

**Ethiopian Society of Obstetricians and Gynecologists (ESOG)**

**Strengthening the capacity and improving quality of Reproductive Health and reducing stigma on safe abortion**

**care providers’ project**

**Project** **Final report**

**(August 1/2021- July 31/2023)**

**September 2023**

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**Acronyms**

CAC Comprehensive Abortion Care

CC Comprehensive Contraceptive

CQI Continuous Quality Improvement

DHO District Health Office

ESO Emergency Surgical Officer

ESOG Ethiopian Society of Obstetricians and Gynecologists

FMoH Federal Ministry of Health

FP Family Planning

HF Health Facilities

IUCD Inter Uterine Contraceptive Device

LAFP Long Acting Family Planning

MCH Maternal and Child Health

PHCU Primary Health Care Unit

PSW Provider Share Workshop

QI Quality Improvement

RH Reproductive Health

RHB Regional Health Bureau

RMNCH Reproductive, Maternal, Newborn and Child Health

TOT Training of Trainer

**1. Executive summary**

Despite the progress made in ensuring access to reproductive health services for Ethiopian women, the unmet need for FP is still high. The health workers’ attitude towards abortion services has caused further deterioration in the quality of the services. The problem worsens among primary care units that serve the majority of the rural community. The Ethiopian Society of Obstetricians and Gynecologists (ESOG) has been working on quality improvement projects in Ethiopia over the past years in partnership with the David and Lucile Packard Foundation.

The project put great focus on improving the competency of mentees and the overall RH quality of health centers and hospitals. It is a great entry point to help the mentored hospitals be part of the change agents in achieving quality reproductive health services.

ESOG has also learned that quality requires continuously working with a patient-centered model of improvement. To achieve competency in reproductive health services, continuous mentorship and a smooth working environment that benefits all teams working at MCH units are required. This can only be achieved if the mentorship task is shared by all, and those who were under some mentorship program continue to mentor their team and their catchment health facilities, i.e., both health centers and hospitals. The other lesson learned is the importance of linking FP and CAC services with youth-friendly services in health centers, as most of the clients of CAC services are youth. This has been addressed in the project, providing an orientation workshop for the providers and observing changes in service.

Catchment-based mentorship has been consolidated by trained local mentors, namely emergency surgical officers and midwives. Mentors have been trained, and hospital-health center clusters have strengthened so that the primary hospitals have support and mentorship from their catchment health centers. However, the country's security and conflict have mainly affected its ability to perform as planned and provide some hospitals and health centers. Provider share workshops (PSWs) have been consolidated, and the main approach is to reduce stigma against abortion providers. A large number of providers had a plan for the project, but only a small number of providers had been address

To counteract the impact of the emerging anti-choice movement, a coordinated advocacy intervention and a media platform have been launched. ESOG had a two-time release position and policy statements on outstanding RH issues with other stakeholders. The project's impacts, performed activities, lessons learned, and findings obtained from the project were presented at ESOG’s annual conference. The total budget of the project was 400,000 USD, and the period of the project was going to be from August 1, 2021, to July 31, 2023. The project has been funded by the David and Lucile Packard Foundation and implemented in two regions: Oromia in three zones, namely Arsi, West Shewa, and West Harerge; and Amhara in two zones, namely North Shewa and North Wollo. This report spans the final two-year project activity performance from August 1, 2021, to July 31, 2023.

**2 Objectives:**

**2.1General Objective**: - The overall goal of the project is to strengthen the capacity and improve the quality of reproductive health, i.e., family planning and comprehensive abortion care, through implementing evidence-based quality improvement, anti-stigma, and advocacy interventions at primary health care units.

**2.2. Specific Objectives:**

* Strengthen the capacity and quality improvement for RH, i.e., FP and CAC at primary health care units through consolidating mentorship strategy
* Reduce stigma and discrimination on FP and safe abortion care providers by consolidating anti stigma interventions.
* Enhance evidence-based advocacy to overcome emerging RH challenges and improve RH quality of services.

**3. Project Site** –TwoRegions: -Oromia and Amhara

Oromia Region: - Three Zones/ Arsi, West Shewa and West Harerge

Facility: -6 hospitals and 60 health centers

Amhara Region: -Two Zones /North Shewa and North Wollo

Facility: - 6 hospitals and 40 health centers

Totally the project is implemented in 12 hospitals and 100 health centers.

**4. Partners: -** Project Partners:

* + - * Federal Ministry of Health /FMOH /
      * Amhara Regional Health Bureau
      * Oromia Regional Health Bureau
      * Zonal Health Departments and Woreda Health Offices
      * Health facilities /Hospitals and Health Centers/
      * David and Lucile Packard Foundation

**5. Major activities accomplished**

**Activity 5.1. The project proposal was appraised and an agreement signed with RHBs**

The project proposal, with details of project activities, implementation plans, and budget, was prepared as per Civil Society Organizations (CSO) legislation and budget allocation policy. The project proposal was then appraised by FMOH, and support letters were given to the Oromia and Amhara Regional Health Bureaus. A Memorandum of Understanding (MoU) and a project agreement were signed with RHBs. And also the Detailed Implementation Plan (DIP) was developed as a working document using the budget approved. A stepped budget was also prepared for expenditure tracking and monthly budget requests without affecting the overall budget. Moreover, the project activity and monitoring plans were prepared. In addition, the annual work plan for the project was prepared and present to regional and zonal health office for common understanding.

**Activity 5.2. Conducted training for service providers on Comprehensive Contraceptive Family Planning (CC-FP) for health providers.**

The Federal ministry of health has taken bold measures to reduce maternal mortality related to unsafe abortion, primarily through expanding and improving family planning services and providing women with accessible, quality, and family planning services based on the national technical and procedural guidelines. The project provided comprehensive family planning training at regional health facilities in three rounds. 125 health care professionals from six zones, namely East Harerge, West Harerge, Arsi, West Arsi, Bale, and East Bale, are participating in the training, which is being delivered in collaboration with Oromia Regional Health Bureau from October 3–15, 2021; 2nd round, July 4–15, 2022; and the 3rd round, July 25–August 6, 2022 and also provide 4th and 5th round to Amhara region two zone/North Shewa and North Wollo zones on September ------2022 and October 2022 at Adama and Dessi town respectively. Each training round had 25 attendees. Average scores for counselling and insertion tasks were calculated, and results are displayed by training site. The training successfully and adequately transferred skills in counselling and implant and IUCD insertions and removal. It was observed that the trainees achieved competency in providing the service. The training included theoretical as well as practical aspects.

**Activity 5.3:** **Conducted training for health providers on post-partum / post Abortion Family planning**

Long-Acting Family Planning (LAFP) methods (specifically Intrauterine Contraceptive Devices [IUCDs] and implants) provide uninterrupted protection to women for 3 to 12 years. The best opportunities to provide IUCD are in the post-partum and post-abortion periods. But they must be inserted by trained providers in a safe clinical environment. With limited facilities and few providers, widespread implementation of LAFP in Ethiopia requires training of significant numbers of rural providers and developing properly equipped facilities for implant and IUCD insertions. Based on this, the training was organized by FMOH and ESOG and the participants were from ESOG project facilities and MoH selected facilities from all regions. Participants in the post-IUCD training had all come from hospitals. From November 15 to 24, 2021, 55 people from various hospitals attended theoretical and practical training at Adama Hospital Medical College's training hall. Average scores for counselling and insertion tasks were calculated, and results are displayed by training site. The training successfully and adequately transferred skills in counselling and the IUCD insertions and removals, and it was observed that the trainees achieved competency in providing these services.

**Activity** **5.4.** **Conducted training for Trainer of Training/TOT/Comprehensive abortion care**

The Federal Ministry of Health has taken bold measures to reduce maternal mortality related to unsafe abortion, primarily through expanding and improving family planning services and providing women with accessible, quality, and safe abortion care based on the national technical and procedural guidelines for safe abortion services.  The project provided a Training of Trainers (TOT) training on comprehensive safe abortion and CAC. The training was organized by FMOH and ESOG and the participants were from MoH selected facilities from all regions, and all TOT training participants were from hospitals. From December 6 to 11, 2021, twenty people from various hospitals attended both theoretical and practical training in Adama.

**Activity5.5. Conducted training for service providers on safe abortion service provision as far as permitted by law/Comprehensive abortion care service in conflict situation**

Due to rape and other causes, unwanted pregnancy has become common in conflict situations, and various stakeholders have reported this on the current conflict situation. Sadly, the project facilities in the Amhara region have been affected by conflict. ESOG was providing CAC training to conflict-affected facilities in two rounds in the Amhara region. i.e., the 1st round of training was conducted in Woldia and 15 health care professionals from conflict-affected areas in Wagemera Zone, North Wollo Zone, and South Wollo Zone have participated in the training from March 14–25, 2022 in Woldia at Lal Hotel. The 2nd round training was conducted in Kombolcha town at from March 28 to April 6, 2022, and 15 participants from conflict-affected facilities in North and South Wollo have participated in the training that was delivered in collaboration with Amhara Regional Health Bureau. The training included both theoretical and practical application on safe abortion service

**Activity 5.6. ESOG Supporting health facilities /Restoration of conflict affected health facilities)**

ESOG had also been striving to relaunch maternity and reproductive health services in a few health stations as part of its support for medical institutions. Based on this, ESOG selected the medical institutions in the Amhara and Afar regional states (most facilities had this project implement facility). In four rounds, medical supplies and equipment worth approximately 5.4 million birr were distributed. The assistance is intended to restart maternal and reproductive health services at hospitals and health centers. The assistance from ESOG helped the facilities completely resume their maternal health services. The first two rounds of support were provided by ESOG alone, and the third and fourth rounds were provided in collaboration with Hope of Light.Because of the conflict, most facilities have had their medical equipment damaged or destroyed, making them unable to provide health services to the community. After assessing the level of damage and mobilizing the relevant partners for the most affected facilities, the health services were restarted, particularly maternal health services. ESOG is one of the key partners of MOH and provides support to maintain the maternal health services of four hospitals and 15 health centers in the Amhara region and two health centers in the Afar region, following the second conflict and, eventually, the fourth round of supporting the 13 health centers affected by the third conflict. ESOG supports 34 health facilities in total.

**Activity5.7. Meeting conduct on catchment Mentors**

The clinical mentorship program is a capacity-building approach that brings together trained and experienced emergencysurgical officers and senior midwives. Hospital mentors provide support and mentor health centers to achieve quality RH (FP and CAC) service. This activity, however, was interpreted in all project facilities, first by COVID-19 and later by country-wide security issues, particularly with regard to the North Ethiopian conflict. The situation is currently improving, and the Oromia regional health bureau and the Amhara regional bureau have agreed to restart the mentorship program. So the project, taking its previous experience in recruiting mentors for RH, used clearly set criteria (such as dedication, competence, and proven commitment to change and hospital recommendation) and other additional criteria like previous experience and leadership skills to recruit potential mentors. Twelve hospitals (Lalibela Primary Hospital, Kobo Primary Hospital, Walda Primary Hospital, Mekit Primary Hospital, Ataye Primary Hospital, Ararti Primary Hospital, Ambo General Hospital, Enchini Primary Hospital, Robe General Hospital, Abomsa General Hospital, Chiro General Hospital, and Galamso General Hospital) were included in the mentorship program. From all the hospitals, ESOG had selected at least one obstetrician and gynecologist for each zone, and two emergency surgical officers and two BSC midwives were recruited. and selected five obstetricians and gynecologists, 20 ESOs, and 20 midwives from on-site and conducted a one-day meeting at the project office for a clear set and understanding for cascading the program. However, after the refreshment catchment-based training, the Amhara region mentors were not able to conduct the mentorship due to the restart of the conflict.

**Activity 5.8. Conducted training for service providers on safe abortion service provision as far as permitted by Law/Comprehensive abortion care service**

The Federal Ministry of Health has taken bold measures to reduce maternal mortality related to unsafe abortion, primarily through expanding and improving family planning services and providing women with accessible, quality, and safe abortion care based on the national technical and procedural guidelines for safe abortion services. The project was providing CAC training to Oromia region health facilities in two rounds, i.e., the 4 rounds of training were conducted, and 100 health care professionals from six zones, namely East Harerge, West Harerge, Arsi, West Arsi, Bale, and East Bale took part in the training which was delivered in collaboration with Oromia Regional Health Bureau from July 4–15, 2022 and July 25–August 6, 2022 and January      2023 and June -------2023   at Adama and Debre-Birhen for the Amhara region. 25 providers attended each round of training. The training included both theoretical and practical application to a safe abortion service.

**Activity 5.9. SRH Advocacy training to Social Media and Mainstreaming Media Journalist**

The ESOG conducted SRH advocacy training at the Inter Luxury Hotel on December 3, 2022. Reporters and editors from the mainstream media, social media influencers, and other media professionals attended the training. The training focused on such topics as family planning, safe abortion care, ESOG’s role in promoting sexual and reproductive health and rights, and what the media can do together with ESOG, among other topics. ESOG members, officials from the Ministry of Health, and other professionals have taken part in giving the training.

**Activity 5.10. SRH Advocacy by Social Media and Mainstreaming Media**

Advocacy includes any activity that attempts to educate others about an issue, like SRH. It is important to raise awareness, influence and change policies, and represent individuals who may not be able to speak for themselves. SRH issues more challenges and is a critical issue. ESOG has commenced a weekly radio program at Fana national radio and has created social media platforms for advertising SRH and maternal health programs. For the last 2 years before this, ESOG had a weekly program on National Radio for 10 years. The ESOG public telegram channel has been created with more than 417 subscribers and more than 50 content shares, and it has received over 6,000 views. 60 radio programs are transmitted on sexual and reproductive health and maternal health issues, for instance, family planning and competitive abortion care issues.

**Activity 5.11. Review Meeting Conducted**

The Ethiopian Society of Obstetricians and Gynecologists (ESOG), together with zone health departments, organized an annual zonal review meeting from August 22–24, 2022, in Chiro town of the Oromia region and an annual regional review meeting of the Amhara region in Bahir Dar from August 13–14, 2022. Partner organizations, hospital and health center managers, MCH focal persons, woreda health office managers, family health officers, and zonal health department staff attended the meetings. At both meetings, ESOG presented activities performed during the last year; the project activities were presented by the project coordinator, and the discussion focused on activities and moving the project forward. Finally, regional health bureau heads, zone health department participants, and district health office participants recognized the performance of the MCH activities and promised to give attention to providing quality services

**Activity 5.12 Support the providers and facilities for the management of sexual assault by providing care for survivors of sexual violence training**

**Creating access for the delivery of GBV care through preparing health providers by u**sing the standard MOH training package, for the provision of care for GBV survivors was provided to 30 health professionals at Dessie, Amhara region, from September 6–10, 2022. The health professionals were Obgyns, GPs, IESOs, clinical nurses, midwife nurses, psychiatric nurses/counselors, etc. The healthcare professionals who attended the training came from Dubti, Dessie, Woldia, Kombolcha, Hayk, Lalibela, Wereilu Sekota, and Wadla of the Amhara Regional State. A team of trained providers for the delivery of comprehensive GBV care is available in those facilities because of the North Ethiopian conflict. Medical intervention and psychosocial support for GBV survivors were the themes of most of the topics addressed in the training. The training ensures that survivors obtain clinical care, including contraception services, abortion care, STI screening, prophylaxis, and treatment, including HIV. Additionally, GBV one-stop center registers, medical certificate forms, reporting forms, referral forms, and other related job aids were printed and provided to the participants during the training to be used in their respective hospitals. Job aids assist performers in providing the necessary care for survivors, performing their work, making it easier to measure care, and increasing caregiver benefits. The guide provides full information on the services available, how to access them, and detailed instructions on the medications to be taken during the treatment period. Copies of the Gender Mainstreaming Guide and Multispectral Response to the GBV Manual were printed and distributed to project sites to be used as references.

**Activity 5.13.** **Providing infection prevention and patient safety (IPPS) training**

Infection Prevention and Patient Safety (IPPS) training was provided at Chiro General Hospital and Glamso General Hospital on January 10–13, 2022, and January 14--16 2022, respectively. The training was given to midwives, nurses, and catchment health center workers; a total of 60 participants attended the two-session training. The potential for the transmission of infections in a health care setting is high. Both those receiving and providing care in the hospital are at risk of acquiring and transmitting infections through exposure to blood, body fluids, or contaminated materials. Healthcare workers may be exposed to the infection through the provision of care, invasive clinical procedures, and the use of instruments and sharps, which expose healthcare workers to needle stick injuries and, in turn, potentially infectious agents that can cause nosocomial infection or healthcare-acquired infection.

**Activity 5.14** **Provide training for health facility managers and administrative staffs on de-stigmatization of safe abortion services /VCAT/**

The main challenge to accessing services and the quality of abortion care is the negative perception and attitude of the health facility managers in most areas. and also the CAC providers had reported, “The health facility managers have not considered it a service, and they are not volunteering to support us due to which is mainly related to the negative value of the abortion care service. And also, the problem with health care workers’ perception and attitude toward safe abortion is well recognized by different studies in Ethiopia, and ESOG also identified the same in its project site report. To solve this problem, ESOG provided VCAT training for all project health facility managers, MCH heads, and RMNCH officers in the Oromia region in three zones, and a total of 90 health workers were trained. The training was conducted from December 10 to 28, 2023, and in each zone, 30 participants participated in the training. This value clarification (VC) is the process of examining one’s basic values and reasoning for the purpose of understanding oneself and discovering what is important and meaningful. Value clarification is a technique for encouraging trainee participants to relate their thoughts and their feelings and thus enrich their awareness of their own values. The value clarification exercise could help participants accept and support comprehensive abortion care and related sexual and reproductive health care and rights.

**Activity 5.15** **Providing catchment based clinical mentorship refreshment training for the mentor**

The project provides mentorship support for facilities (12 hospitals and 100 health centers) by using a mentoring team (Obstetrician and gynecologist, emergency service officers, and Midwives) on a quarterly basis using the available national catchment-based clinical mentorship guidelines. Therefore, the project conducted four days’ catchment-based clinical mentorship skill training for the team members before receiving the technical support of the health facilities. Most of the participants had previously been trained by ESOG mentors, so it is refreshment training. Six obstetricians and gynecologists serve as team leaders, and 30 BSc midwives and emergency surgical officers serve as mentors. had participants in the training at Adama on September 2–5, 2022.The value clarification and attitude transformation for safe abortion parts were added to the training.

**Activity 5.16** **Providing basic quality improvement trainings facility heads, MCH department heads and providers**

The objective of the project is to improve the quality of RH, FP, CAC, and services. To achieve this objective, ensuring that health care providers develop processes for continuous quality improvement (CQI) requires that health personnel acquire the necessary knowledge, skills, and abilities to plan, define, monitor, improve, and evaluate quality on a continuous basis. Therefore, the project, in collaboration with the Federal Ministry of Health and the Health Service Quality Directorate, conducted a three-day basic quality improvement training for FP and CAC health providers in the two zones of the Oromia region, Arsi and West Harerge, based on gaps. 50 trainees from hospitals and health centers had participated (25 trainees from each zone). Medical doctors, midwives, nurses, health officers, the zonal health department, and the woreda health office MCH and FP focal persons participated in the training. Facilitators were from Zone Health Offices on August 25–September 2, ,2022

**Activity 5.17. Release position statements and policy statements on safe abortion issues.**

There are problems with safe abortion care programs in different parts of the country. There seems to be a widespread misunderstanding of the programs, and organized anti-choice movements are increasing in the country. There is now growing evidence that misleading information and bold anti-choice movements are circulating on different social media platforms. So ESOG, together with other stakeholders, released two-time position statements and policy statements on guarding the low-safe abortion. The statements had been posted on ESOG’s website, Facebook, and Twitter accounts, and were summit by letter the issue to MOH, and also the impacts of the project, activities, lessons learned, and findings obtained from the project were presented at ESOG’s annual conference.

**Activity 5.18 Conduct RH advocacy workshops to engage CSOs and women groups.**

To counteract the impact of the emerging anti-choice movement, a coordinated advocacy intervention has been launched, and a media platform is used for the success of this endeavor. Based on this ESOG, the Consortium of Reproductive Health Associations (CORHA) organized a one-day advocacy workshop in Addis Ababa on July 5, 2023. National and international reproductive health work CSO and woman association communication officers had attended the workshop, and they also formed an advocacy communication form. The form of responsibility for coordinating SRH advocacy on a countrywide basis and policy-level advocacy will also be conducted by generating pieces of evidence and sharing best practices via seminars and conferences. CORHA Chair and Engender Health is the vice chair, and MSI is the secretary of the form selected for the workshop.

**Activity 5.19. Conduct Mentorship from primary hospital to Catchment health centers**

The project mentorship team had technically supported the project health facilities on a quarterly basis. However, the country's security issues and the North Ethiopian conflict affected the mentorship program. So it is not able to perform as scheduled. Based on these two times, the project had provided mentorship programs in two zones, Oromia region/Arsi and West Harerge, and one zone, North Shewa, in the first round, and two zones, Oromia region, in the second round, October 10–15, 2022, and May 5–10, respectively. An interview was conducted for provider knowledge assessment, document review, ground inspection on how the provider provides FP and CAC services, and discussion with facility managers and providers on the gaps. The team had identified the gaps, given feedback to facility managers, and provided on-the-job training for the providers. Woreda RH officers and Zonal family health officers had also participated in the mentorship program.

**Activity 5.20. Cluster meeting with primary hospital with catchment health center**

The project had conducted cluster review meetings for mentorship learning circles in project-site hospitals. In one cluster there is one primary hospital with five health centers. Mentors presented their findings in the mentorship, including strengths and gaps in the service provision in each facility, and all HFs presented their performance and quality project report. The mentorship report was presented in PowerPoint and hard copy. This activity was performed on two sit-in-three sit Abomsa and Robe General Hospitals at Arsi Zone and Chiro Hospital at West Harerge Zone. Due to security concerns, another facility was not attended. 40 participants took part on both meetings i.e. FP and CAC service providers, facility heads, woreda and zone health office reproductive health officers took part. This is the main platform for experience sharing and learning from facility to facility, and the government also has a main platform for cascading the catchment mentorship program.

**Activity 5.21. Conduct joint integrated onsite supportive supervision**

The project had conducted supportive supervision together with the zonal health departments from September 25–30, 2022, in West Shewa, and June 10–20, 2023, in West Harerge in the Oromia region for project facilities. The purpose of the supportive supervision was to review the status of the project intervention, evaluate the quality status of the facilities, and identify the gaps for further intervention. During the supervision, zonal MCH heads, zonal quality officers, and woreda health office MCH focal persons participated. review of the overall daily activity of the facility and support of the project; observation of service rooms; review of registers; and discussion with facility heads and providers, including FP and CAC service. This activity is mainly led by the zone health office. and the role of ESOG is supported by logistics.

**Activity 5.22. Support to strengthen the link between youth service and SRH service; (Conduct orientation workshop meetings);**

Most of the beneficiaries of SRH services, particularly abortion services, are the young age groups, and the groups have received different health services at the youth frindely service clinic on the health center level. However, there was a gap between the youth frindely service clinic and the SRH clinic on exchange information, and internal referrals had been reported at most facilities. This also learned the importance of linking FP and CAC services with youth-friendly services in health centers on the privies project because most of the clients of CAC services are youth, based on this ESOG, with Zonal office organized a 2-day orientation workshop on selected West Shew Zone health facilities to support and strengthen the internal linkage of the youth frindely service clinic and SRH clinics. 40 participants from 20 health centers from youth frindely services and SRH clinic heads attended the workshop on July 15–16, 2023 at Holata town

**Activity 5.23 Conduct Provide PSW workshop abortion providers**

Health care workers who provide the service are stigmatized both by the community they are serving and by their colleagues. One of the approaches to preventing stigma among abortion providers is experience sharing and learning from each other; this is called a provider share workshop. This mainly works for the health workers who provide abortion services, so this differs from the VCAT training approach. Because VCAT focuses on value, it works for health workers and non-health workers to clarify the importance of the service, but the aim of PSW is to create a safe environment and platform for the health care providers to share experiences free of judgment and stigma they face in their daily engagements. This leads the provider to develop resilience for the prevention of stigma through sharing and learning from other providers. The two-round workshop was conducted in Adama from July 9 to 15, 2023, by different facilitators at the regional level in the Oromia region. The participants from different facilities on the project sit in and out of the project site. The project had a plan to actively provide a large number of CAC providers for all project facilities, including the Amhara region and TOT on PSW, but it did not do so due to conflict. The workshops involved a role play wherein participants played an imaginary story of a woman who seeks the service and a health care worker who refuses to provide the service and fails to provide the appropriate counseling service. 50 participants from hospitals attended the two-round workshops (25 participants in each round).

**Activity 5.24 Working with MOH for providing technical and financial support**

ESOG is a member of many technical working groups focused on sexual and reproductive health at the national level. It has built trust at the ministry, and the pieces of evidence that it produces have high acceptance. Therefore, ESOG is a keen partner to work with on improving the quality of FP and CAC services in Ethiopia as well as on the anti-abortion stigma struggle. So this project is also directly supported by financial and technical support based on the MCH department's request for the project period. like actively supporting the celebration of Safe Mother Month, the revised abortion technical guideline, the development of national SRH self-care guidelines, and supporting supervision on different sites. Generally, ESOG has been working together with MOH to access and improve SRH services in the country.

**6.** **Challenges**

* The main challenge in the project period was conflict in the Amhara and Oromia regions, with the Oromia region in the first period and the Amhara region in the 1st and 2nd years of the project period, so more activity was performed in the Oromia region than in the Amhara region.
* COVID-19 had affected the program. Some activities were not completed on time, particularly during the first-year project period, like mentorship.
* There is a shortage of medical supplies, particularly abortion couches and FP commodities, gloves, and abortion equipment like forceps and speculums.
* Poor quality of data, particularly on CAC It is not clearly indicated on the HMIS tool.
* Turnover of trained mentors (IESO and midwives) in some hospitals
* The northern Ethiopian conflict had affected particularly North Wollo, i.e., the hospitals and health centers were destroyed.
* It was not able to prepare the PSW tool guide by customizing it to the Ethiopian context and translating it into Amharic and Afan Oromo due to an overschedule by other tasks for the PSW consultant.
* Not able to post-workshop follow-up and impact assessment by using standard stigma measurement tools due to conflict to move each facility from the center.
* Not able to conduct RH rights advocacy workshop for women associations, religious leaders, and community representatives on project site woredas/hospital with health center cluster
* Widespread misunderstandings of the programs and organized anti-choice movements are increasing in the country.

**7. Lessons Learned**

* SRH issues are more critical in conflict situations, so it takes more effort to help conflict-affected facilities.
* It has become apparent that there is a huge gap in the quality of RH service provisions, which requires additional effort and attention by engaging all stakeholders and making sure that the achievements gained from the mentorship program will keep momentum.
* Providers are experience sharing with each other is a good way to prevent stigma.
* Support and strengthen the quality of service based on identified gaps, and the relationship created between a mentor and mentee is a key to continuous engagement and lasting change.
* Ongoing technical support and in-service training for all MNCH departments by trained mentors and supportive supervision are recommended to sustain the achievements made and improve problems that need critical attention.

**8.. Organizational Changes**

There is no organizational change; the project coordinator is Eyob Mohammed, and Dr. Rahel Demissew is the principle investigator, who is working with ESOG staff to achieve the project's goal.

**9.. Monitoring, Evaluation and Learning**

The project proposal, training reports, and activity reports are shared quarterly with both regional health bureau family health departments and zonal health departments. In addition, project activities and performance are evaluated by the ESOG executive board on a quarterly basis.

**10. Comments** /**Project way forward /**

* There is now growing evidence that misleading information and bold anti-choice movements are circulating on different social media platforms. Unless early interventions are strategically developed and put in place, all the achievements so far could be endangered, including the rights of women and girls. Each stakeholder should have a clear understanding and have champions who continue to be advocates for SAC services.
* Not only quality, but it also has gaps for access for RH, particularly in rural areas, where currently most health facilities are affected by conflict. than it needs our effort to address the gap.
* Clinical mentorship has to be intensive and frequent. In those primary care units in Ethiopia, continuous mentorship can only be achieved if the mentorship activity is one major task of the facilities.
* Support conflict-affected facilities by supplying medical equipment and commodities. It is critical to restoring their duties and improving the basic quality of services.
* Work with the MOH team and other partners that are carrying out similar programs so as to reduce duplication of efforts and address the gaps efficiently.
* Provide support to enhance the quality of the reproductive health database.
* Improve the quality of reproductive health services by using safe and appropriate reproductive health care service packages.