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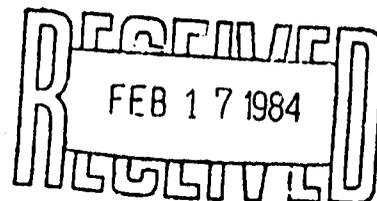
International Project

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January 19, 1984

TRIP REPORT - SUDAN

January 3-5, 1984



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I. Purposes

- Technical assistance, SUD-01-NV-6-A, Sudan Fertility Control Association (SFCA)
- Program assessment and development of continuation proposal, SUD-03-SV-1-A, Khartoum North Hospital
- Coordination with USAID/Khartoum
- Discussion of male clinic proposal, SUD-04-SV-1-A-V

II. Summary and Conclusions

The year 1984 is a critical year for the SFCA. Continued AVS funding was in doubt unless this NAVS carried out substantial VSC-related activity during the year and documented same, and improved its management capability. The purpose of the site visit was to assist SFCA in developing a more specific plan of action oriented to VSC services, and it was agreed that eight seminars for medical and paramedical personnel would be held. The objective of this effort was the establishment of a referral network to the existing service sites. The budget was reallocated to provide support for the seminar and also to allow for the salary of an Executive Director.

The program at Khartoum North Hospital is now operational, the renovation having been completed and equipment received and installed. AVS support will be provided for two more years at descending levels, after which the hospital will absorb the program.

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The proposal for the establishment of a vasectomy clinic was put on hold in view of the lack of concrete information regarding the potential demand and the recent passage of Shariya (Islamic) laws in the Sudan which presages a trend towards conservatism. The male-oriented I&E component of the SFCA program will soon be operational and, by the end of the subagreement, should provide the basis for a decision as to whether a male-only clinic would be feasible.

The SFCA Model Clinic proposal had been approved by the Regional Minister of Health, and the SFCA was in the process of choosing a site. However, the implementation of VSC services in the clinic was about a year away, so AVS's contribution should be finalized in the Fall. USAID/Khartoum will try to schedule a donors' conference around September 1984, to coordinate the various inputs into the Model Clinic.

III. Meetings with Key Contacts

A. SFCA

The International Committee had only reluctantly approved year-6 funding for the SFCA in view of its record of minimal activity in VSC and emphasis on research. During the site visit, staff explained that SFCA must carry out concrete VSC-related activities and document these in order to be eligible for continued funding. Thus, the main objective of the site visit was to assist SFCA in planning these specific activities.

As SFCA was moving toward the provision of services, it was agreed that I&E seminars directed toward service providers and intermediary personnel (nurses, midwives, etc.) would be an appropriate activity for the Association. The ultimate objective would be the establishment of a referral network to the service sites and the intermediate objective the creation of awareness regarding the role of FP/VSC in protecting maternal-child health.

There will be eight such seminars:

- two for physicians
- four for midwives and nurses
- one for social workers
- one for health visitors

For paramedical personnel, motivation, counseling and referral will be emphasized. (AMERO staff used a model I&E seminar program developed in Tunis as a technical assistance tool to help SFCA prepare its own programs.) It was agreed that Dr. Mutasim will speak on the role of the male. Each seminar will group approximately 20 persons and last 1-2 days. In order to fund these activities,

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the uncommitted balance was used and additional funds reallocated from other budget lines.

In order to improve SFCA's administrative capability, the budget was reallocated to provide funds for 50% of the salary of a full-time Executive Director (FHI will provide the other 50%). This was needed as SFCA Board members are volunteers with other occupations and responsibilities. The hiring of a competent, dynamic administrator is a top priority for the SFCA.

Progress had been made in data collection and in preparation for the essay contest, which was encouraging. However, preparations for the General Assembly did not take into account the requirement that 50% of the topics be related to VSC. Consequently the budget line for this activity was substantially reduced and reallocated to other efforts.

Meeting with Dr. Mutasim Abu Bakr Mustapha

Dr. Mutasim had presented a proposal (SUD-04-SV-1-A-V) for the creation of a male clinic citing as his reason his belief that he could not work within the SFCA. He mentioned that:

- a) there was little support within SFCA for male programs;
- b) without financial control, he could do little;
- c) there was no counseling space at SFCA headquarters;
- d) the referral system to Khartoum North was not feasible since Dr. Kimbal was not interested in doing vasectomy.

We informed Dr. Mutasim that SFCA had agreed to give him complete control over the component's budget and place it in a separate account for him. We also noted that Dr. Nahas's expressed willingness to cooperate with the vasectomy component and that Dr. Kimbal was willing to do the vasectomies. Per Dr. Mutasim, a specific day and time must be set aside by Dr. Kimbal for vasectomy referrals as immediate attention was important to the success of the program. We suggested a meeting among Mutasim, Nahas and Kimbal to arrange the details. Counseling space might also be provided at Khartoum North Hospital.

Despite his misgivings, Dr. Mutasim had already accomplished quite a bit regarding the vasectomy component of the SFCA program. He had hired an I&E Officer and developed materials. Thus, this activity would be operational shortly.

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AMERO staff explained that the next nine months' experience would serve to help us evaluate the proposal for a male clinic. If there were enough demand or even interest generated as a result of the I&E activity, the male clinic could more easily be justified.

C. Khartoum North Hospital

Renovation of operating room, lecture room and recovery area has been accomplished and equipment installed. This program became fully operational on December 15, 1983. In view of the slow start, an administrative extension to June 30, 1984, will be provided. Not that all the elements are in place with six months of operating to go, a final accomplishment of 100-150 cases (30-45% of objective) 10-15 MDs trained (50-75% of objective) is anticipated.

Obtaining the requestor's signature on the consent form has proven to be difficult as "no one signs anything" in the Sudan, not even for surgery. The verbal contract is still very much the norm. Dr. Nahas cited Dr. Bhiwandhiwala's article "A Plea for Common Sense" regarding unrealistic requirements. Nevertheless, AMERO staff told him that the requirement could not be waived. Informed consent should be closely monitored for this program.

The costs of the program will be institutionalized after two more years. Dr. Nahas requested minor furnishings for the RR, a maintenance line for the replacement of small equipment, and gloves. Personnel, service and operational expenditures will be maintained at the same level despite rising salaries and inflation rates, which amounts to a phasedown in real terms. The only additional budget line represents costs for the production of I&E materials (brochures, posters) to be distributed at the centers which refer patients to the program.

Training continues to be intramural and supported mostly by the hospital. The service objective for the second year will be 250 and 350 for the third year. This should be feasible in view of the referral system with Hag Youssif and six other family planning centers, along with the increase in demand expected from the seminars to be carried out by SFCA.

D. Meeting at USAID/Khartoum

With regard to the Model Clinic, one of the conditions precedent had been satisfied, viz, the written approval of the Regional Minister of Health. The second condition required SFCA to present a financial plan to explain how they would handle and account for the funds. As soon as this was received and approved, the funds would be released and they could move ahead with the program.

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We reviewed AVS's projected contribution to the Model Clinic and Dr. Micka considered it reasonable and fair. Of course, the level of involvement could not be finalized until the clinic site were identified. Only then could renovation needs be established. The percentage of AVS contribution to administrative support will also be reviewed, as well as the need for two operating rooms instead of one.

Dr. Micka estimated that, if the project timetable were adhered to, a donors' conference should be held in September 1984.

Dr. Micka agreed that the male-oriented I&E program implemented by Dr. Mutasim under the aegis of the SFCA was the best solution. In view of the Shariya laws it was important to move cautiously. The next nine months should serve to provide more information on the interest in and demand for vasectomy among the population.

With regard to Khartoum North Hospital, Dr. Micka corroborated Dr. Nahas's contention that the signing of a consent form was extra-cultural in the Sudan. AVS should keep this in mind and find ways to educate service providers and requestors as to the need for documented informed consent.

V. List of Contacts

USAID/Khartoum

- Dr. Mary Ann Micka, MPH, Health Officer

Sudan Fertility Control Association

- Dr. Harith Hamid Ali, Chairman
- Dr. Abdel Salam Gerais, Program Administrator

Khartoum North Hospital

- Dr. Hadi Zein Nahas, Director
- Dr. Tawfik El Deeb, Chairman, Ob/Gyn

Nile Clinic

- Dr. Abu Bakr Mutasim

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