

Sudan

FACTFILE

Title Integrated Reproductive Health Centres

IPPF Member Association Sudan Family Planning Association (SFPA)

Set up in 1965, SFPA is the country's leading non-governmental organization promoting and providing sexual and reproductive health services.

Aim To improve the reproductive health of under-served people.

Duration Five years: 2003–2007

KEY ACHIEVEMENTS

- ▶ High quality of care standards were reached in clinic service delivery, endorsed by high client satisfaction.
- ▶ Innovative use of the media reached a wide audience, including radio broadcasts that tackled issues of family planning in Islam.
- ▶ Backing for the project by local community leaders, governmental, religious and women leaders, and non-governmental organizations allowed conservative and religious opposition to be challenged and increased advocacy for sexual and reproductive health provision.
- ▶ SFPA worked to ensure a lasting relationship with the Ministry of Health.

PROJECT OVERVIEW

Serving disadvantaged and vulnerable groups

Sudan has been witnessing violent civil wars since the mid-50s, which have profoundly divided the country. The consequences of this conflict have been extreme. The country has a large population of internally displaced people, exacerbating problems of urban poverty and increasing pressure on the poor urban infrastructure.

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In this context, the project was designed to provide a wide range of quality sexual and reproductive health services by setting up 12 integrated reproductive health centres in 11 states. A stepped approach was devised so that the centres were renovated in three batches, and became operational in groups of four at a time. The project clinics were well spread geographically – over the North, East, West and Central parts of the country.

Central role of quality assurance

SFPA made service quality central to its work. A review found that its quality of care was notably better than other mainstream health care providers. Much attention was paid to various aspects of quality of care, including appropriateness of environment, personnel competence, range and choice of services provided, user-friendliness, general clinic management and infection prevention. Clients were clearly treated with respect and dignity.

KEY PROJECT STATISTICS

Number of new family planning users: 39,117. During 2003–2004, there was a 47 per cent increase in new family planning users, rising to 75 per cent during 2004–2005.

21,733 couple years of protection were provided.

Number of non-family planning sexual and reproductive health services provided: 654,852.

274 community-based workers and peer educators were trained.

The project reached 68,122 people with sexual and reproductive health messages, by conducting 1,125 information, education and communication sessions at places of worship, workplaces and educational establishments.

Significant collaborative efforts at community level

As a result of SFPA's efforts, hundreds of Islamic leaders in all 11 states addressed the importance of birth spacing and the negative health impact of female genital mutilation during Friday prayers. Religious leaders and SFPA staff and volunteers also went out into the communities together on special days, such as International Women's Day and World AIDS Day, to discuss sexual and reproductive health issues.

Young people were involved at all stages of the project: they participated in refurbishing the clinics, were targeted by awareness raising activities and were fully engaged in peer education initiatives. Students from state universities were the main actors in awareness campaigns and devoted particular efforts to combating stigma through drama, music and sport.

Increased knowledge leading to behaviour change

Surveys showed important behaviour changes resulted from the project.

The importance of being attended by a skilled health professional during childbirth was successfully put across, with 36 per cent of women delivering their last child at public facilities compared to 16 per cent previously.

HIV awareness increased, with 87 per cent of women changing their practice by using condoms and having one partner.

Compared to 43 per cent previously, 89 per cent of women said that they do not intend to circumcise their daughters in future.

Further effects of armed conflict

Conflict in the south of the country meant that two clinics had to be closed to avoid security risks to staff and clients.

There was a strong level of collaboration between the 12 integrated reproductive health centres and the state governments from the outset.

LESSONS LEARNED

Organizing a project launch workshop resulted in strong partnerships and high project visibility, opening up new advocacy opportunities.

Phasing in a project of such a scale enabled SFPA to manage a large project in the relatively difficult country environment with long distances between provinces and difficult logistics.

The centres were well supported by the highest level of policy makers and parliamentarians in each state.

Community participation was a key factor in the success of the project and certainly contributed to project sustainability.

Strong levels of collaboration and partnerships

There was a strong level of collaboration between the 12 integrated reproductive health centres and the state governments from the outset. Governors at state level played an important role in advocacy and promotion of the centres. In addition, strategic partnerships existed with SFPA branches and the ministries of health and social affairs.

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A strong collaborative relationship was formed with UNFPA, involving joint information and awareness raising activities and provision of contraceptives, including condoms provided by UNFPA. UNFPA has also sought collaboration with SFPA to learn from its experience of working with community-based workers in setting up, implementing and monitoring a referral system.

Project continuation and sustainability

Building in a sustainability plan as part of the project design has resulted in good prospects for the sustainability of the project.



COUNTRY STATS

Population is 39.4 million, with 41 per cent under the age of 15. (2008, Population Reference Bureau)

32 per cent of population is aged between 10 and 24. (2006, Population Reference Bureau)

Human Development Index ranking: 147 out of 177 countries. (2005, UNDP Human Development Report 2007/2008)

Average life expectancy at birth is 57.4 years. (2005, UNDP Human Development Report 2007/2008)

The infant mortality rate is 81 per thousand live births. (2008, Population Reference Bureau)

The total fertility rate is 4.8 (2000–2005) with only 7 per cent of married women aged 15–49 practising family planning. (1997–2005, UNDP Human Development Report 2007/2008)

90 per cent of all girls have been subject to female genital mutilation (survey conducted in Northern Sudan). (Update on FGM/C, Global Consultation on Female Genital Mutilation/Female Genital Cutting (FGM/FGC) 30 July–3 August 2007, Addis Ababa, Ethiopia)

Population living with HIV/AIDS (aged 15–49) is 1.6 per cent. (2005, UNDP Human Development Report 2007/2008)

87 per cent of births are attended by trained personnel. (1997–2005, UNDP Human Development Report 2007/2008)

