TRAINING

Training is a core aspect of Gynuity's clinical work. We prepare health professionals to use reproductive health technologies where they are relatively new or underutilized and train them in research methodology to document the use and acceptability of these methods in different contexts. Training can also serve to help providers examine and address potential barriers to service provision. The following summary highlights some of our work in this area.

Supporting Medical Abortion Introduction through Training Initiatives

- At the request of the International Planned Parenthood Federation/South East Asia regional office, Gynuity organized a workshop with a small group of physicians from the North Korean member association and Ministry of Health officials to help prepare North Korea for introduction of medical abortion into abortion services. The meeting took place at the Vietnam Family Planning Association in Hanoi in April, 2007. In addition to offering materials for translation into Korean, Gynuity also developed data collection tools and a database to help document and evaluate the use of the method in the introductory phase.
- In Latin America, Fundación Educación para la Salud Reproductiva (ESAR) trains providers throughout Latin America on the comprehensive management of unwanted pregnancy, treatment of incomplete abortion, and postabortion care. A KAP survey conducted among ESAR-affiliated providers in Colombia, Ecuador, and Bolivia demonstrated low provider confidence in medical abortion and relatively low interest in offering the method, particularly in Ecuador and Bolivia. In collaboration with ESAR and Fundación Oriéntame, Gynuity led one-day participatory workshops for approximately 200 ESAR providers in Ecuador and Bolivia. The goal of the seminar was to address provider attitudes and enhance clinical services by ensuring that women have a choice among available methods of early pregnancy termination.
- In April, 2007, the Mexico City Legislature approved a bill that would allow women to obtain a legal abortion during the first twelve weeks of pregnancy; the bill has since passed into law allowing for abortion services in the Federal District. The Secretary of Health of the Federal District (SSDF) rapidly introduced a program for legal pregnancy termination in 14 tertiary level hospitals throughout the district offering both surgical (dilation and curettage or manual vacuum aspiration) and medical (misoprostol alone) methods. The SSDF is eager to expand the program and to decentralize abortion services from the hospital to the primary care level and has invited Gynuity to train health care providers working in over 30 primary health care centers in the federal district in medical abortion service provision.

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