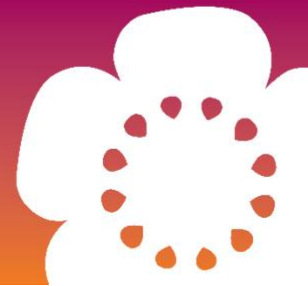

Fostering Inclusive Access to Safe Abortion Care

Lessons from a Digital-Based Health Professional Awareness and Capacity Strengthening Initiative in Ethiopia

Background

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Ethiopia has made notable progress in expanding legal access to safe abortion care (SAC) since 2005. And yet, unsafe abortions continue for various reasons, including providers refusing to offer abortion care due to personal beliefs, stigma, and judgment (Dibaba et al. 2017). Young healthcare providers, who play a vital role in delivering reproductive health services, often lack a comprehensive understanding of the substantial burden and severity of complications associated with unsafe abortion practices. A lack of understanding of current national abortion policies compounds this issue. Furthermore, while the updated legal framework has improved access to SAC, it leaves room for interpretation and allows providers to use their individual discretion when determining if a client meets the criteria for such care (Blystad et al. 2019).

Addressing this knowledge gap is critical. Ensuring all providers understand the benefits and importance of improved access to SAC is crucial to increasing access to high-quality, client-centered services. Prioritizing the education and training of the next generation of healthcare workers is essential to ensuring they are equipped with the necessary knowledge and attitudes to address abortion stigma and expand access to and quality of SAC.

Project Overview

EngenderHealth, with support from the David and Lucile Packard Foundation, implemented an innovative 18-month project (from April 2023 to September 2024) to destigmatize SAC and to counter the growing antichoice movement that has affected healthcare professionals and health services in Ethiopia by supporting local social movements. To this end, the project trained women- and youth-led organizations, medical professional associations, and healthcare professionals to leverage social media to refute antichoice messaging and misinformation and to address bias among healthcare providers. As part of this work, we piloted a digital-based awareness, advocacy, and communication campaign to nurture gender-sensitive, youth-friendly SAC practices among health professionals who could then also contribute to efforts to destigmatize SAC within their communities.

The project integrated EngenderHealth's gender, youth, and social inclusion tools in creating the social media movement. We collaborated with Yetena Weg, a local professional volunteer network with a mentorship platform where health professionals share their experiences and learn from each other. Yetena Weg also promotes health awareness through social media. The project conducted digital advocacy and communication training sessions focused on sexual and reproductive health and rights (SRHR) for Yetena Weg volunteers and facilitators. Together with these Yetena Weg members, we co-designed a digital-based awareness tool as well as a comprehensive learning guide comprising tools outlining roles and responsibilities, a course syllabus with expected learning outcomes, and tailored presentations. Using a virtual learning format, the digital tool focused on sensitizing and training young health professionals on critical SRHR issues, including values clarification and attitude transformation

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and gender, youth, and social inclusion. The training program that the project developed totaled 16 hours of webinar sessions, to be completed as 4 hours per week over the course of 4 weeks.

The project also engaged other selected professional associations, medical institutions, and SRHR advocates and organizations to foment social movements integrating evidence-based advocacy and awareness on SAC. Furthermore, EngenderHealth provided enhanced support to the National Coalition for Comprehensive Abortion Care to assist the Federal Ministry of Health in proactively addressing antichoice movements.

Analysis Methodology

EngenderHealth applied a multi-pronged approach to assessing the success of this project, drawing from secondary sources (such as project documents and reports) as well as primary data that we gathered through key informant interviews with stakeholders involved in the digital awareness and advocacy initiative, including project staff, facilitators, and participants. We compiled and analyzed insights and perspectives collected from these interviews to identify recurring themes and extract the key findings. We also tracked the number of people reached through social media campaigns by counting the interactions on project-supported social media platforms.

Project Activities and Results

Partner Engagement

EngenderHealth meaningfully engaged and strengthened the capacity of key stakeholders with experience and expertise in promoting SAC to build a social media movement. Strategically partnering with established professional associations, volunteer networks, and women- and youth-led organizations and institutions was key to fostering local ownership and sustainability of the digital awareness and advocacy activities. For example, EngenderHealth developed memoranda of understanding with Yetena Weg and St. Paul Institute for Reproductive Health and Rights and held regular discussions with relevant officials and managers throughout the life of project to continuously coordinate project activities. Through proactive and transparent communication with project coordinators, trainers, and trainees—beginning with induction sessions held before the training commenced—EngenderHealth established positive relationships with stakeholders and garnered local buy-in for project activities.

Digital Awareness Guide and Tools Preparation

EngenderHealth prioritized webinar topics and developed related content based the project's primary objective of destigmatizing abortion and expanding access to SAC. Thus, the training covered select components of SRHR, including provision of SAC in accordance with the national legal framework, roles and responsibilities of healthcare providers, and gender-based violence prevention and response. We integrated values clarification and attitude transformation content and gender, youth, and social inclusion approaches into the training to help participants explore assumptions and perceptions and to promote inclusive, unbiased, client-centered attitudes for SAC service provision. The project adapted and developed materials to best meet the needs of the young healthcare professionals in Ethiopia; this included

> "The most impactful content was on gender roles, youth, and safe abortion. These topics were engaging and interactive, prompting active discussion and participation from the webinar participants."
>
> Participating Medical Doctor

incorporating case studies and scenarios sourced from local health facilities to ensure the content reflected participants' experiences and challenges.

Training Design and Implementation Process

The digital-based training comprised a series of webinars and used interactive methods to effectively relay content and facilitate learning. This included a combination of PowerPoint presentations as well as group activities using chat, breakout rooms, digital white boards, and nonverbal feedback mechanisms, such as raising hands and reactions. These interactive approaches helped ensure the training was engaging, relevant, and responsive. Additionally, the project implemented the training through a series of five cohorts. Delivering the training in cohorts allowed participants to continue to share ideas and support each other's learning outside the formal sessions. This approach also allowed the project to refine the training, using each cohorts' facilitator and participant feedback. The most substantial refinements followed the first cohort.

The project continuously adjusted the training based on feedback from participants and facilitators; this flexible approach allowed the project to refine approaches and content to better meet participant needs and enhance their learning experience. For example, we initially scheduled webinars on Fridays and Saturdays; however, this created challenges for participants who attended classes or had other routine commitments on those days. Therefore, we shifted to a Tuesday and Thursday schedule, with evening sessions to accommodate participants attending classes or working during the day. Another important change the project made to respond to participant need was related to the language used for the materials. We initially designed training materials and case scenarios primarily in Amharic, but not all participants were proficient enough to acquire information in that language. To address this issue, we translated various materials in multiple languages and engaged interpreters who provided translation support for the webinars to improve the learner experience and learning acquisition.

Facilitator and Participant Selection and Composition

The project established a multisectoral task force comprising six healthcare professionals and a legal expert to develop the tools and to facilitate the learning sessions. This interdisciplinary approach enabled the project to design and implement sessions to include in-depth discussions and to promote a holistic understanding of the medicolegal aspects of SAC among the participants.

To recruit participants, EngenderHealth and Yetena Weg strategically promoted the virtual training, including by leveraging professional association networks to raise awareness and by announcing the training 15 days in advance on popular social media channels, including Facebook, LinkedIn, Telegram, and X (formerly Twitter). We asked interested participants to register using a Google form. This open, accessible approach enabled the project to engage a diverse group of participants, including men and women of varying ages, from various locations, and from various professional backgrounds (e.g., medical students, midwives, nurses, doctors, and public health professionals). Notably, many interested participants were actively involved in youth-led associations; this supported the project in reaching our key audience of young professionals, including students and practicing medical providers.

In total, 544 individuals applied to participate in the training. Of these 544 applicants, 149 fulfilled the selection criteria and participated in the training—although there was a 5% dropout rate due to inadequate internet access. Participants hailed from various locations across the country, including from seven regions and the two city administrations, and varied by profession, with 84 general practitioners, 20 public health professionals, 18 midwives, 12 nurses, and 4 individuals from other

backgrounds. Notably, 80% of participants were female. Selection criteria included age, a passion for and motivation to learn more about SRHR, and the ability to attend virtual training and to dedicate the required amount of time (four hours per week for four consecutive weeks) to the training.

Project Results

> "I was comfortable to share my experiences and thoughts freely during the webinar."
>
> Participating Midwife

All five cohorts of participants completed a pretest prior to the training and a posttest following the training. The pretest helped establish a baseline of participant knowledge and provided comparison data for knowledge acquisition demonstrated in the posttest. The cumulative average score on the pretest was 74.3%—below the 75% score required for certification.[1] The participants demonstrated marked improvement on the posttest, with a cumulative average score of 81.3%. Two participants scored below the 75% mark on the posttest. These participants had the opportunity to retake the posttest within three days and one scored high enough on the retest to be certified.

> "My view and belief on abortion care were shaped by religion, culture, and social norms. However, the most important factor is the choices the mother makes when facing an unintended pregnancy."
>
> Participating Medical Intern

The project team observed high levels of engagement during the webinars and received overwhelmingly positive feedback for the training, which exceeded participants' expectations. For instance, participants noted that the virtual format and cohort approach created a comfortable and convenient learning environment and allowed them to participate without disrupting school and work obligations. The feedback also suggested positive shifts in participants' views as well as in their understanding of critical issues, such as the legal framework for SAC.

Challenges

While the project designed and modified the training approach to facilitate accessibility and inclusion for a diverse cadre of participants—such as holding the training virtually, adjusting the training schedule, and translating materials—we acknowledge that some groups and/or individuals may have still been unable to participate for other reasons. For instance, access to technology and internet and socioeconomic status may have prevented some individuals who could have benefited from the training from participating. Further adaptations can help future training activities expand reach and improve access for those our project was unable to engage due to these limitations.

Lessons Learned

The key lessons from this experience highlight the importance of diverse collaboration and flexibility and demonstrate multiple benefits of using digital technology for learning. Engaging and collaborating with a diversity of local stakeholders—such as clinicians, legal experts, social media specialists, and women- and youth-led organizations—in meaningful ways throughout the development and implementation of this initiative is key to designing holistic approaches and comprehensive content.

[1] St. Paul Institute for Reproductive Health and Rights, as a continuous professional development center, established the certification requirements and certified participants who achieved a score of 75% or higher.

Further, incorporating feedback mechanisms and embedding flexibility into the training structure allowed the project to continuously adjust approaches and adapt content to maximize impact.

Digital strategies offer a cost-effective and efficient means for reaching a diversity of health professionals. The digital media approach to recruitment allowed the project to engage a range of participants and the virtual training structure supported accessibility and inclusivity. The webinars were cost-effective, eliminating the need for participants to travel to centrally located sites and significantly reducing financial costs associated with such travel (accommodation, transport) as well as resource costs for health facilities that might otherwise be understaffed during the training period. Additionally, this approach created valuable opportunities for students attending health sciences and medical colleges to participate in training that would likely be inaccessible if held on-site.

Conclusion

With active engagement from a diverse range of stakeholders and positive changes in the knowledge, attitudes, and behaviors among young health professionals around SAC, our project's virtual training approach demonstrated promising results. The values clarification and attitude transformation sessions were particularly crucial to addressing deep-rooted biases around this sensitive topic—underscoring the critical need for such training programs. By leveraging the reach and interactivity of the digital webinar format, the team have been able to disseminate accurate, evidence-based information and to facilitate constructive dialogues that have influenced the perspectives of young healthcare providers who may now serve as change agents in their communities. Through this work, the project strengthened healthcare providers' capacity to counter antichoice narratives and contributed to the broader destigmatization of abortion. These initial results indicate the value of this approach and suggests there may be further benefits in expanding this activity and generating additional evidence to support this model as a best practice for future interventions aimed at strengthening capacity and raising awareness around SAC.

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