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MESSAGE FROM THE DIRECTOR

Dear readers,

My heartfelt welcome to our third SPIRHR biannual bulletin.

Since our establishment as a local non-governmental organization focusing on sexual and reproductive health and rights, we have been working tirelessly with our partners to ensure quality SRHR services, generate quality evidence, integrate Family Planning and Comprehensive Abortion Care into preservice medical education, and engage youth in Sexual and Reproductive Health to build the next generation of SRHR practitioners, advocates, and leaders.

In the second biennium of the year 2021, SPIRHR has continued to collaborate and work with stakeholders in research, training, education, advocacy, and clinical services. With generous support from the Center for Reproductive Health and Rights (CIRHT), SPIRHR has established a Sexual and Reproductive Health clinic that enables women and girls to receive quality SRHR care. A new wing is also added to realize our vision of being a leader in empowering individuals and institutions with SRHR in the region. Fulfilling all the requirements set by the national licensing bodies, SPIRHR is registered as an accredited Continuing Professional Development (CPD) training provider. SPIRHR CPD Center has started providing accredited training to health care providers and researchers and hopes to make the center a training hub for SRHR in Ethiopia and the region. This new integrated service will enable SPIRHR to reach large audiences of scholars and researchers across the globe.

The third SPIRHR bulletin highlights key activities performed and achievements gained through the collaborative work with our partners. I would like to thank all our partners and stakeholders for continuing to engage with us in our endeavors. I hope the partnership will continue with the same momentum in the years to come.

I wish you an informative reading. Your opinion and inputs are very welcome, and I invite you to send your thoughts through the email: admin@spirhr.org

Tesfaye H. Tufa (MD)

Associate Professor of Obstetrics & Gynecology

Director, Saint Paul Institute for Reproductive Health and Rights

EDITORIAL MESSAGE

Dear readers,

On behalf of Saint Paul's Institute for Reproductive Health and Rights (SPIRHR) Editorial Team, I would like to extend a very warm welcome to the readership of SPIRHR'S Biannual Bulletin. I take this opportunity to thank our authors, editors and reviewers, all of whom have worked hard for the success of this Bulletin.

SPIRHR bulletin is primarily focused on to publish and advocate the activities done by advocacy, research, training and service pillars of the organization. The bulletin also includes Contemporary sexual and Reproductive Health issues.

The topics covered in this bulletin include but not limited to: Activities of SPIRHR in the second half of 2021, articles on “Compassion in action:40 seconds of compassion” and “It is rather a sign of responsibility ‘Access to Plan B.’”

Once again I welcome you to this Bulletin – your Bulletin. With your support as authors, reviewers, and editors, I see very bright prospects for SPIRHR Bulletin.

If you have any questions, suggestions, or concerns, please contact us.

Thank you. We hope you will find this bulletin informative.

Genet Gebremedhin (MD, MPH)

Editor in chief

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NEWS

Qualitative meta-synthesis and grant writing workshop



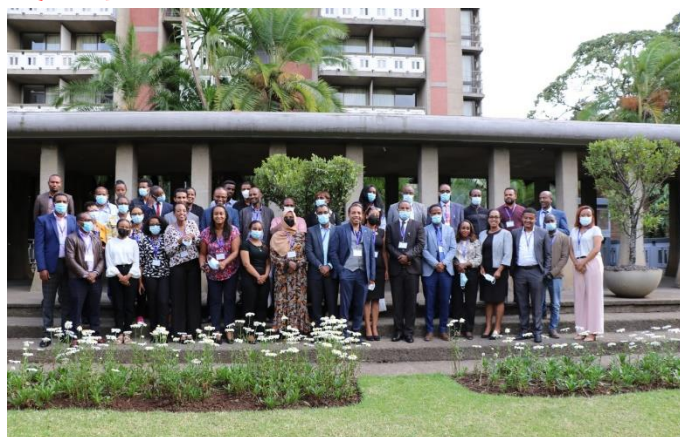
One of the pillars of SPIRHR to support research undertaking on prevailing sexual and reproductive health problems. Senior obstetricians and gynecologists as well as residents at St. Paul Hospital Millennium Medical College (SPHMMC) are included in such an endeavor. The institute has extended its reach by involving faculty from CIRHT-partner universities across the country in research related trainings. The trainings are conducted for faculties and residents at SPHMMC and other CIRHT institutions with the aim of enhancing their research skills in various research methods related topics. As SPIRHR strikes to serve as a training hub, SPIRHR was also accredited as Continuing Professional Development (CPD) provider since September 2021. On top of research related topics, various SRH related trainings are planned to be conducted.

The topic of the recent training was Qualitative Research Methods and Meta-Synthesis and Grant Writing. The training was facilitated by Dr Julie Buser from CIRHT-UM, USA, as part of the research collaboration between SPIRHR and CIRHT-UM. The training was carried out from 4-7 October 2022 and empowered 17

participants from five institutions; namely, Haramaya University, Jimma University, Debre Tabor University, Hawassa University, and SPHMMC. Participants were drawn from obstetrics and gynecology, internal medicine, nursing, midwifery and research disciplines.

The Qualitative Research training focused on foundations of qualitative research, research designs, qualitative data collection, qualitative data analysis and reporting with much emphasis on ethics in qualitative research. Participants gained experience in each step of the qualitative research process through practical exercises and some of them using their own qualitative research topics. The Grant Writing Workshop reviewed steps of grant writing process and components of a grant proposal and how to identify potential grant sources in Ethiopia, regionally, and globally. It also highlighted that grant writing process requires teamwork, patience and perseverance. It is believed that the participants will make use of the knowledge and skill gained in further developing their qualitative research proposal and solicit grants for research and implementation of project. SPIRHR remains grateful for the generous support from CIRHT-UM on this critical endeavor.

The third annual reproductive health research symposium conducted



One of the activities of SPIRHR research pillar is to organize annual research symposium with the aim to bring practitioners, researchers and policy makers together to share findings and recommendations for the betterment of the sexual and reproductive health services. As it has been practiced in the previous two years, SPIRHR has collaborated with the Obstetrics and Gynecology department of SPHMMC to organize and conduct the third annual research symposium with the theme of “Sexual and Reproductive Health Services amid COVID-19 Pandemic: Lessons Learned and The Way Forward”. The symposium was conducted in the afternoons of 12th and 13th of November, 2021.

The main activities of the annual research symposium were panel discussion, scientific oral presentations and state of the art lectures on the current issues in the sexual and reproductive health and rights.

The direct of SPIRHR made an opening remark and invited the guest of honor, Dr Sisay Sirgu, Academic and Research Vice Provost of SPHMMC. Both the director of SPIRHR and the guest of honor highlighted the continued collaboration between SPHMMC and SPIRHR on leveraging resources and create a platform

to discuss emerging SRH problems despite the challenges of the COVID-19 pandemic.

The panel discussion addressed the lessons learned in the past year and the way forward in terms of sustaining adaptive mechanisms of providing the SRHR services. Panelists were brought from the Federal Ministry of Health (MOH), academic institutions, professional associations, and non-governmental organizations. The discussion from the representative from the MOH, Mr Zemzem Mohammed, focused mainly on the strategies engaged by the MOH as a response to contain the spread of the COVID-19 pandemic in Ethiopia while sustaining the essential health services including SRHR services. The Ministry organized a national taskforce, cascaded the activities to the lower levels and formulated a risk communication strategy with the aim of creating awareness and curbing the infection transmission.

The president of Ethiopian Society of Obstetricians and Gynecologists, Dr Mekdes Daba, emphasized the association’s commitment and continued effort to caring for pregnant women and protecting the health care professionals from Covid-19 infection while providing essential health services. The representative from EngenderHealth, Mrs. Meskerem Demissie, shared some statistics on the 25% increase in GBV cases towards the beginning of the pandemic in Ethiopia. EngenderHealth collaborated with the MOH to create awareness to the public and avail management options for GBV survivors at health facilities.

Dr Bethel Dereje, faculty at St. Paul’s Hospital Millennium Medical College, highlighted the impact of COVID-19 on the medical education. She described some of the hindered academic activities during the

pandemic: The undergraduate program was temporarily closed and there was a decrease in the number of cold/elective cases, which in turn temporarily impaired the skill-based training for residents. On the other hand, the number of women consulting for emergency services increased through time.

The informative presentation by the panelists was followed by questions and answers as well as supplements from the audience on the subthemes presented by the panelists.

The remaining part of the afternoon, during the first day, focused on scientific presentation and a state of the art lecture. Four oral presentations; two on gender based violence and two on COVID-19 and SRH service utilization or uptake, were presented and discussed. Prerecorded state of art lecture on “Advances on medical abortion” by a guest speaker from UK, Dr. Nathalie Kapp, was streamed and followed by questions and answers.

The first day was ended with a cocktail reception organized by SPIRHR. The organizers acknowledged CIRHT, Engender Health, Packard Foundation and Ipas-Ethiopia for the generous financial support to make the symposium a reality.

Research presented on the second day were COVID-19 and service update, gender based violence during the pandemic and in hospitality work places, and two presentations that focused on safe termination of pregnancy based on community and institution studies.

The last session of the second day was a state of the art lecture by Dr Ferid A. Abubeker on “Bilateral complete salpingectomy: A paradigm shift in female permanent contraception” followed by questions and answers session.

On the closing remark of 3rd RH symposium, Dr Mahteme Bekele, Research Directorate Director, emphasized the significance of engaging and publishing researches and strengthening multidisciplinary researches.

Awards

Best oral presenter: Mr Mulugeta Dile, from Debre Tabor University

Best SHRHR researcher of the year among SPHMMC faculty: Dr Dereje Bayissa

Webinar on **introduction to R statistical software**

The R statistical software webinar was organized by SPIRHR in collaboration with Center for Reproductive Health Training at the University of Michigan (CIRHT-UM) on December 7, 2021. The webinar was presented by Faelan Jacobson-Davies, a Statistician Intermediate at the University of Michigan. The aim of the webinar was to introduce the R statistical software to beginners. Twentyfive faculty and residents attended the webinar from all departments of SPHMMC. The presenter started the webinar by comparing and contrasting the different statistical software and their relative advantages and disadvantages.

The introduction section focused on R workspace, the difference between R and RStudio, importing data files from different formats, visualizing data in RStudio, and basic variable types. Moreover, manipulating variables, tabulation, summaries and basic graphics in RStudio were explained with examples. The presenter entertained questions asked by participants.

St. Paul Institute for Reproductive Health and Rights **accredited as Continuing Professional Development (CPD) provider**

Health care providers at all levels are expected to update and improve their skills, knowledge and attitude in order to provide a quality health care. This is justified by the ever-changing

needs of medical practice and emerging new diseases and conditions which require a different set of skills and knowledge. Hence, ensuring continuing professional development (CPD) mechanism is crucial in realizing such needs. CPD is the holistic commitment of health professionals towards the enhancement of personal skills and proficiency throughout their careers. It is characterized by a learning activities that health professionals engage in order to develop and enhance their abilities. It enables learning to become conscious and proactive, rather than passive and reactive and ensures that both academic and practical qualifications do not become outdated or obsolete.

SPIRHR has embarked on providing CPD trainings to meet the growing demands by health care professionals at different levels and specialties. In order to provide professional development trainings, an institution has to be accredited and develop accredited materials. Hence, SPIRHR has been evaluated and was accredited as a CPD provider by Ethiopian Midwifery Association on September 23, 2021 after fulfilling the required standards and benchmarks. In the process to the accreditation, SPIRHR has also signed a memorandum of understanding with St. Paul's Hospital Millennium Medical College's (SPHMMC) Continuing Institutional Professional Development (CPID) office to collaborate in achieving shared vision. SPIRHR has all the necessary expertise, administrative staff, advanced ICT support and facility to provide CPD. In the near future, CPD facility that can host multiple trainings at a time will be organized in the new RH building under construction within the compound of SPHMMC.

“Tsedey Obstetrics and Gynecology Clinic” A women’s health clinic established in Addis Ababa, Ethiopia



SPIRHR is established to advance women-centered care through faculty support, technical assistance, infrastructure development, advocacy, and research at St. Paul Hospital Millennium Medical College (SPHMMC) and beyond. In realization of its core vision, SPIRHR took the initiative and generous seed grant from Center for Reproductive Health Training (CIRHT) in establishing Women’s Health Clinic to increase access to quality Reproductive Health services that will ultimately contribute to achieving organization goals and objectives. The comprehensive women’s clinic intends to provide a comprehensive reproductive health service across the reproductive age of a woman.

Since the commencement of establishing Women’s clinic as part of SPIRHR portfolio, SPIRHR has successfully obtained the required professional and operational license and engaged experienced general practitioners, specialists, and subspecialists in provision of quality services.

The newly established clinic, “Tsedey Obstetrics and Gynecology Clinic” focuses on

providing affordable and standard care by all measures. The clinic envisions to excel in women’s care by providing compassionate and respectful care across the spectrum of services including: - antenatal care, postnatal care, comprehensive abortion care, family planning service. In addition to the SRHR services, the clinic provides Cervical cancer and breast cancer screening to women attending for care.

The clinic aims to provide comprehensive services that could be a model to transform persistent challenges in accessing Reproductive Health services.

CURRENT SRHR ISSUES

Compassion in Action: 40 Seconds of Compassion

Semere Negash, MD

Though there is a consensus that a compassionate care has a positive effect in the whole patient-care giver interaction, we don't usually see it being practiced rigorously as would be expected by the patients. The results from a recent study conducted in Ethiopian health facilities demonstrated that the prevalence of compassionate care practice is only 39% (Kemal J et.al, 2021)., A compassionate care is even more direly needed in the world of obstetrics and gynecology like, while attending birth with a mother in extreme pain or while counseling a teenager who got pregnant after rape.

Studies show that nearly 70 % of opportunities for compassion are missed by care givers and that compassion comprises less than 1 % of all communications between physicians and patients (Shane S. et.al, 2016). In a country where physician-to-patient ratio is staggeringly low, a positive attitude by the patients towards the whole experience at a healthcare facility is hard to imagine, but it can eventually be achieved, even though it is a painstaking long walk. Evidences about compassion in the scientific realm are now stacking high, as a way of not only achieving a pleasant experience by the patient but also an actual measurable difference in patient outcome. Compassionate care can buffer stress mediated diseases and modulate a patient's experience of pain. It also has neuroendocrine effect.

A study revealed that there is an 80% higher odds of optimal blood sugar control and a 40 % lower odds of acute metabolic complications



with high physician compassion in patients with diabetes mellitus. Another study made in the University of Wisconsin on the common cold, high physician compassion as rated by patients was associated with enhanced immune response, shorter duration of symptoms, and lower severity of symptoms, and improves patients' self-care. This might actually bear heavily on the current pandemic and how we treat our patients. A study from John's Hopkins University on 1700 RVI patients revealed that physicians knowing the patients as a person had a 33% higher odds of adherence to therapy and a 20% higher odds of no detectable virus in the blood.

With such kind of towering scientific evidence, the question remains "why is the practice so low?" Among many other reasons, care givers' perception as to having less time to be compassionate. In fact, a research from Harvard University published that more than half of physicians do not think that they have time to be compassionate.

How long does it actually take for a meaningful expression of compassion? A study from John's Hopkins University measured exactly this and generated an solution. The study was a randomized controlled trial on cancer patients who were

having a consultation with their oncologists. Anxiety was taken as the primary outcome. In this study, patients randomized to a compassionate intervention from the oncologist had less anxiety compared to patients on the usual care. You might be curious as to what the compassionate intervention was; it's the following:

To be said by the oncologist on the first encounter with the patient: *"I know this is a tough experience to go through, and I want you to know that I am here with you. Some of the things that I say to you today may be difficult to understand, so I want you to feel comfortable in stopping me if something I say is confusing, or doesn't make sense. We are here together and we will go through this together"* and by the end of the consultation, the oncologist would say. *"I know this is a tough time for you and I want to emphasize again that we are in this together. I will be with you each step along the way"*.

This was actually timed and it took only 40 seconds. This trial concluded that we only need 40 seconds of compassion to make a meaningful difference in patient care. So, I say; "let not be precluded from giving a compassionate care in account of having no time for it".

It is rather a sign of responsibility “Access to Plan B”

Polyphile Ntihinyurwa, MD

It is the only contraceptive method for which the purpose is exclusively designed for contraception, the emergency hormonal contraceptive pill (EHCP). While all contraceptive methods can be used for purposes other than contraception, the EHCP is designed for a single purpose: “Emergency Contraception”, also known as “Plan B”. The

world has made a tremendous progress to achieve an arsenal of contraceptive methods for both women and men. The added non contraceptive benefits of each method widens the pharmaceutical supply everywhere and increased the acceptability. The intrauterine contraceptive devices can be used to treat endometrial conditions, the implant could offer benefits in regularizing the endometrial lining, the oral contraceptive pills are used to treat menstrual disorders, and condoms prevent sexually transmitted infections. The EHCP is the only one with a stand-alone purpose. Though the world is aiming to maximize access to contraception to all., the pill that is known to have a single contraceptive role is poorly accessed and the cost remains unaffordable to most women in many countries. Not only the access remains a challenge but also, the stigmatization that follow the EHCP users limits the uptake. People attending pharmacies to take the EHCP are often viewed in a mirror of irresponsible sexuality, while the true value of seeking an EHCP is actually an evidence of being responsible enough for own's life and future by preventing an unwanted pregnancy.

Difficult access to emergency contraception for individuals who had unprotected sexual intercourse may increase the rate of unwanted pregnancy and all the consequences related. The outcome of an unwanted pregnancy can be summarized into three categories: (i) the woman wants it later and continue up to a term delivery, (ii) the woman later attends a health clinic for a safe abortion by a trained health personnel, or (iii) the woman does not want the pregnancy and undergoes unsafe abortion either by a non-skilled and non-equipped health personnel or by self-induction of abortion.

The unsafe abortion has its own disadvantages that include but not limited to organ injuries, further hysterectomy, loss of fertility, sepsis, hospital admission, and maternal death, all of

which could have been prevented by offering easy access to contraception in general or at least access to emergency contraceptive. Even though a woman may later want the pregnancy and decide parent the baby, she is still standing for background risk for pregnancy related morbidities such as pre-eclampsia and eclampsia, gestational diabetes, thromboembolic diseases, operative deliveries, postpartum hemorrhage and all other complications that are exclusive to pregnancy or aggravated by pregnancy such as asthma and cardiac failure. In addition, other socio-economic implications may include school dropouts, suspension of her established goals to care for the baby and the social stigma. Therefore, a woman reaching for emergency contraceptive should be treated with enough compassion that has no judgement attitude but regarded to as an individual who thinks out of the box to prevent all the complications of a possibly resulting pregnancy. This should also be taken as an opportunity to educate her or him on other contraceptives that are already available for free instead of always looking for Plan B.

It is important for healthcare providers at medication dispensary sites to understand that EHCP are not only used by unmarried couples but also, married couples who have sporadic sexual intercourse. They should also alleviate the judgmental attitudes towards women requesting for EHCP. Since its invention in early 1970s, there have been many advocacies to increase the accessibility of the EHCP like other contraceptives but resistance has been a challenge. Yet, the EHCP is safe and has no other long-term effect in the body apart from preventing an unwanted pregnancy. The pill does not cause abortion, neither does it cause damage to the fetus in case it may fail to prevent a pregnancy. The failure rate is reasonably low and it is mainly

due to late administration of the pill relative to ovulation time.

The pill should be framed in its original exclusive purpose of preventing unwanted pregnancy and remain an open option for any couple in need. The healthcare leaders should advocate to place the EHCP on the list of freely available contraceptives. This will end the stigma faced by women requesting for the pill and aligns with the universal health coverage strategies. However, it is important to understand that EHCP should not replace the existing regular and reliable contraceptive methods, neither does it make it a safe sex.

THE NEW SRH BUILDING



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.