

Biannual

SPIRHR BULLETIN

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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 year 2021-2022, we achieved several milestones through continued collaboration 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 with an affordable price. 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 in the first biennium of the year 2022. 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



Education & Training

To deliver thorough and high-quality SRHR services, it is essential to ensure continued professional development (CPD) for medical professionals. Healthcare providers must be provided with a platform where their skills may be learned and developed to update their knowledge and skills to new and evolving standards of practice. As a certified professional development training provider, SPIRHR has been offering a wide range of in-person and online training in response to this need.

Building Capacity of Midlevel Health Care Providers

Family Planning and Comprehensive Abortion Care Training



A two-week intensive training program was organized in collaboration with St. Paul's Hospital Millennium Medical College on Family Planning and Comprehensive Abortion Care. This training is part of a larger aim of task sharing/task shifting of services to mid and

lower levels of health care delivery. Thus, trainees were midlevel health care professionals from SPHMMC catchment health centers directly involved in the delivery of maternal and health care services in their respective Health centers.

The training was an interactive lecture on family planning and national burden of abortion along with a practical session on both subject matters. The session was led by SPHMMC Obstetricians and Gynecologists who have extensive experience providing family planning and CAC services at the tertiary level of care.

Basic Comprehensive Abortion Care (CAC) training for health professionals from Conflict Affected Regions



Evidence shows that restricting access to abortions does not reduce the number of abortions. However, it does affect whether the



abortions that women and girls attain are safe and dignified. Studies also show that there is demand for SAC in humanitarian settings due to disrupted health systems, decreased access to increased numbers contraception, of unintended and pregnancies increased incidence of sexual violence. Despite this, women and girls who become pregnant during emergencies often lack access to SAC, leaving many to undergo risky procedures.

The groundbreaking 1994 report, Refugee Women and Reproductive Health Care: Reassessing Priorities, described how the health of women fleeing war or natural disasters was further threatened by the near complete absence of SRH services. Making safe abortion available will improve women's health and human rights and save lives. Accordingly, SPIRHR in collaboration with the Ministry of Health has provided training on basic Comprehensive Abortion Care (CAC) for professionals working in health centers and hospitals from conflict-affected areas Amhara, Afar, Benishgul-Gumuz, and Oromia regions.

Interactive presentations, role plays, group discussions, demonstrations, and a one-week practical attachment at three clinics was utilized. The participants returned with the knowledge and practical skills necessary to concentrate on providing high quality and equitable services to their respective regions.

Gender Based Violence (GBV) Training for Final Year OBGYN residents



According to the WHO, one in three women experiences physical and/or sexual intimate partner violence or non-partner sexual assault in their lifetime. It is critical for the health sector and the communities that health workers serve to ensure that the health care system responds to GBV and protects women's health and rights.

Medical practitioners are ideally positioned to identify and support GBV victims. Cognizant to this, SPIRHR conducted two rounds of GBV training for final-year OB-GYN residents at SPHMMC. The training equipped trainees with the comprehensive knowledge and skills needed to identify, treat, and respond to GBV effectively. It also provided them with up-to-date information on GBV as well as the national GBV management guideline.



Global SRHR Webinars



Integrating technology to provide state-of-theart webinars has been a key focus of SPIRHR CPD training. SPIRHR's cutting-edge webinars on diverse SRHR issues include the most recent developments in SRHR news and information. The webinar series serves as a forum for experienced physicians, educators, and practitioners to engage with on-theground service providers.

Some of the topics for the sessions that have taken part include, Termination of pregnancy in women with uterine scar, evidence and practice; Global Abortion Policies and Effect on Maternal Health, Contraceptive Implants; Updates and challenges including difficult Implant removals, and Task sharing and Task Shifting in Abortion Care. The webinars have and will continue to serve as a global platform for SRHR discussions and experience sharing.



Advocacy

75th Anniversary of SPHMMC Celebration

This year commemorates St. Paul Hospital's 75th anniversary since its founding. Over the period of five months, the hospital has been hosting a variety of programs to commemorate this remarkable accomplishment. The programs showcased the hospital's illustrious past and future. As an affiliate of the promising **SPIRHR** jointly celebrated institution, **SPHMMC** significant millstone through advocating SRH services and organizing panel discussions.

Cervical Cancer Screening at Michu Clinic



Cervical cancer is one of the leading causes of morbidity and mortality affecting women throughout the world. In 2018 cervical cancer was the 2nd leading cause of cancer deaths in women between 15-44. Consequently, as part of SPIRHR's engagement in the 75th Anniversary of SPHMMC, Cervical Cancer awareness, and free cervical cancer screening was conducted at Michu Clinic. The weeklong campaign targeted SPHMMC staff as well as patient caregivers. The event served as an opportunity to screen and educate the community on cervical cancer, its causes, risk factors, symptoms, investigations and screening modalities and treatment.

Women in Research Panel Discussion



While a growing number of women are enrolling in universities, many opt-out at the highest levels required for a research career. In Ethiopia, for instance, women make up only 8% of researchers, according to a report by UNESCO. As part of the celebrations for the 75th Anniversary of SPHMMC, SPIRHR organized a panel discussion titled "Women in Research" to emphasize women's



role in research and the challenges and opportunities that lie in making women front runners in academia.

panel discussion, which included physicians and scientists from SPHMMC and Armauer Hansen Research Institute, provided an excellent platform for sharing insights and recommending strategies for engaging more women in research. The event attracted a range of audiences who were keen to engage and also share their own experience. The role of women in research was emphasized and hurdles in participating in research was discussed. Lastly, strategies to tackle the mentioned challenges and ways forward including training programs, mentorship opportunities, and skill sharing were also discussed and forwarded to the Research Directorate of SPHMMC.

Community Engagement

Community Based SRHR

Advocacy



SPIRHR held a community awareness creation session on June 28th, 2022. The session, which took place near 4 kilo at German Church School, was aimed at raising awareness about family planning and other reproductive health issues to low-income families in the area. The event was organized at the request of Dr. Kidist G/Tsadik, a recent SPHMMC OB-GYN graduate and former student at German Church School.

At the session, Dr.Kidist recalled how a lack of knowledge about SRHR issues had negatively affected women and girls in the community, inspiring her to train as a doctor and specialize in OB-GYN. A total of 35 students' parents and guardians were present and an engaging and informative discussion was held over a traditional coffee ceremony alongside Dr.Selamawit Yihun, Ob-Gyn at SPHMMC, and SPIRHR's Youth SRHR Champions. Participants noted how the session helped to clear misconceptions and myths and emphasized the importance of continued engagement in the community through similar activities.



Research & Publication

Strengthening Research Culture and Evidence Based Practice at SPHMMC

Research Proposal Writing Training Workshop

One of SPIRHR's pillar core activities is establishing a research culture at St. Paul's Millennium Medical Hospital College (SPHMMC) through various approaches such as organizing research-related training, data analysis, and manuscript writing assistance. To this effect, a three-day training workshop on research proposal writing was organized for SPHMMC faculty members departments of OBGYN, Internal Medicine, Surgery, and Pediatrics. Two medical students also attended the training in order to assist them in conducting independent research in their final year of medical school. The overall evaluation of the training was positive, and participants suggested that similar training be offered to other staff members in the future.

Systematic Review and Metaanalysis of Quantitative Evidence Training



Evidence-based (EBP) the practice cornerstone of clinical practice in which health care providers incorporate the best available evidence into their practice with the ultimate of improving patient management outcomes and quality of care. Recognizing the significance of EBP, SPIRHR organized a three-day training in Systematic Review and Meta-Analysis of Quantitative Evidence for SPHMMC and other Center for International Reproductive Health Training partner universities' staff (Jimma, Haramaya, Bahir Dar and Addis Ababa Universities). Participants provided a very constructive evaluation and expressed their willingness to work on the development of systematic review protocols with the involvement of the trainers.



Published Articles

A special Article on the process of establishing a Family Planning (FP) and Reproductive Health (RH) Fellowship Program in Africa

"Access to modern contraception and safe abortion care for those who want it are two of the most cost-effective ways of reducing maternal mortality, especially in countries like Ethiopia, where a significant portion of society lives in absolute poverty. Having an expert with clinical, research, policy, and program experience gives countries like Ethiopia an exceptional opportunity to support the fragile health system." This is an excerpt from a special article published by SPIRHR's Director Dr.Tesfaye Tufa about the FP and RH fellowship program. The fellowship allowed not only healthcare professionals to be coached by experienced professionals in the field, but also helped the fellows to navigate in the global SRHR environment during their WHO attachment and bring best experiences and lessons to their home country.

The article highlighted the contributions of the program in enabling fellows to shape national and regional policy to increase SRHR access in Ethiopia and across the region. It also emphasized how the fellows are contributing to WHO work by providing a much-needed LMIC perspective. Dr.Tesfaye concluded his article as follows, "I am confident that this

fellowship program will continue to be impactful in Ethiopia and other African countries and St. Paul Institute for Reproductive Health and Rights will continue to support the fellowship program as its priority."

Family Planning Fellowship Experience of a Foreign Fellow

Polyphile Ntihinyurwa, MD, MMED

Lecturer of Obstetrics and Gynecology at the University of Rwanda; Family Planning Fellow at St Paul's Hospital Millennium Medical College

SPHMMC has its unique environment for learning for all levels from the undergraduate program. Since my arrival at this wonderful medical college, I sensed the humor of learning from every faculty and every resource available. My personal experience is shaped by the multidisciplinary with team various subspecialty training that makes every moment count. I am enrolled as a Family Planning Fellow, which means providing a range of complex family planning services to individuals and couples, taking into account the safety and satisfaction of people with other comorbidities and keeping their reproductive health to the best use. I am expected to be an expert in comprehensive abortion care services by the end of my two-year fellowship and return back my country, Rwanda, to serve the community and transfer the skills to other professionals. However, the teaching spirit at SPHMMC does make you wait for all two



years to feel different from who you were yesterday. For example, it was only after six months of my fellowship that I returned for vacation in Rwanda and was able to perform advanced reproductive health skills, including outpatient second-trimester surgical abortion with the use of laminaria, which has never been performed before in my country.

The medical college is staffed with well-skilled nurses, midwives, and specialists at all levels that, not only I am being shaped as a reproductive health service provider but also, the momenta in the department of Obstetrics and Gynecology made me learn invaluable skills and clinical judgment in the fields of Maternal-Fetal Medicine, Gynecology Oncology, Urogynecology, and Reproductive Endocrinology and Infertility (REI). With the existing high-fidelity simulation SPHMMC, the REI department gave me opportunities to learn minimally invasive surgeries such as laparoscopy and is converting me into a skilled laparoscopy practitioner. SPHMMC being the only institution in Africa that trains a subspeciality level in Family Planning and Reproductive Health, it decodes all African contexts in the curriculum to produce specialists skilled enough to challenge the African health systems to meet the threshold bars already set high by developed countries. Finally, the open efforts and visibility of the SPHMMC have substantially supported me to be selected for the master's degree in SRH Policy and Programming at the London School of Hygiene and Tropical

Medicine, which will put a louder accent on my Fellowship training.

...Maternal Morbidity Matters Too

Loza Admassu, MD

Have you noticed that only death arouses our emotions? How we love friends who have just passed away, right? How we admire those masters who no longer speak, their mouths full of dirt. Albert Camus

There is this famous activity we use to question trainees' attitudes on strict abortion laws: Why did Abeba die?

It tells a story of a young girl named Abeba who goes through a series of unfortunate events, which were of no fault of her own, leading her to unwanted pregnancy. Things get direr as she is denied a safe abortion and dies because of unsafe abortion.

Amid one of such trainings, I thought, what if Abeba didn't die? What if she had survived the misfortune after months of sickness? Shouldn't it still bother us?

Maternal mortality is one of the biggest drivers of multiple interventions in our world today. As an ambitious sustainable development goal to achieve a maternal mortality ratio of less than 70 per 100,000 live births by 2030, many states, health systems, and nongovernmental organizations invest on it.



Maternal mortality also has distinct measures with clear cut definitions, timelines and reporting formats. These measures are evaluated and reevaluated for accuracy and reliability. These efforts are not futile with shown significant decrease in maternal mortality in developing nations.

But how about the mothers who didn't die but suffered?

There is an Ethiopian tale of a priest who keeps on blessing a 'buhaka', the traditional holder of the injera dough after it has been licked by a dog. Finally, the priest decides to bless the dog itself instead of recurrently blessing the buhaka.

Maternal mortality is the tip of the iceberg, the buhaka recurrently coming to be blessed, the direst end to a series of misfortunes.

Maternal morbidity is defined as any condition that is attributed to or aggravated by pregnancy and childbirth which has a negative impact on the woman's wellbeing and/or functioning.

The WHO defines Severe Maternal Morbidity as "potentially life-threatening conditions" and proposes multiple criteria to reporting it.

This undermines the burden of infections, psychiatric calamities following delivery, obstetric violence, the effect of pregnancy in medical conditions, prematurity, other neonatal morbidities and many others which are nonlethal. With underdeveloped measuring and reporting systems, maternal morbidity remains the villain.

By stressing on mortality, we deviate from the concept of maternal health: not as just the mere absence of disease but the complete physical, social and psychological well being of mothers.

It should be stressed not because it might ultimately lead to death. It may not. And some don't at all. But because maternal health should be a priority by itself.

Defining morbidity measures and reporting systems contribute to increasing quality of maternal health services, maternal nutrition, safety protocols and rights, access to family planning options, and an overall increase in the quality of the pregnancy experience.

Contrary to popular belief, what doesn't kill a mother doesn't make her stronger but predisposes her to further complications, decreases her functionality, and puts her neonate at risk.



Service

Improving Service through Education and Counseling

To provide holistic patient-centered care, communication is a core element. It is essential for the delivery of high quality and safe patient care. Studies have also shown that involvement of patients in decisions related to their medical care increases trust, improves patient satisfaction, and may decrease liability exposure.

SPIRHR service pillar prepared has educational and instruction materials in local languages (Amharic). The materials include leaflets and posters on appropriate family effectiveness, planning options, their advantages, disadvantages, and side effects. In frequently asked questions addition, patients were also addressed to provide comprehensive knowledge on set topics.

FP & CAC Service Assessment of Health Centers



One goal of the collaboration with St. Paul's Hospital Millennium Medical College is to reduce maternal mortality and morbidity through systematic and measurable service delivery improvement. Among many efforts, one is to equip nearby health centers with the skills and knowledge required to provide comprehensive SRH care. In order to assess the quality of FP and CAC services at the health SPIRHR in collaboration centers, SPHMMC carried out baseline assessment to 14 catchment Health Centers using standardized tools.

The survey was followed by assessment dissemination and consultative workshop with health center directors, CEO and relevant government and non-governmental partners. The survey outcomes were presented with suggested solutions to guide the discussion. Participants were divided into groups and developed action plans to address the identified issues in their respective facilities. workshop served as a forum for recognizing problem-solving strategies and potential areas of collaboration. Participants agreed implement intended action plans and to reconvene in three months to assess progress.



Youth Engagement

SRHR Education for Service Utilization



Limitations on access to SRHR services and information contributes to a high burden of sexually transmitted disease, unsafe abortion, and premature mortality, especially in low-income countries like Ethiopia. Studies have revealed that Ethiopian women of child-bearing age have little knowledge about SRHR and services.

To tackle this issue, SPIRHR actively engages the communities and champions to seek and advance Sexual Health and Rights of women and girls. Consequently, SRHR education session was held at Medhanialem Highschool for 45 female high school night shift students. The topics discussed include STI, family planning, high risk sexual behavior, menstrual products etc. The session also highlighted SRHR service provision sites in Addis Ababa to increase awareness about where and how they

can get the services. The participants engaged in a vibrant discussion and voiced their questions and concerns related to their reproductive health.

Youth SRHR Champions



In collaboration with the Ethiopian Medical Students Association, St. Paul Institute for Reproductive Health and Rights (SPIRHR) has trained its second cohort of young SRHR advocates as part of its Youth SRHR Champions Program. The program, which began in 2021, aims to provide young advocates with the knowledge, skills, and resources they need to advocate for universal sexual and reproductive health and lead youth centered SRHR projects. This second cohort is particularly different from the previous cohort in the use of in-person and virtual training on effective advocacy. The combination of virtual and in-person training allows for easy and convenient access to up-to-date information on SRHR advocacy, policies, and meaningful youth engagement.



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.