

Sudan

# Integrated reproductive health centres project

Poverty, drought and civil war in a country as vast as Sudan pose tremendous challenges in addressing the needs of its population. The country's economic and social problems are reflected in its reproductive health indicators: high levels of unmet need are now the focus of the **Integrated reproductive health centres project**.

The objectives of the project are: to increase access to a wide range of high quality family planning and reproductive health services; and to raise the knowledge and awareness of women, men and young people of sexual and reproductive health issues. Twelve integrated reproductive health centres have been set up in 11 states, which will be complemented by community-based services.

The project is innovative at two levels: firstly for the FPA itself and secondly within the context of health care in Sudan.

Before the project began, SFPA's branch-level programme focused mainly on IEC and advocacy, while services – mostly family planning – were provided through government clinics and a network of community-based service workers. Since the opening of the integrated reproductive health centres, however, the 12 FPA branches have turned their attention to providing comprehensive sexual and reproductive health services. This has led to a significant shift for the branches, and has resulted in increased visibility for SFPA both at branch and national levels.

SFPA's integrated reproductive health centres are unique in Sudan. The centres distinguish themselves through their quality of care as well as the comprehensive package that is offered – integrated services at affordable prices.

The project meets almost all the challenges set out in IPPF's Vision 2000 strategic plan: to address unmet needs in sexual and reproductive health, to broaden the scope of services provided, to target young people, to work with women to improve their status and to improve quality of care.

**PROJECT TITLE**

Integrated reproductive health centres project

**IMPLEMENTED BY**

Sudan Family Planning Association (SFPA). The SFPA was set up in 1965. It is committed to providing quality SRH services for women, men and young people.

**PROJECT AIM**

To improve reproductive health by increasing access to quality SRH services and raising knowledge and awareness of SRH among women, men and young people.

**FUNDING**

IPPF Vision 2000 Fund

**BUDGET**

US\$1,545,308

**DURATION**

July 2000 to June 2005





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### THE SHEER DIMENSIONS OF THE CHALLENGE

Although 67% of Sudan's population is rural, wars and natural disasters have resulted in the dramatic growth of peri-urban areas, which lack even the most basic services.

There are high levels of unmet needs in SRH, which are reflected in high maternal and infant mortality rates. The contraceptive prevalence rate is low. At the same time many couples report fertility problems.

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Female genital mutilation (FGM) is still a dominant cultural practice that affects the health of women and girls. In 1999, prevalence was estimated at 90%. FGM often leads to ulceration and complications during childbirth.

The country's geographic location, a long civil war, large internally displaced populations and international migration have made Sudan vulnerable to HIV/AIDS. Most HIV transmission is thought to be heterosexual.

These, and other factors, demonstrate the need for comprehensive SRH services as well as mother and child health care, in tandem with an effective IEC strategy that tackles obstacles to family planning and safer sexual behaviour.

### PUTTING THE 'QUALITY' INTO CARE

**The project has recruited 5,721 new family planning users and recorded 139,911 visits for other SRH services through its 12 integrated reproductive health centres. A steady increase in the number of revisits indicates good levels of client retention.**

A stepped approach was devised so that 12 integrated reproductive health centres were renovated in three batches, and became operational in groups of four at a time.

The centres are located strategically: most are in central areas, close to bus terminals and markets. The catchment area covers urban as well as surrounding rural areas. The major attractions of the centres are access to high quality health services at a reasonable price and the availability of medication.

Buildings for the centres are provided rent-free by the government. Additional support has been received from the community and partner organisations, such as materials to refurbish the centres.

Considerable thought and energy are invested in staff recruitment and training with clinical training in SRH for doctors, training in SRH counselling for nurses and training in record-keeping for clerks.

The range of services has been standardised across the 12 centres. Services include: family planning, gynaecological care, antenatal and postnatal care, breast examination, child care, diagnosis and

treatment of STIs, ultrasound, laboratory services and general health services. Counselling by service providers with good inter-personal skills facilitates clients' decision-making on family planning and other services.

Clients are treated with warmth, courtesy, consideration and attentiveness in a way that respects their dignity and allows them to express their needs and concerns.

Service statistics reflect the relevance of the integrated service approach. The centres clearly play a very important role in mother and child health and attracting clients for MCH services provides a good opportunity to engage and encourage potential new family planning users. This is reinforced by the availability of videos and leaflets in waiting rooms which offer SRH information.

Much attention is paid to quality of care, a factor which contributes to the success of the centres. Clients report that they are treated as a person: with warmth, courtesy, consideration and attentiveness in a way that respects their dignity and allows them to express their needs and concerns.

So far, the vast majority of clients are female. Few men request services for themselves, although a few accompany their wives on their first SRH visit or to seek medical care for their children.

### IEC IS A KEY CHANNEL TO DEVELOP KNOWLEDGE AND INFLUENCE ATTITUDES

**IEC strategies and campaigns are supporting service delivery and enhancing the knowledge of men, women and young adults. Inter-personal communication, seminars for different groups, regular mass media coverage, production of IEC materials, and use of drama and songs are good examples of activities that appeal to the target population. The positive impact of the IEC strategy is apparent from increasing numbers of clients, and the mobilisation of community and religious leaders to eradicate female genital mutilation and combat STIs/HIV/AIDS.**

The IEC component is underpinned by the findings of a needs assessment study. These ensure accurate targeting and deployment of appropriate communication strategies and channels. Focus group discussions using qualitative research methods pinpointed many crucial issues.

**Adult women:** key issues identified by women were rumours about the side-effects of contraceptives, as well as STIs and birth spacing. The study recommends home visiting, training religious leaders, targeting women's unions to support and lobby for women, regular IEC sessions at the centres and use of the radio.

**Adult men:** men showed some interest in reproductive health, although it is traditionally considered as a women-only issue. The study recommends training male leaders and religious leaders to enable them to educate other men.

**Young women:** issues raised focused mainly on the implications of female genital mutilation, unwanted pregnancies and difficulties in obtaining SRH services. The study recommends the use of inter-personal communication and information via radio and television. It also recommends educating older women on the physical and psychological hazards of FGM so that, in time, they may be less likely to continue this practice.

**Young men:** most issues highlighted were behavioural, focusing on unprotected sex and drug addiction especially in refugee camps. The study recommends using inter-personal communication, education through entertainment, training groups of youth leaders and the production of IEC materials.

#### CLEAR MILESTONES FOR FUTURE DEVELOPMENT

Much remains on the agenda for the balance of the project, and concerted efforts will address a number of areas.

Priority is being given to integrating SFPA's community-based services during the next phase of the project. This will allow more clients from a wider catchment area to make use of the quality services available. At the same time an increasing number of clients will contribute to project sustainability. There are also plans to upgrade the skills of community-based service workers who currently distribute pills and condoms.

Effective referral systems are being set up, with the integrated centres acting as the key links in the chain. They will receive referrals from the community-based service workers in surrounding rural areas, and will in turn refer cases to tertiary care institutions as necessary. A study is planned to identify barriers that might prevent referred clients from actually going to the health centres, such as cost of transport, and cultural and other issues.

Appropriate ways to provide emergency contraception will be explored.

Because of the increasing incidence of HIV infection, there is an urgent need to prioritise dual protection. Condom use for STI/HIV/AIDS prevention remains a very sensitive topic. SFPA therefore has the opportunity to play a pioneering role in widening the debate and, slowly but surely, exploring innovative and culturally acceptable ways to promote the accessibility and consistent use of condoms.

Young people have participated from the start through their involvement in refurbishing and promoting the centres. The FPA is now considering offering young people meeting facilities after clinic opening hours which would give them an opportunity to familiarise themselves with the services and increase their sense of ownership of the centres.

Service statistics and accounts will be computerised, which will facilitate the analysis of cost-effectiveness.

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#### FORGING RELATIONSHIPS THROUGH PERSONAL, PROFESSIONAL AND POLITICAL SUPPORT

Several factors played a key role in getting the project off to a good start and ensuring smooth project implementation.

A project launch workshop – which focused on advocacy and project awareness-raising – provided an excellent opportunity to bring everyone on board.

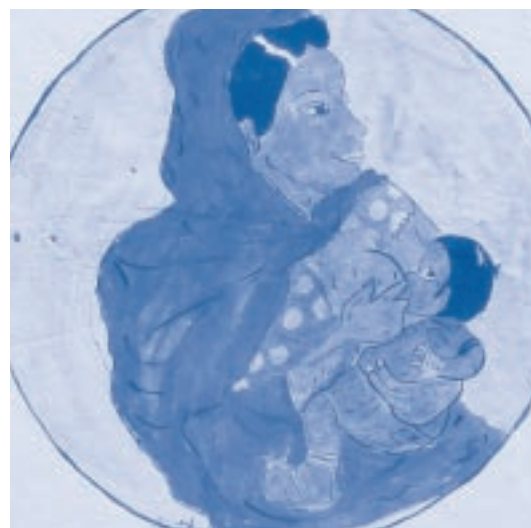
IPPF's Arab World Regional Office worked closely with the FPA to develop unified standards to renovate and equip the centres, to devise tools and procedures for quality of care and clinical information, and to design project studies. The synergy in this teamwork approach proved very beneficial. Effective project management, and working hand in hand with committed and energetic volunteers, contribute to successful community mobilisation and good governance.

**One mother in El Gadarif sums up the feelings of many satisfied users who visit the integrated reproductive health centres.**

'I heard about the centre through my mother. She took me there the first time I went to have my baby weighed and to get her vaccinations. My mother and I both liked it because it is clean and the staff are friendly. There is a doctor, a nurse, a laboratory and you can even buy medication in the pharmacy at the centre. I now go there by myself every time I come to town and need more contraceptive pills.'

(Source: client interviewed during the Mid-term Review, December 2002)

**IEC strategies and campaigns support service delivery. Attracting clients for mother and child health care provides a good opportunity to discuss more sensitive issues such as family planning.**



Community mobilisation has been extremely strong and consistent, and represents a major achievement. Community, cultural and religious leaders demonstrate personal, professional and political support at a level which goes way beyond mere lip service. Their commitment is crucial for institutional as well as financial sustainability.

## Community, cultural and religious leaders demonstrate support which goes way beyond mere lip service.

Steering committees involve important players at national and local levels. The committees include key representatives from the community and government as well as partner NGOs. Branch committees were successful in obtaining contributions in kind to renovate the centres: these included the donation of building materials and refrigerators to store medicines.

Networking with NGOs is effective at all levels, and is particularly valuable for joint advocacy on sensitive issues such as FGM. Strategic partnerships have been built linking SPPA branches with their respective health and social affairs ministries.

The project has contributed to the increased visibility of SPPA: this creates a new opportunity for the Association to consolidate its position as Sudan's leading non-governmental SRH organisation.

The presence of the project also raises new expectations and initiatives. For example, at the request of the community in Port Sudan, SPPA set up a nursery to provide child care for under-fives. In time, this nursery is expected to become self-sufficient.

### PROMISING FORECASTS FOR PROJECT SUSTAINABILITY

An important project aim is to increase access to SRH information and services to a wider population, in particular those who are marginalised and under-served. This is reflected in SPPA's pricing policy, with fees waived for clients who cannot afford to pay.

Cost recovery is essential to ensure continuity of the centres beyond project funding. Overall cost recovery was 38% in 2001 and 57% in 2002. Forecasts for future cost recovery are very promising, based on the assumption that the project will continue to obtain contraceptives free of charge. Several clinics expect to achieve financial sustainability towards the end of the project.

From 2003, the project is being funded jointly by the European Union and Vision 2000 Fund.

### INNOVATIVE MODEL ... ON TRACK TO ACHIEVE PROJECT GOALS

The model for providing integrated services tested through this project is innovative. If high levels of cost recovery continue to be reached, the model will offer good prospects for replication by SPPA and other organisations. A number of lessons can be learnt from project implementation so far.

- Providing general health services not only fulfils needs, but also offers an entry point to start talking with clients about more sensitive issues such as family planning.
- The project launch workshop resulted in strong partnerships and high project visibility.
- Intensive monitoring and technical assistance, in particular during the start-up phase, have been key to successful project implementation.
- Developing the centres in phases enabled SPPA to set up a large project in a relatively difficult environment where there are long distances between states and difficult logistics.
- The involvement and visibility of key figures and leaders in society also boost the confidence of clients and potential clients.
- Integrating a sustainability plan into the initial project design has resulted in good prospects for long-term project viability.

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# profile Sudan



The project is based in 12 sites in 11 states: Atbarah, Dongola, El Fasher, El Gadarif, El Obeid, Juba, Khartoum, Medani, Nyala, Port Sudan, Sinnar and Um Rawaba.

- Population is 32.6 million, with 33% aged 10–24.
- Human Development Index ranking: 139 out of 173 countries. (Source: UNDP 2002)
- Average life expectancy at birth is 56 years.
- The infant mortality rate is high at 82 per thousand live births.
- The maternal mortality rate is very high at 1,500 per hundred thousand live births.
- The total fertility rate is estimated at 4.9 with only 10% of married women aged 15-49 practising family planning (7% for modern methods). (Data prior to 1996)
- 86% of all births are assisted by trained personnel.
- Population living with HIV/AIDS (15-49) is 2.6%.
- The literacy rate among adults is 46% for women and 70% for men.

(Source: PRB 2002)

# contact

Vision 2000 Funds, International Planned Parenthood Federation  
Regent's College, Inner Circle, Regent's Park, London NW1 4NS, UK  
Tel: +44 20 7487 7900 Fax: +44 20 7487 7950 E-mail: info@ippf.org  
[www.ippf.org](http://www.ippf.org)