

PD MAIL 193
407 2298

45-0002/53



Memorandum

Date February 4, 1981

From Carl W. Tyler, M.D., Assistant Director for Science, CHPE,
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Subject Foreign Trip Report (USAID/RSSA): Population/Family Planning
Program Review of AID-Supported Activities in the Sudan,
October 1-21, 1980

To William H. Foegen, M.D.
Director, Centers for Disease Control (CDC)
Through: Horace G. Ogden
Director, Center for Health Promotion and Education (CHPE) *(Tyler, Ogden 2/2/81)*

SUMMARY

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SUMMARY

Dr. Tyler and Dr. Dalmat collaborated with Dr. Carole Tyson, Africa Coordinator (DS/Population/Africa, USAID-ITCA) in reviewing USAID's support of population/family planning activities in the Sudan. The Team accomplished the following objectives as per its scope of work:

- (1) To ascertain the positions, concerns, and support of Sudanese pertaining to population/family planning within the context of development priorities, strategies, and plans.
- (2) To determine the extent to which activities currently supported by USAID address Sudanese priorities and fit within AID development guidelines.
- (3) To develop a framework for determining future requirements for USAID support in the field of population/family planning in the Sudan.

This framework, "Review of Health and Population Issues and Activities and Recommendation for a Population Assistance Strategy for the Sudan," is being used by USAID/Sudan to prepare its 1982 Country Development Support Statement (CDSS).

I. Places, Dates, and Purpose of Travel

Dr. Dalmat arrived in Khartoum October 2, 1980, to work out a team plan with Dr. Mary Ann Micka (Health Officer, USAID/Sudan) for the conduct of a Population/Family Planning Program Review. In the process, Dr. Dalmat made a site visit to one of the USAID-sponsored projects under review, read basic documents, interviewed Government of Sudan (GOS) officials, and developed a tentative work plan and briefing booklet for discussion with the two other team members. Dr. Tyler arrived on October 9th and Dr. Tyson joined the team on the 10th.

The Team visited all projects that are actively being supported by USAID and interviewed key staff members. To the extent that time permitted, the Team made field trips to observe project developments firsthand. Preliminary observations and recommendations were presented to, and discussed with representatives of the Ministry of Health (MOH) and the different implementing organizations responsible for the AID-supported activities reviewed. Dr. Tyler shared his observations with the USAID Mission Director, Dr. Arthur Mudge, prior to his departure on October 16. Dr. Tyson and Dr. Dalmat stayed on through October 19th and 20th, respectively, to visit a cross-section of Primary Health Care facilities in Gezira Province. In addition, they reviewed the preliminary observations and recommendations with Dr. Mudge and discussed Sudanese reactions to the them based on Dr. Micka's report from a follow-up meeting with her counterparts which the Team did not attend.

This travel was in accordance with the Resource Support Services Agreement (RSSA) between the Office of Population, USAID and CDC/CHPE/FPED.

II. Principal Contacts

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III. Scope of Work

The Program Review Team (PRT) was asked by USAID/SUDAN to obtain answers to the following questions as a result of the Program Review:

- (1) "What is the population policy of the Sudan?"
- (2) "How well do these projects fit into this population policy? or are they just doing their own thing and serving the interests of their respective champions?"
- (3) "Are the projects accomplishing the purpose for which they were funded?"
- (4) "Is there adequate coordination among USAID/W contact persons to understand the relationships among all the players in the Sudan?"
- (5) "How do these projects fit in the USAID/CDSS for the Sudan with its emphasis on building health infrastructure in the newly developing regional system and improving basic health services for rural Sudanese?"
- (6) "What should the population policy and implementation plan be for USAID/Sudan by which all new applications and renewals will be judged?"
- (7) "How well are the concepts of family health and child spacing being furthered in these projects?"

Priority was given to answering questions 1, 2, 5, and 6. The PRT was able to make preliminary assessments of the extent to which the different USAID-supported activities are meeting their stated objectives (i.e., question 3). Specific recommendations are made concerning coordination among donor organizations (question 4) and the need to systematically assess the MCH/family planning training and Information, Education, and Communications components of all family planning activities in the Sudan (question 7). Due to time limitations, questions three and four will probably require further clarification.

Dr. Micka, Michelle Foster (IDI), Haytham Matthews (Resident Advisor, Columbia University), and Ibrahim Zurgan (Anthropologist) USAID/Sudan contributed in different capacities to the Program Review. In addition, Dr. Susan Stout and Ms. Ann Kubisch from Battelle's Human Research Centers were present during the Program Review and were conducting their own investigation of population dynamics activities (i.e., data collection and analysis; analysis use of data for policy formation and development planning). Rather than duplicate efforts and retrace their steps, the PRT reviewed their findings with them both in the Sudan and in Washington, and has incorporated many of their findings, insights, and recommendations into the document prepared as a result of the consultancy, "Review of Health and Population Issues and Activities and Recommendations for a Population Assistance Strategy for the Sudan." Section IV of this report highlights the findings and recommendations from the report.

IV. Highlights of Findings and Recommendations

A. Introduction

A program review of population/family planning activities in the Sudan was initially sought by USAID/Sudan in 1979 as a means of preparing a Population Assistance Strategy as part of its CDSS for FY '80. It was again requested by Dr. Mary Ann Micka (Health Officer) soon after she joined the Mission in 1980 to help in establishing priorities among thirteen existing projects and other activities under consideration in the field. A three-person team completed the field work phase of the program review in the Sudan during the period from October 1-21, 1980. The team consisted of Carl W. Tyler, M.D. (Director, Family Planning Evaluation Division, Centers for Disease Control), Michael E. Dalmat (Coordinator of African Activities, Family Planning Evaluation Division, Centers for Disease Control), and Carole Tyson, PH.D (African Coordinator, DS/POP/AFR).

When the Program Review Team arrived in Khartoum, the Battelle Health and Population Study Center was in the process of completing its assessment of Sudanese population problems, issues, and perspectives. As part of this investigation, the Battelle Team identified population-related research, researchers, and potential users of research findings among development policy makers and planners. It was recommended that the PRT not duplicate these efforts, but instead, focus on the family planning and reproductive health aspects of the program review.

The Program Review was completed in four stages. First, the PRT reviewed documents and prepared a detailed background booklet in the U.S. After being briefed by Dr. Micka in Khartoum, the PRT interviewed appropriate individuals responsible for MCH/family planning in the Sudan and made site visits to each of the active projects, including field trips. Preliminary findings were presented separately to Ministry of Health and project officials, and then to the USAID Director. A more intensive document review was later conducted in the U.S. as part of the preparation of the final document.

Part of the PRT's assignment was to describe population/family planning and reproductive health problems and activities within the Sudanese context: i.e., demographic, economic, social, and political environment; national development priorities; health problems, priorities, and delivery system capabilities; and population issues and positions in addition to laws pertaining to family planning. We were also asked to review the status of population/family planning activities in the Sudan and assess the extent to which they are compatible with Sudanese priorities. Having accomplished the above, the PRT drafted recommendations for a Population Assistance Strategy. These activities are outlined in Appendix A which shows the Table of Contents of the technical report.

B. Problem Statement

Economic growth in the Sudan (4% per annum) is not providing for significant improvements in the standard of living of Sudanese (per capita income is US \$120 per annum with a reportedly high annual inflation rate). Delayed returns on massive short-term foreign investments have increased the balance of payments deficit from US \$312 million in 1973 to US \$1.3 billion in 1980 (by 1985 US \$6.5 billion of Saudi and Kuwaiti funds will have been invested to produce 40% of the Arab World's food). This position has forced a GOS posture of caution with respect to public sector investments, especially in social services. Investment in the health system, intended to provide primary health care services to all Sudanese, is spread over the next 20 years. Stress on the production of export commodities and patterns of rural-to-urban migration have hampered the supply and distribution of food for domestic consumption which may influence the nutritional status of the most vulnerable population, children.

The limited transportation and communications infrastructure severely slows down the pace at which the regionalized Primary Health Care System is being implemented. Sudanese are taking into consideration cultural and environment characteristics of some of the distinctive peoples of the Sudan when structuring the health system (i.e., nomads of northeastern Sudan)--adaptations are still required for effective delivery to the peoples of other areas. Recent influxes of more than 400,000 refugees from neighboring countries and the emigration of large numbers of professionals and skilled laborers from the Sudan makes progress in providing social services even more difficult in the South than in the North.

The position most commonly espoused by government officials is that large increases in the size of the population are needed in order to more fully exploit the national resources of the Sudan for its development. Others are in agreement with this position in principle, but contend that the natural rate of increase (3% per annum) needs to be reduced in the short-run in order to translate economic growth into improvement in the quality of life of Sudanese (e.g., 20% literacy currently).

The life expectancy at birth is 47 years for males and 50 for females. Infant mortality is estimated to be between 135-145/1000 live births and child mortality is believed to be particularly high among two and three year olds due to malnutrition, anemias, diarrheal and upper respiratory infections, communicable diseases (e.g., measles, tetanus, whooping cough, polio), prematurity associated with maternal "depletion," and low birth weights. Maternal mortality and fetal wastage are reportedly extremely high, and infertility is thought to be a problem.

C. Highlights of Strategy

Specific recommendations are founded on three premises: (1) USAID support in population/family planning should build upon the progress of programs to which the Government of Sudan (GOS) is committed; (2) USAID-supported activities should reinforce each other's contributions and the contributions of non-USAID initiatives; and (3) USAID assistance should be provided to fill important programmatic gaps in the population/family planning field.

In order for projects to benefit from each other's experience, opportunities should be created for project directors to meet and consult with each other. Meetings should be structured around a common interest, for instance, seeking to improve an element of service delivery or the investigation of a specific health or population problem.

It is imperative that USAID, the UNFPA, and Sudanese officials coordinate their planning. Only in this way will programmatic gaps be filled and unneeded duplication of effort be avoided. Also, coordination during implementation among donors can contribute to exchange of experience between projects - - project managers are often so busy with their day-to-day duties that they are not likely to identify opportunities to learn from their colleagues.

Specific recommendations made by the PRT are summarized below:

- (1) The Sudan Family Planning Association (SFPA) and centrally funded USAID intermediaries (e.g., International Training for Health - INTRAH) should bolster the Maternity Centered MCH/Family Planning Program. This program is training health professionals working in the Primary Health Care (PHC) System to return to their jobs and offer family planning services and improved MCH care. In this capacity, the Maternity-Centered MCH/Family Planning Program represents an excellent opportunity to accelerate provision of MCH/family planning services nationwide.
- (2) The SFPA and possibly INTRAH should jointly assess the MCH/family planning portions of the training curricula of PHC System health workers of all skill levels and correct any deficiencies.
- (3) The Soba-Butri and Community Family Health Demonstration (CFHP) projects should concentrate on ironing out some of the deficiencies in village-based delivery of services. Because of the small scale of these projects, changes can be introduced and tested relatively easily, thereby benefitting both the PHC System and the delivery of MCH/family planning services.
- (4) The SFPA should receive additional assistance from IPPF, Pathfinder, or FPIA to open regional branches. This will provide a solid basis for assisting Maternity Centered MCH/Family Planning graduates through localized supervision, resupply, and public awareness and motivation support. A full-time assistant to the director of the SFPA should be employed to implement

the regionalization and gradually assume the administration of the SFPA's operations, enabling Dr. Attabani to retire from management and concentrate on family planning "diplomacy" and policy direction.

(5) Future public awareness and motivation efforts need to be strengthened significantly, especially with respect to winning the support of leaders from the village on up; motivating acceptors to continue planning, individually and in groups. Mass media approaches should be discouraged at this point of time. Activities should focus on reinforcing "I, E, and C" for existing projects, including the Maternity Centered MCH/Family Planning Program.

(6) Research that should be given priority in the field of reproductive health for its potential public health and policy benefits includes investigation of:

- the prevalence and epidemiology of infertility;
- the epidemiology and maternal, infant and child mortality in the Sudan plus the effectiveness of strategies employed by the Soba-Butri and CFHP projects to reduce the mortality among these groups;
- the role of childspacing and other aspects of family planning on the growth and development of children;
- the determinants of personal decisions regarding acceptance of family planning, age at marriage, and age at first pregnancy.

(7) A high level, respected body of politicians, scientists, public servants, and representatives of the private sector should be established to (a) identify research needs as perceived by policy makers, development planners, and researchers, and to establish research priorities; (b) create opportunities for the effective communication of research findings to policy makers and development planners; and (c) give adequate visibility and objectivity to population-related problems within the context of meeting National Development Priorities.

(8) An information exchange service should be established to catalogue population-related research that has been conducted, and to provide policy makers, planners, and researchers with up-to-date lists and locations of the research of interest to them.

(9) Assistance should be provided for the successful and timely completion of the 1982 Census to the extent not already available from the UNFPA.

(10) An objective assessment should be made of the need to expand data processing capacity in the Sudan in order to meet peak and normal demands.

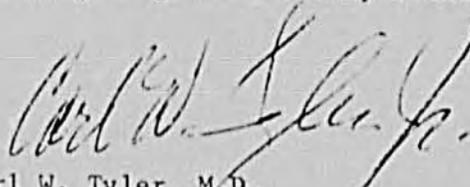
(11) A better understanding is needed of how the cultural and environmental characteristics of different ethnic groups in the Sudan influence the health and well-being of these peoples and the ability of the health sector to meet their needs.

(12) A better understanding is needed of how development policies and programs, specifically those related to MCH/family planning, literacy and vocational training, and economic development, influence the health and well-being of Sudanese women. Once identified, programs designed to advance the welfare of women, and consequently their children, should be supported.

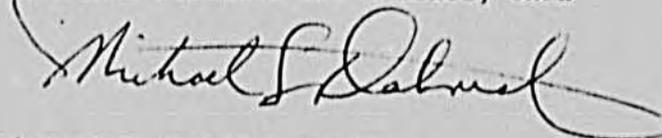
V. Other Activities

The project director of the Community Family Health Demonstration Project, Dr. Abdel Rahman El Tom, requested that Dr. Dalmat assist his project's staff in specifying its needs for evaluation, developing an outline of the project evaluation plan, and in drafting morbidity surveillance techniques, mortality reporting procedures, and other data collection instruments for use by village health workers and professional staff. Dr. Dalmat provided assistance during periods that did not conflict with the Team's work.

Dr. Tyler was invited by Dr. El Tom (Chairman, Department of Community Medicine, University of Khartoum Medical School) to teach two sessions to medical students on the epidemiology of reproductive health and family planning. In addition, Dr. Tyler interviewed a number of candidates for the Rockefeller/CDC International Training Program in Family Planning Evaluation and Epidemiology.



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APPENDIX A

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