

- ✎ Editorial Message... 01
- ✎ SPIRHR Updates ...04
- ✎ Research Pillar...04
- ✎ Advocacy Pillar...06

- ✎ MICHU Call Center Launch...08
- ✎ South and Southwest Regional Service Expansion...12
- ✎ SRHR and Male Participation...08
- ✎ Infertility Care in Ethiopia: Navigating constraints...10



P.18 BRIDGING THE GAP: FRONTLINE STORIES OF IMPACT

A Journey of Dedication, Clinical Instinct, and Community Impact

A Physician's Perspective – Dr. Rediet Yohannes

My journey to Waka marked a profound transition in my life and medical career....

P.25 Infertility Care in Ethiopia: Navigating constraints

Safe, Simple, Permanent Birth Control

Permanent Family Planning for Men is Vasectomy

Vasectomy services are now available at the Michu Clinic....

Editorial Message



Taking Quality RH Services Where They Matter Most

For more than a decade, SPIRHR has been developing, testing, and championing innovative approaches to reproductive health and family planning in Ethiopia. One of its most visible successes is the MICHU model clinic—a model built around quality, comprehensive services, training, referral, and innovation.

MICHU has grown from a single clinic into a recognized model for RH and FP service delivery. It has provided advanced services while integrating postnatal care and cervical cancer screening, served as a referral center, and become an important training site for RH and FP fellows from Ethiopia and other African countries. The model has also been adopted and expanded in several teaching hospitals. But success brings a responsibility: to take what works to where it is needed most.

The need for RH and FP services in Ethiopia remains enormous, particularly in remote and underserved communities. For women living far from major cities, distance and shortages of trained health professionals can still determine whether essential services are available when they are needed. This is why the recent expansion of the MICHU model is particularly important.

In August, SPIRHR established, furnished, and opened new MICHU model clinics at Bonga Hospital in the South West region and Karat Hospital in Konso Zone. Importantly, the initiative is not limited to infrastructure and equipment. SPIRHR has also supported the deployment of general practitioners and OBGYN residents from SPHMMC to strengthen service delivery and human resources. This is more than opening two clinics. It is taking quality closer to the community.

It is taking a model developed and refined in Addis Ababa and giving it an opportunity to make a difference in places where access to quality RH and FP services remains difficult. It is also a practical demonstration that innovation in health care is not only about new technology. Sometimes, innovation is simply taking a good idea, adapting it, and making sure it reaches the people who need it.

The Bonga and Konso initiatives are only the beginning. SPIRHR has a broader vision of expanding quality RH and FP services to other underserved areas. This will require strong partnerships with health authorities, hospitals, universities, professional associations, development partners, and, most importantly, the communities themselves.

As we celebrate the achievements of SPIRHR, we should also celebrate the spirit behind them: innovation with purpose, partnership with commitment, and service with equity. It is now a journey to reach every woman, wherever she lives.

Hurray to SPIRHR.

Malede Birara MD, MPH, FCOG(ECSA),

Editor in Chief of the Bulletin

SPIRHR Updates

Training Pillar

In the first half of 2026, the SPIRHR Training and Education Team strengthened SRHR capacity through pre-service and in-service training, institutional partnerships, quality-system development, and improved learning infrastructure. The pillar has

- Nearly 500 health professionals trained
- 20 rounds of training activities cascaded
- Hosted ECSACOG Residents

Training delivery expanded during the reporting period. Simulation-based SRH learning continued for undergraduate medical students, alongside intern training, AMLS/neonatal resuscitation, GBV, vasectomy, PPIUD, and combined CAC/LARC CPD activities.

To expand, the Family Planning and Reproductive Health Fellowship, SPIRHR, SPHMMC, and Bahir Dar University signed a tripartite agreement. Digital-learning readiness improved as we received CAC and quality-improvement module documents, with testing scheduled for the third quarter.

In addition, we have also hosted OBGYN residents from ECSACOG for their

attachment in different units of the OBGYN department.

Priorities

Next steps include testing and refining the CAC e-learning modules, then piloting them using a blended approach of online and practical sessions. Finally, advance development of the Global SRHR Summer Institute curriculum, and cascade activities from our annual plan for the third and fourth quarters.

Research Pillar

Advancing Evidence and Building Research Capacity: Highlights from the SPIRHR Research Pillar

During the first half of 2026, the Research Pillar of the St. Paul Institute for Reproductive Health and Rights (SPIRHR) continued to strengthen evidence generation and research capacity in support of improved sexual and reproductive health (SRH) policies and services in Ethiopia. Through strategic engagement in a national family planning



study and the delivery of practical research training programs, the Research Pillar reinforced SPIRHR's commitment to translating research into policy and practice.

Supporting National Evidence for Family Planning

A major milestone during the reporting period was SPIRHR's leadership of a national assessment evaluating intrauterine contraceptive device (IUCD) service readiness, availability, feasibility, and implementation across seven regions of Ethiopia. The study was commissioned by the Federal Ministry of Health (FMoH), which entrusted SPIRHR with leading its design, implementation, analysis, and reporting. To ensure the successful execution of this task, SPIRHR engaged a lead consultant to work alongside the team. Throughout the process, Regional Health Bureaus (RHBs), SRH implementing partners, and other key stakeholders actively contributed by refining and validating study tools, identifying research sites, and validating the final report.

The Research Pillar contributed throughout the study lifecycle: from strengthening the research protocol and refining data collection tools to training field teams, supervising data collection, monitoring data quality, reviewing

analyses, and supporting preparation of the final technical report. The study generated critical evidence to inform national strategies for expanding intrauterine contraceptive device (IUCD) services through Ethiopia's primary healthcare system, specifically at the health post level.

Following completion of the study, the Research Pillar played an active role in organizing and facilitating the national dissemination meeting. Researchers presented key findings, responded to technical questions from Ministry of Health officials, regional health bureau representatives, development partners, and field supervisors and helped translate research findings into practical recommendations for strengthening community-based family planning services.

Building the capacity of researchers and healthcare professionals remained a central priority during the reporting period. SPIRHR delivers practical research education sessions for OBGYN fellows focusing on advanced literature searching, epidemiologic study designs, selecting appropriate statistical methods, and applied biostatistics using IBM SPSS. Participants are expected to develop hands-on skills in data management, statistical analysis, and interpretation of research findings, equipping them to conduct higher-quality health research.

The Research Pillar also continued its structured research proposal training for OBGYN resident physicians. Through the

ongoing interactive resident education, the participants were guided in identifying research priorities, formulating research questions, conducting literature reviews, selecting appropriate study designs, calculating sample size, developing sampling strategies, defining variables, and preparing realistic work plans and research budgets. Practical exercises and individualized mentorship enable participants to progressively develop high-quality research proposals as part of the residency program of SPHMMC.

Strengthening Scientific Writing and Research Communication

Recognizing that high-quality research must also be effectively communicated, SPIRHR organized a three-day Scientific Writing and Publication Workshop attended by 20 researchers from St. Paul's Hospital Millennium Medical College and other research and academic institutions in Addis Ababa. The workshop emphasized practical scientific writing, publication ethics, responsible use of artificial intelligence, journal selection, and responding to peer reviewers. Rather than relying solely on lectures, participants worked directly on their own manuscripts under the mentorship of experienced researchers with extensive publication records, allowing them to refine manuscripts and strengthen their readiness for publication.

Looking Ahead

By generating policy-relevant evidence and strengthening the skills of emerging researchers, the SPIRHR Research Pillar

continues to advance evidence-informed decision-making in sexual and reproductive health. These achievements reflect SPIRHR's broader commitment to promoting high-quality research, fostering scientific excellence, and ensuring that evidence informs policies and programs that improve the health and well-being of women, adolescents, and communities across Ethiopia.

Advocacy Pillar

Workshops & Panel Discussion

SPIRHR held a Safe Motherhood Month Journalist Workshop Report at the Center of Excellence for Reproductive Health by the St. Paul Institute for Reproductive Health and Rights (SPIRHR) in partnership with St. Paul's Hospital Millennium Medical College (SPHMMC). The workshop brought together media professionals to sharpen and elevate the public narrative surrounding safe motherhood. This gathering marked a major milestone, celebrating 20 years of Safe Motherhood advocacy in Ethiopia under the core theme: **"Innovative and Sustainable Financing for Healthy Motherhood"**. The discussions focused on identifying and implementing sustainable mechanisms to guarantee that every mother receives adequate support. The workshop was led by senior Ob/Gyns and ended with a commitment by the journalists to amplify

the message **"Healthy mothers, healthy nation"**

In light of the International Women's Day 2026 SPIRHR hosted a panel discussion to



Advocate for Labor Analgesia. Access to labor analgesia is a core element of respectful maternity care, but it is currently critically limited across many healthcare facilities in Ethiopia. Stakeholders convened a diverse panel of healthcare leaders, anesthesiologists, obstetricians, and midwives to learn and



advocate for Labor Analgesia. The Panelists framed pain relief during childbirth not merely as a medical luxury, but as a fundamental rights issue, stating: **"Providing labor analgesia is not only a clinical intervention – it is a commitment to dignity, compassion, and quality of care."**

SPIRHR also hosted International Day of the Midwife 2026 Panel Discussion in collaboration with SPHMMC under the global motto **"One Million More Midwives"**. The panel discussion emphasized that midwives are the backbone of

comprehensive Sexual and Reproductive Health and Rights (SRHR) services, providing essential care spanning antenatal support, safe childbirth, postnatal care, and family planning.



Panelists also highlighted severe systemic constraints limiting the profession's potential in Ethiopia, including critical workforce shortages, uneven geographical distribution of staff, and historically low investment. While celebrating historical strides made in Ethiopian midwifery, the panel focused heavily on the need to scale up graduate-level education. Notably, the event highlighted that active discussions and preparatory efforts are already underway to establish specialized midwifery residency and master's degree programs at SPHMMC. The event closed with a unified pledge from participants and panelists to continuously improve midwifery training standards and continuously improve clinical delivery.



Similarly for March 8 **"Women in Health Sciences"** panel discussion was hosted in collaboration with St. Paul's Hospital

Millennium Medical College-SPHMMC. Panelists included Dr. Eyerusalem Bergene Banti, Dr. Bereket Fantahun, Dr. Alemnesh Hailemariam B PhD, and Dr. Muluwork Getahun—who shared their journeys, insights, and expertise with the participants. The panelists offered a candid look at both the exciting opportunities and the unique challenges women face in the ever-evolving fields of science and medicine. The speakers motivated the next generation of women to confidently pursue their passions and take up space in the scientific community.

Women's Health Week 2025

In addition to sponsoring the annual ESOG conference SPIRHR also partnered with YeneHealth to



participate in the 4th Annual Walk for Her Health. The event was held at Meskel Square in the presence of the Ministry of Health representatives, Addis Ababa City Administration Health Bureau and the public. The walk was crucial in advocating the health of women.

Adolescents and Youth Sexual and Reproductive Health

Digital media has become a more powerful tool for SRHR advocacy than ever before. The ease of use and accessibility of these platforms allows for open and candid discussions about topics such as contraception, pregnancy, and abortion. Because digital media is increasingly being

used to share information and resources on SRHR, SPIRHR, recognizing the importance of this medium for better advocacy, has been collaborating with EngenderHealth and YeneHealth to provide training for health professionals on Adolescents and Youth Sexual Reproductive Health. This partnership is part of the ongoing efforts of all parties on health promotion to increase public awareness, build the capacity of health professionals and create an enabling environment. The virtual training continued throughout the remainder of the year, totaling seven cohorts. In 2026, by improving on our previous experiences we have delivered to 4 cohorts, reaching more than 100 professionals.

Clinical Service Pillar

MICHU Call Center Launch

The Clinical Service Pillar at the St. Paul Institute for Reproductive Health and Rights (SPIRHR) continued to fulfill its objective of providing women-centered care and improving



service quality, in strong partnership with St. Paul's Hospital Millennium Medical College (SPHMMC). A significant milestone was the official launch of the MICHU Call Center on May 22, 2026.

Targeting an initial audience of 80 consultants and OBGYN residents at SPHMMC, the launch event featured welcoming remarks from Dr. Malede, Deputy Head of OBGYN, and Professor Delayehu, Director of SPIRHR. Dr. Lemi Belay, SPHMMC Medical and Academic Corporate Director, provided the opening remarks, followed by Dr. Amani, who outlined the center's establishment and future direction. Additionally, Dr. Ewenat shared valuable operational insights derived from her experience with the ICAF call center, culminating in a successful event that concluded with closing remarks and a group picture.

Family Planning Integration into Chronic Medical Care

In a strategic effort to provide comprehensive patient care, the OBGYN department of SPHMMC initiated the integration of family planning services directly into chronic medical care departments at SPHMMC. To start this initiative, SPIRHR, with the department, reached out to the college department heads of various chronic medical care clinics, including Internal Medicine, Nephrology, Psychiatry, and Surgery. A workshop was held with these department heads to strategize the integration process. discussion was opened by Dr. Lemi and welcomed by Dr. Malede. The workshop featured insightful presentations, including a session on the preconception care clinic at SPHMMC by Dr. Ayda, a gynecologist and fetomaternal subspecialist, and a presentation on the MICHU clinic by Dr. Kidist, a family planning

and reproductive health subspecialist. The session proved highly productive, with all attendees strongly advocating for the



integration and successfully agreeing on actionable steps for the way forward.

Vasectomy Seminar Presentation to the Urology Department

Dr. Aschalew delivered a dedicated seminar presentation on vasectomy to the SPHMMC Urology Department on June 15, 2026. The seminar was well attended by 25 residents and 7 consultants. The comprehensive discussion covered the clinical fundamentals of vasectomies, the specific techniques of Non-Scalpel Vasectomy (NSV), and strategies for actively involving urologists in permanent family planning service provision. This productive dialogue resulted in a formal agreement to include final-year urology residents and consultants in the biannual vasectomy training provided by the institute and other future collaborations.

Postpartum Intrauterine Device (PPIUD) Training for Residents

Capacity building remained a core focus this quarter, highlighted by the successful execution of three distinct rounds of Postpartum Intrauterine Device (PPIUD) training. A total of 45 first- and second-year medical residents completed the training. To ensure a well-rounded and confident clinical skill set, the training sessions included both theoretical instruction and hands-on, skills lab-based practical components.

Launch of Labor Care Guide Implementation

In a continuous push to optimize maternal health outcomes, SPIRHR with OBGYN Department officially launched the implementation of the Labor Care Guide at SPHMMC, with active plans to roll the initiative out to catchment health centers in the future. Based on the WHO model, this guide is a critical tool designed for health personnel to monitor the well-being of women and babies during labor through regular, standardized assessments.



By strengthening health workers' capacity for timely decision-making, the guide advances evidence-based, respectful, and person-centered intrapartum care. Ultimately, the implementation aims to

stimulate shared decision-making, ensure safety, avoid unnecessary interventions, and provide supportive care throughout the labor process.



Creating SRHR Champions

This quarter also saw the successful conclusion of the 'Creating SRHR Champions' program, an intensive two-week clinical and academic exchange developed collaboratively by SPIRHR,



ECSACOG, and the WHO. The program empowered eight obstetrics and gynecology residents from ECSA member countries, including Zimbabwe, Uganda, Kenya, South Sudan, Zambia, Tanzania, and Rwanda, who were selected for their commitment to service improvement and leadership potential. The rigorous training featured hands-on clinical rotations in Comprehensive Abortion Care (CAC) at the MICHU clinic, postpartum family planning, obstetric ultrasound, and electronic fetal monitoring. This was complemented by academic sessions focused on values clarification, postgraduate seminars, and

digital health tools. Moving forward, these champions are transitioning into a 3-to-6-month mentorship phase, where they are strategically paired with mentors to develop and roll out vital reproductive health initiatives within their home institutions.



South and Southwest Regional Service Expansion

Bonga Gebretsadik Shawo General Hospital Mentorship Initiative

Bonga Gebretsadik Shawo General Hospital operates as a premier referral center serving a diverse regional catchment population of over 1.5 million people within the Kaffa Zone and the surrounding southwest localities. In alignment with national healthcare metrics and global standards for reproductive rights, the facility has undertaken a comprehensive strategic initiative to institutionalize the integrated Michu Clinic model. This initiative is designed to deliver high-quality, client-centered, and integrated Sexual and Reproductive Health (SRH) services. To accelerate this transition, evaluate service readiness, and eliminate critical skill vulnerabilities among frontline providers, the St. Paul Institute for Reproductive Health and Rights (SPIRHR) team, in collaboration with the SWE Health

Bureau, deployed a structured clinical mentorship intervention in April 2026.

The intensive intervention was executed across distinct, rigorous phases: alignment meetings with executive hospital leadership, exhaustive data and resource auditing, interactive classroom lectures, simulation model training, and embedded service-area clinical mentorship. Over the course of the deployment, more than 50 healthcare professionals including midwives, general practitioners, quality improvement teams, pharmacists, and laboratory coordinators underwent intensive training and certification. While the audit revealed that Bonga General Hospital benefits from an exceptionally busy service environment, dedicated staff, and highly committed leadership, it also highlighted key gaps in service depth, partial privacy levels, data discrepancies, and provider-imposed restrictions. Targeted interventions achieved an immediate expansion of service scope, notably initiating second-trimester safe abortion care. Solidifying these gains requires immediate facility renovations, cross-departmental skill dispersion, and data-driven oversight systems.



Mentorship Interventions and Immediate Milestones

- **Launch of Second-Trimester Abortion Care:** Successfully initiated advanced second-trimester safe abortion service protocols, supported by the deployment of verified informed consent tracking structures to guarantee immediate compliance with national safety guidelines.
- **Classroom and Practical LARC Certifications:** Delivered extensive procedural training covering modern technical approaches for IUD insertion, immediate PPIUD placement, manual vacuum aspiration (MVA) updates, and advanced subdermal implant insertion/removal techniques.
- **VCAT Attitude Transformation:** Conducted comprehensive Values Clarification and Attitude Transformation (VCAT) workshops. These sessions successfully dismantled provider bias, eliminated adolescent restrictions, and established a unified standard for empathetic, respectful, and non-judgmental care.
- **Functional Spatial Optimization:** Physically assigned and configured distinct, organized rooms within the centralized Michu Clinic suite to streamline workflows and secure complete patient privacy. Rooms were explicitly designated for Cervical Cancer Screening, Comprehensive Abortion Care (CAC), specialized Procedure Rooms, Outpatient Gynecology (Gyn OPD), Electronic

Medical Records (EMR), and a combined Adolescent and Gender-Based Violence (GBV) support room.

- **Strategic Policy Alignment:** Held intensive discussions with regional SWE Health Bureau leadership and executive hospital management to secure immediate financial and resource commitments to permanently address infrastructure gaps.

Strategic Priorities for the Next Phase

- Launch an aggressive internal Quality Improvement (QI) project focused exclusively on standardizing postpartum contraception tracking and improving long-term safe abortion data consistency.
- Execute full structural renovations at the main entrance and reception of the dedicated Michu Clinic suite to permanently secure high-level auditory and visual privacy.
- Guarantee the continuous, uninterrupted pharmaceutical procurement and availability of standard Mifepristone and Misoprostol medical abortion combination sets.
- Finalize the designated Michu Clinic structural room assignments, permanently localizing separate rooms for triage, dual ANC counseling, EPI immunization, storage, and administrative offices.
- Relocate the hospital's Maternity Waiting Homes closer to the central delivery core to optimize high-risk patient tracking and minimize early neonatal risk.

- Procure and permanently embed a dedicated, functional diagnostic ultrasound machine within the Michu Clinic procedure room to eliminate external diagnostic costs and accelerate clinical decision-making.
- Sustain structured, recurring cross-departmental clinical mentorship from the SPIRHR technical expert cohort to expand certifications across the entire Labor and Gynecology ward nursing teams.

Jinka General Hospital Mentorship Initiative

Jinka General Hospital, a prominent referral facility serving a large, highly active patient population within the region, has entered a strategic collaboration to launch and integrate the Michu Clinic model. This initiative aims to systematically improve Sexual and Reproductive Health (SRH) service delivery, expand access, and institutionalize a highly professionalized environment for client-centered care. Driven by the project objectives of enhancing provider competency, strengthening delivery points, optimizing data use via DHIS-2, and improving maternal and reproductive safety, the SPIRHR team deployed an intensive five-day clinical mentorship intervention in April 2026.

The mentorship focus spanned facility readiness observations, data-driven performance assessments, intensive clinical skill simulations, and Values Clarification and Attitude Transformation (VCAT) sessions. Over the course of the

intervention, a total of 67 healthcare professionals comprising a multidisciplinary cohort of midwives, general practitioners, integrated emergency surgery officers (IESOs), and quality improvement coordinators were successfully trained and certified. Pre- and post-intervention evaluations demonstrated outstanding gains in procedural competencies and an overwhelming shift toward respectful, rights-respecting care. While the facility possesses highly dedicated staff and committed leadership, immediate infrastructure enhancements and the imminent inauguration of the dedicated Michu Clinic room are critical strategic priorities to solidify quality standards and ensure seamless, continuous service delivery.



Key Institutional Learning Areas

- **Cross-Departmental Skill Dispersion:** Capacity building initiatives must be continuously scaled across all operational shifts and wards. Relying on a small pool of trained providers creates critical multi-shift dependency

and threatens round-the-clock emergency safety.

- **Institutionalization of Pain Management:** Advanced pain relief (such as localized blocks and structured analgesia) must be standardized as an immutable protocol for all invasive SRH interventions to respect patient dignity and optimize clinical recovery.
- **Structured Patient Feedback Loops:** The hospital lacks an agile, formalized methodology to continuously capture, evaluate, and act upon direct patient feedback. Establishing accountability metrics is essential for long-term client-centered quality improvement.
- **Elimination of Safe Abortion Deficits:** The profound shortage of active safe abortion care cases highlights an urgent need to remove localized service delivery bottlenecks, combat lingering institutional stigma, and expand safe, legal reproductive access.

Strategic Priorities for the Next Phase

- Commence physical renovation and structural transformation of the dedicated Michu Clinic space immediately.
- Execute the formal clinic inauguration and public launch within the next few months to streamline integrated care.
- Formally assign permanent General Practitioners to the Michu Clinic, supported by immediate advanced training in advanced FP and complex CAC methodologies.
- Launch a targeted Quality Improvement (QI) project tailored to resolve localized

infrastructure bottlenecks in the Labor Ward and Outpatient Departments.

- Maintain structured, periodic clinical mentorship visits from the SPIRHR team to track service quality and adherence to protocols.
- Establish an institutional digital forum (via a dedicated Telegram clinical group) to facilitate instantaneous, cross-departmental case consultations, knowledge dissemination, and continuous feedback.

Karat Primary Hospital Mentorship Initiative

Karat Primary Hospital, situated in the Konso Zone, represents a highly critical healthcare hub that serves an exceptionally active and growing patient



population across the region. To align local service delivery with national standards for maternal and reproductive health, the facility partnered with the SPIRHR team to roll out the integrated Michu Clinic model. This initiative is explicitly designed to expand quality, client-centered Sexual and Reproductive Health (SRH) services, bridge persistent gaps in provider clinical competencies, and build a resilient framework for data-informed clinical

oversight. In May 2026, the SPIRHR team implemented an intensive four-day onsite clinical mentorship program targeting key resource adjustments and technical skill development.

The mentorship curriculum combined detailed facility observation, robust administrative and register data reviews via DHIS-2, structured simulation-based technical skills training, and hands-on clinical service supervision. A total of 32 healthcare professionals from multiple wards—most notably a large contingent of 22 midwives alongside general practitioners, integrated emergency surgery officers (IESOs), Comprehensive Emergency Obstetric and Newborn Care (CEMONC) practitioners, quality assurance managers, and specialty counselors—were successfully trained and certified. The evaluation demonstrated clear, qualitative improvements in long-acting reversible contraceptive (LARC) insertions and post-abortion clinical competence. However, the baseline clinical audits highlighted severe systemic documentation vulnerabilities across registers and ongoing infrastructure capacity constraints in counseling hubs. Immediate administrative corrections and the prompt completion of the expanding physical Michu Clinic infrastructure are mandatory strategic priorities to successfully scale and optimize care delivery.

Clinical Observations and Workspace Constraints

The physical evaluation of the primary Family Planning service hub revealed a dedicated but severely constrained

environment. Crucial counseling rooms are currently heavily undersized and overly congested, which introduces a persistent risk of cross-talk and compromises visual and auditory patient confidentiality. Furthermore, immediate postpartum intrauterine device (PPIUCD) insertions are currently localized and provided directly within the standard labor ward out-of-station due to space limitations within the main family planning wing.

To structurally isolate and fully correct these spatial, privacy, and service delivery bottlenecks, a dedicated physical expansion project is currently underway at Karat Primary Hospital. Direct physical observation of the construction site confirmed that structural masonry, foundation reinforcements, overhead metal roofing sheets, and initial internal wall layouts are rapidly advancing. Once completed, this dedicated facility will structurally unify all integrated family planning, counseling, and outpatient clinical procedures under a highly professional, fully private, and client-centered workspace.

Key Institutional Learning Areas

- Rigorous Documentation Standardization:** Administrative leaders must immediately enforce total register precision. Eliminating missing provider identities, requiring absolute service specificity, and stopping date logging errors is vital to re-establish regulatory compliance and ensure reliable clinical tracing.
- Spatial Optimization and Confidentiality:** The current

congestion in counselling zones requires swift spatial separation. Patient trust and clinical intake accuracy depend entirely on guaranteeing unconditional visual and auditory privacy during history-taking and method matching.

- **Multi-Shift Skill Redundancy:** The hospital must continue dispersing advanced procedural skills across all working rosters. Broadening certification ensures that emergency long-acting family planning options remain constantly accessible during night shifts and weekend service hours.
- **De-stigmatization and Service Mapping:** The zero-case safe abortion care artifact requires a deliberate internal review to identify hidden service bottlenecks, remove localized provider reluctance, and guarantee that safe, legal reproductive health rights are openly and confidently maintained.

Strategic Priorities for the Next Phase

- Expedite and closely monitor the ongoing physical renovation and structural construction of the expanding Michu Clinic block.
- Execute the formal clinic inauguration and public service rollout within the next few months to structurally centralize integrated reproductive care.
- Implement an immediate, localized data quality improvement (QI) project specifically targeted at correcting documentation errors, updating register habits, and streamlining

logbook completeness across all maternal wards.

- Formally deploy dedicated, VCAT-certified General Practitioners and Midwives to the centralized Michu Clinic suite immediately upon building completion.
- Sustain routine, structured follow-up clinical mentorship visits by the SPIRHR technical team to audit logbooks and maintain procedural compliance.
- Utilize the newly established institutional digital forum (via a dedicated Telegram clinical group) to enable instantaneous, multi-departmental case consultations, prompt peer feedback, and continuous coordination.

BRIDGING THE GAP: FRONTLINE STORIES OF IMPACT

A Journey of Dedication, Clinical Instinct, and Community Impact

A Physician's Perspective — Dr. Rediet Yohannes



My journey to Waka marked a profound transition in my life and medical career, uprooting me from the city where I had spent over twenty-five

years, completed high school, and studied medicine at Arsi University. Arriving in Waka, I found myself captivated by an environment of immense peace nestled within rolling hills, lush green landscapes, and sweeping agricultural land. Yet, this natural beauty came with stark challenges; the rugged, hilly terrain and unpaved roads demanded significant physical effort just to reach the main asphalt road from the hospital. Being far from my family, especially my mother, made adapting to this unfamiliar environment an emotional and professional trial.

However, the true heartbeat of Waka lay in its people. From the day I arrived through the SPIRHR Project, I was embraced with open arms by colleagues and a community that was kind, respectful, and incredibly hospitable, helping me feel accepted as a true part of their community.

Today, as a physician dedicated to resource-limited care, I look back on how

those early challenges sculpted my clinical instinct and determination. Upon arriving, I quickly realized the facility faced severe limitations, lacking a gynecologist, and an ultrasound radiographer. Recognizing this critical gap, I made the decision to self-fund my basic obstetric ultrasound training. The impact was immediate: on the very day I returned, I was called to urgently assess a laboring mother with a history of intrauterine fetal death whose fetal heart rate was dropping.

Using my newly acquired skills, I diagnosed a twin gestation with Twin A in a dangerous transverse lie, allowing us to safely refer her for emergency management. This experience profoundly reinforced that true medicine relies on timely, skilled interventions. Working here has taught me adaptability, problem-solving, and lifelong learning, and I am deeply grateful.

From Training to Transformation: Dr. Rediet's First CAC Care at Gessa

Executing Knowledge on the Frontlines —
Dr. Rediet Ayele Mekuria



Stepping into the clinic after specialized training is one thing; standing on the frontlines of patient care to execute that knowledge for the very first time is another

entirely. For Dr. Rediet Ayele Mekuria, assigned to Gessa Primary Hospital's Michu Clinic under the SPIRHR project, that defining milestone arrived when a patient presented at six weeks of gestation seeking Comprehensive Abortion Care (CAC). Fresh off her training, Dr. Rediet knew this was not just a clinical procedure—it was a crucial moment to deliver dignified, safe, and compassionate care to a woman in need.

With steady hands and the guidance of her recent clinical preparation, Dr. Rediet successfully performed her very first CAC procedure. The clinical outcome was flawless, but the true success lay in the environment of empathy and respect provided within the Michu clinic space. Beyond the medical skill required, Dr. Rediet ensured the patient felt heard, supported, and treated with absolute dignity throughout the entire process, preventing what could have otherwise been a risky or unsafe path for the patient.

Today, this successful first case stands as a testament to Dr. Rediet's dedication as a provider and the vital mission of the Michu initiative. It marks the beginning of many lives she will impact through safe, high-quality sexual and reproductive healthcare. "I love 'ምጽ' because it transforms comprehensive training into real-world compassionate healing, one patient at a time."

Articles

Medical Education Reimagined

How Agentic AI Can Transform Medical Education in Developing Countries

Aida T, Malede B

Medical schools across developing countries face a familiar challenge. Student numbers continue to grow, yet the number of experienced faculty has not kept pace. Consultants balance heavy clinical workloads with teaching, research, and administrative responsibilities. In many teaching hospitals, educators move from operating theatres to outpatient clinics and emergency calls with little time left for structured teaching or mentoring. Despite their commitment, the traditional model of medical education is becoming increasingly difficult to sustain.

At the same time, medicine itself is changing rapidly. New evidence, technologies, and clinical guidelines emerge almost daily, making it impossible for any individual teacher to keep pace with the expanding body of knowledge. Yet in many institutions, teaching still relies heavily on long lectures, paper-based assessments, and limited opportunities for personalized feedback. This is where agentic artificial intelligence (AI) offers an exciting opportunity.

Unlike earlier AI systems that simply answered questions, agentic AI can actively perform tasks, organize information, monitor progress, and provide individualized support. Rather than

replacing faculty, it acts like an intelligent teaching assistant—available around the clock to help educators and learners alike.

For students, one of the greatest benefits is personalized learning. Every learner progresses differently, but traditional teaching often assumes everyone learns at the same pace. Agentic AI changes this. A student struggling to interpret fetal heart rate tracings or understand postpartum hemorrhage management can receive additional explanations, clinical cases, quizzes, and immediate feedback until competence is achieved. Another student who has mastered the topic can move on to more advanced challenges without waiting for the rest of the class.

Learning also becomes far more interactive. Instead of memorizing facts from lecture slides, students can manage virtual patients whose conditions evolve according to their decisions. The AI presents symptoms, provides examination findings, releases laboratory results when requested, and asks the learner to make diagnostic and treatment decisions. Mistakes become valuable learning experiences rather than risks to real patients.

Faculty members also stand to gain. Preparing lectures, writing examinations, developing OSCE stations, grading assignments, and providing feedback consume countless hours. Agentic AI can draft teaching materials, generate high-quality clinical scenarios, prepare

examination questions, and even analyze assessment results to identify topics where students consistently struggle. This allows educators to spend less time on repetitive administrative tasks and more time mentoring students and improving clinical teaching.

Assessment is another area ready for transformation. Traditional examinations often reward memorization more than clinical reasoning. AI can create dynamic clinical scenarios that adapt to a student's responses, making assessments more realistic and meaningful. During simulation or OSCE examinations, AI-assisted video analysis may eventually provide objective feedback on communication, examination technique, and adherence to clinical protocols, reducing variability between examiners and improving fairness.

Simulation-based education is also entering a new era. AI-powered patient simulators can respond realistically to clinical interventions. A simulated woman with postpartum hemorrhage may deteriorate if treatment is delayed or stabilize when appropriate management is initiated promptly. Learners gain confidence by practicing high-risk emergencies repeatedly in a safe environment before caring for real patients.

The advantages extend beyond the classroom. Documentation has become one of the greatest burdens for clinicians in busy teaching hospitals. Operative notes, discharge summaries, referral letters, and clinic records consume valuable time that could otherwise be

spent with patients or trainees. AI copilots can generate structured clinical documentation from spoken conversations or dictated notes, leaving clinicians to review and approve the final version. This not only saves time but also improves documentation quality and consistency.

Research is another area where AI could have a profound impact. Across many medical schools, residents and faculty struggle to complete research proposals, analyze data, write theses, and prepare manuscripts for publication. Agentic AI can support every stage of the research process by helping refine research questions, summarize literature, organize references, improve scientific writing, and identify suitable journals for publication. The researcher remains responsible for scientific integrity and final decisions, but AI can dramatically reduce the time spent on repetitive tasks that often delay research.

AI is also becoming an important clinical partner. It can assist in interpreting medical images, identifying high-risk patients, checking prescriptions for potential drug interactions, and supporting evidence-based clinical decisions. In obstetrics, AI is already helping clinicians measure fetal growth more accurately, detect placental abnormalities, and interpret ultrasound findings. These technologies do not replace clinical judgement; they strengthen it by providing timely information and reducing human error.

Outside hospitals, AI can improve continuity of care. Virtual assistants can communicate with patients in local languages, answer common health questions, remind women about antenatal and postnatal appointments, encourage medication adherence, and identify patients at high risk of missing follow-up visits. Such innovations have particular value in resource-limited settings where healthcare workers cannot maintain frequent contact with every patient.

Perhaps the greatest promise of agentic AI for developing countries is its ability to reduce inequalities in education. A medical student in a regional hospital should have access to the same high-quality learning support as one studying in a major academic center. AI has the potential to democratize expertise by making personalized educational support available regardless of geography or faculty shortages.

However, adopting AI also requires responsibility. AI should never replace bedside teaching, mentorship, ethical reasoning, or the compassion that defines good medical practice. Students must continue to learn professionalism, communication, empathy, and sound clinical judgement from experienced clinicians and through direct patient care. AI is a powerful assistant, but it is not a substitute for human wisdom.

Medical schools must therefore develop clear policies on the ethical use of AI. Faculty and students need guidance on verifying AI-generated information, protecting patient confidentiality,

maintaining academic integrity, and using AI transparently and responsibly. Equally important is investing in faculty development so that educators feel confident using these new technologies rather than intimidated by them.

The future of medical education will not depend on artificial intelligence alone. It will depend on how wisely educators integrate these tools into teaching, research, and patient care. For institutions facing faculty shortages, expanding student enrolment, and overwhelming clinical workloads, agentic AI offers a unique opportunity to improve educational quality without increasing the burden on already stretched educators.

The question is no longer whether AI will become part of medical education. It already has. The real question is whether medical schools in developing countries will embrace this opportunity and shape its future. Those that do will not simply produce more graduates—they will produce better-prepared doctors, stronger educators, and ultimately safer healthcare systems.

Agentic AI is not the future because it replaces teachers. It is the future because it helps every teacher reach more students, every student learn more effectively, and every institution make the best use of its most valuable resource—its people.

Reproductive Endocrinology & Infertility Clinical Best Practice

Hysteroscopic Myomectomy: A Fertility-Preserving Approach to Submucosal Fibroids

Selam Y.

Introduction

Uterine fibroids are the most common benign tumors of the female reproductive tract. While many fibroids are asymptomatic, submucosal fibroids, which protrude into the uterine cavity, are particularly important in reproductive medicine because they may adversely affect implantation, embryo development, and pregnancy outcomes.

Women with submucosal fibroids may present with infertility, recurrent pregnancy loss, abnormal uterine bleeding, implantation failure following assisted reproductive technology, or a combination of these conditions. For such patients, appropriate evaluation and management are essential to optimize reproductive success.

Our Best Practice

At our Reproductive Endocrinology and Infertility Unit, we advocate for hysteroscopic myomectomy as the first-line surgical treatment for appropriately selected submucosal fibroids. Hysteroscopic myomectomy allows direct visualization and removal of intracavitary pathology through the cervix without abdominal incisions. This minimally invasive approach aligns with our commitment to providing effective treatment while preserving reproductive potential and minimizing patient morbidity.

Why Choose Hysteroscopic Myomectomy?

Compared with abdominal or laparoscopic surgery, hysteroscopic myomectomy offers several important advantages: no abdominal incision, preservation of uterine anatomy and integrity, reduced postoperative pain, shorter hospital stay, faster recovery and return to normal activities, lower risk of postoperative pelvic adhesions, earlier initiation of fertility treatment, excellent patient satisfaction, and improved reproductive outcomes in appropriately selected patients. These advantages make hysteroscopic myomectomy particularly attractive for women actively pursuing conception.

Patient Selection Is Key

Not all fibroids are suitable for hysteroscopic removal. Careful assessment is required to determine the optimal surgical approach. Patients most likely to benefit include those with FIGO Type 0 fibroids (completely intracavitary), FIGO Type 1 fibroids (<50% intramural component), and selected FIGO Type 2 fibroids (>50% intramural component) depending on size and surgeon experience.

Preoperative evaluation typically includes: detailed clinical assessment, transvaginal ultrasound, saline infusion sonography when indicated, and diagnostic hysteroscopy in selected cases. Appropriate patient selection improves surgical success and reduces complications.

Impact on Fertility

The relationship between submucosal fibroids and impaired fertility has been well established. Several studies have demonstrated improved pregnancy outcomes following hysteroscopic removal of cavity-distorting submucosal fibroids. As a result, major reproductive medicine societies support the removal of submucosal fibroids in women seeking pregnancy when the uterine cavity is affected.

Key Message: *"The Right Route for the Right Fibroid."*

By embracing hysteroscopic myomectomy for suitable submucosal fibroids, our unit continues to advance patient-centered, fertility-preserving, and evidence-based care.

Safe, Simple, Permanent Birth Control

Permanent Family Planning for Men is Vasectomy

Michu Clinic | Center of Excellence for Reproductive Health

Vasectomy services are now available at the Michu Clinic within the newly inaugurated Center of Excellence for Reproductive Health at SPHMMC, Addis Ababa. A vasectomy is a safe, 15–20-minute outpatient procedure for men who are sure they do not want more children. It works by preventing sperm from entering semen, and it does NOT affect hormones, erections, or sex drive.

Why Choose Michu Clinic at SPHMMC?

- **Expert Provider:** Dr. Aschalew Seyoum — 30+ years of experience in family planning & no-scalpel vasectomy.
- **Modern Technique:** Open-ended vasectomy = less pain, faster recovery.
- **Comprehensive Care:** Comprehensive clinical and psychological counseling is provided before every procedure.
- **Trusted Hospital:** SPHMMC is a trusted medical college serving over 200,000 patients annually.

Key Clinical Benefits

- Less invasive, no stitches required.
- Quick outpatient procedure & rapid physical recovery.
- Highly effective, permanent contraception.
- Shared responsibility in family planning and partner reproductive safety.

MYTH vs FACT

Myth About Vasectomy	Grounded Clinical Fact
It affects masculinity or sex drive.	No. Testosterone, hormones, and sex drive remain exactly the same.
It's very painful.	No. The no-scalpel technique is used. Most men comfortably return to work in 2–3 days.
Sperm build up in the body.	No. Sperm are naturally reabsorbed by the body safely over time.
It's easy to reverse.	Vasectomy is considered permanent contraception. Detailed counseling is required
Only for older men.	Any man sure about wanting no more children can choose it, regardless of age.

Take the Next Step: Confidential Booking & Counseling:

Michu Clinic

Center of Excellence for Reproductive Health Building

St. Paul's Hospital Millennium Medical College

Addis Ababa, Ethiopia

Call: 0713073507

Monday - Friday | 8:00 AM - 5:00 PM



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.