthening and facilitating effective and quality sexual and reproductive health and rights programs at St. Paul's Hospital Millennium Medical College (SPHMMC). SPIRHR is an independent institution targeting to ensure the project's implementation in the most efficient and effective way while ensuring accountability and transparency. Since its inception, SPIRHR has continued supporting the implementation of major program activities that were jointly planned with SPHMMC Ob/GYN faculties while taking the lead in the administration and coordination of RH infrastructure development as per a collaborative framework outlined by a memorandum of understanding. Through the collaborative effort of SPHMMC and SPIRHR, SPIRHR will continue to invest in four key priority areas of intervention: training, research, advocacy, and clinical services. SPIRHR aim to reduce maternal mortality and morbidity through coordinated sexual reproductive health and rights and enable girls and women to reach their full potential.