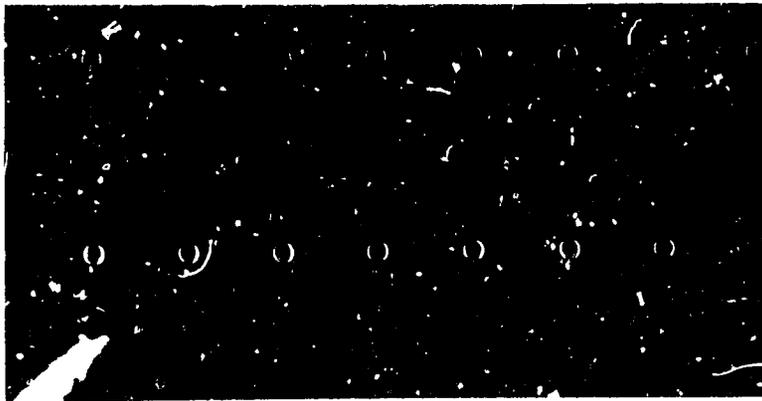


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AMERICAN PUBLIC HEALTH ASSOCIATION
International Health Programs
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PN AAN 336

Upgrading the Newsletter
of the
Sudan Fertility Control Association.

A Report Prepared By:
Hyacinth E. Robinson, R.N., M.P.H.

During the Period:
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Hyacinth E. Robinson, R.N., M.P.H.

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EXECUTIVE SUMMARY

The main tasks of the consultant were to help in upgrading the Sudan Fertility Control Association Newsletter and to set up a network for obtaining local news items about family planning, health and population activities for publication in the SFCA Newsletter.

The initiation of the consultancy occurred at a later date than was anticipated. Four times, executive committee meetings at which the members were to be informed of the consultant's assignment failed to take place. (Members had not been previously informed.) These postponements were partly the result of various activities involving several of the executive committee members occurring during that time. In addition, the consultancy was interrupted as a consequence of the SFCA's Secretary-General's request that the consultant fulfill another assignment involving the production of a special issue of the SFCA Newsletter in time for distribution at the SFCA Scientific Conference held February 22, 1983. The experience of putting together an issue of the newsletter, nevertheless, provided the consultant with valuable insight into the constraints of the newsletter production process.

In order to carry out the assignment, the consultant:

- met with individual SFCA executive committee members to discuss the assigned scope of work and elicit their views about the newsletter;
- did a content analysis of the available issues of the SFCA Newsletter produced from February 1979 to February 1982;
- assessed the SFCA Newsletter audience by examining the existing three mailing lists;
- examined the records about the information, education and communication activities of the association;
- visited (with the Program Manager of the SFCA) and discussed with many of the directors of the major Sudanese MCH/FP and population programs the objectives of the SFCA, the purpose of the SFCA Newsletter and its potential role in disseminating information about Sudanese family planning, health and population programs;
- visited (with the Program Manager) the printer usually responsible for printing the SFCA Newsletter, as well as other printers; and
- distributed a questionnaire on the newsletter to members attending the SFCA Annual Assembly Meeting to obtain feedback on the audience's preferences and impressions of articles

published in the various issues of the SFCA Newsletter, as well as on the recent special issue focusing on local news items.

The main findings are:

- That the majority of the SFCA Newsletter audience are physicians, and mainly obstetricians/gynaecologists; distribution is largely restricted to members of the association.
- That sixty-eight percent of the articles in the SFCA Newsletters, February 1979 - February 1982 were about international events. All articles about local activities concerned those occurring in Khartoum.
- That except for newsletter production, there have been relatively few I, E & C activities. The Program Manager has not been involved in the newsletter production process.
- That apart from being a time-consuming process, the typesetting method used in newsletter production contributes to numerous typographic errors. This results partly from the typesetter's ignorance of the English language.
- That the program directors are willing to be interviewed and have their program activities written about and published in the newsletter.
- That a potential network for obtaining local news items on MCH/FP and population activities already exists, through the SFCA members themselves. All members at the SFCA annual meeting who returned the questionnaire distributed were willing to write articles to be published in the newsletter.
- That many of the newsletter audience who returned the questionnaire distributed at the SFCA annual meeting and others with whom the consultant spoke, would like to see in the newsletter more articles about family planning or reproductive health and about activities in the Sudan generally and in areas in the Sudan outside Khartoum.

The major recommendations are:

- That if the quality of the newsletter is to be improved, a new position of I, E & C Director be established in the SFCA to be filled by an individual with suitable qualifications.
- That an editorial committee be formed for selecting, reviewing and editing articles submitted for the newsletter.

- That, as an alternative to typesetting, articles for the newsletter be typed by one of the SFCA's secretaries and photographed directly. This would reduce the cost, the amount of time and the number of errors produced during newsletter production.
- That efforts be made to increase and broaden the newsletter audience.
- That an Arabic version of the newsletter be considered.

INTRODUCTION AND BACKGROUND

Purpose of the Assignment

The APHA consultant was assigned to the Sudan Fertility Control Association (SFCA) for a total of thirty-three days commencing November 23, 1982 and ending March 31, 1983 to assist in the following:

- To develop a network for obtaining news items of more local interest on health, family planning and population activities to be published in the SFCA Newsletter.
- To expand the leadership and to improve the overall quality of the newsletter.
- To provide training to the Program Manager of the SFCA who is responsible for the information, education and communication program of the association.

In performing the above tasks, the consultant contacted the different individuals named in Appendix A.

The Sudan Fertility Control Association

The Sudan Fertility Control Association was founded in 1975 as a voluntary organization. (See Appendix B for background.) The association consists of an executive committee of ten members who are volunteers, an employed staff and general members. Holding executive offices are three members of the executive committee-- the Chairman, the Secretary-General and the Treasurer. Some of the other members of the executive committee had subcommittees such as that of Information, Education and Communication (I, E & C) and Training. A program manager, two secretaries, one part-time accountant, a data collection coordinator, a liaison officer and two messengers comprise the staff. Members of the executive committee are elected every two years during the annual SFCA Assembly Meeting.

OBSERVATIONS AND FINDINGS

OBSERVATIONS AND FINDINGS

Audience of the SFCA Newsletter

The SFCA Newsletter, a four-page English language production, is published quarterly -- February, May, August, November. It is distributed to approximately one hundred Sudanese who are members of the Sudan Fertility Control Association and, internationally, to over one hundred individuals and organizations such as the International Program of the Association for Voluntary Sterilization (IPAVS), the Family Health International (FHI) and the World Federation of Health Agencies for the Advancement of Voluntary Surgical Contraception (WFHA-AVSC). Almost all the Sudanese members are doctors, the majority of whom are obstetricians/gynaecologists. About twenty-three members are not obstetricians/gynaecologists. Of these, one member is a demographer, about three are lawyers, one is a shiekh and one is a sister (senior nurse).

The IPAVS funds the I, E & C activities whose budget is approximately 11% of the subgrant for the year 1982-1983.

Description of the SFCA Newsletter Production

The selection, writing and editing of articles for the newsletter are chiefly the result of the efforts of one individual -- the editor -- who is a very busy obstetrician/gynaecologist. After the articles are written, the liaison officer takes them to the printer with whom the organization has made pre-arrangements. The cold-typesetting method is used, and performed by an outside typesetter under the printer's direction. After typesetting, the material is returned to the organization for proofreading. The typesetter's ignorance of the English language and the lack of proofreading at the printer's result in a considerable number of errors in the first copy. Subsequent to the editor's proofreading, the material is returned to the printer for correcting, photography, layout and printing. No specific instructions are given to the layout artist with regard to the organization of, and/or the type and size of headings for the different articles. Hence, the layout artist uses his discretion. Weeks elapse before the printed newsletter (often still containing numerous typographic errors) is returned to the organization. The previous (and first) editor, who is also an obstetrician/gynaecologist, gave up the position because he claimed that the whole production of the newsletter was too timeconsuming. The present editor has also expressed frustration with the newsletter production process.

The consultant observed that each line of the typeset material on its initial return to the organization had one or more errors. Also, the process of production from the point where the written material was taken to the printer and the final production took about six weeks.

Analysis of the SFCA Newsletters, 1979-1982

A content analysis of the available newsletters (two issues of the newsletter were out of stock) produced between February 1979 (the birthdate of the SFCA Newsletter) and February 1982 shows that:

- With the exception of the May 1980 issue,* some 75 articles were written during that period. Of those, 25 covered workshops, conferences or meetings, 16 gave reports on research performed, 12 were articles about international events, 11 covered national health events, five were about visitors to the Sudan and four concerned members and staff of the SFCA who went abroad for training and/or had recently returned from a training course given abroad. Two articles were about new additions to the SFCA staff. Of the 25 articles which covered workshops, conferences or meetings, 21 were based on reports of the SFCA members who attended such meetings abroad. Fourteen of the sixteen articles reporting research undertakings were about reports on research done in other countries, for instance the United States and Great Britain. The reports on the two Sudanese research efforts were inadequately covered. (Findings were not disclosed -- only the researcher's opinion about them.) Also acknowledgements from reports on research activities taken from international journals were often missing or incomplete (e.g., author's name missing). Of the 11 articles depicting local activities (other than research), three reported on lectures given, three were on health programs to be initiated, and one was about an I, E & C discussion meeting. None of the eleven articles focused specifically on activities outside Khartoum. Many of the articles were short and did not communicate a great deal of information. Various international events along with conferences abroad, research done abroad and study trips abroad constituted 68% of all articles, revealing a largely international focus. (See table on page 5.)
- Some efforts were made in the past to encourage the newsletter audience to communicate with the association. Surprisingly, these early efforts were not continued.
- In the organization and design of the newsletter, there have been, in general, (a) much use of lines and decorations which seem to have been used to fill in blank spaces, (b) different types and sizes of lettraset for headings, and (c) a positioning of articles lacking apparent regard for the relative importance of each. It was found that an article which seemed important would be given a small heading and put on the second page while one of less importance would be presented with a large bold heading on the front page.

* This issue gave a very good coverage, including photographs, of the SFCA Scientific Conference held in February 1980.

CONTENT OF ARTICLES IN THE SFCA NEWSLETTERS
FEBRUARY 1979 - FEBRUARY 1982*

<u>Type of Articles</u>	<u>Local News</u>	<u>International News</u>	<u>Total</u>	
			<u>Number</u>	<u>Percentage</u>
Conferences/Meetings/ Workshops	4	21	25	33.3%
Projects	11	12	23	30.7%
In Khartoum	(11)	-	(11)	(14.7%)
Outside Khartoum	(0)	-	-	-
Research	2	14	16	21.3%
Miscellaneous	7	4	11	14.7%
Visitors to Sudan	(5)	-	(5)	(6.7%)
Study or Trip Abroad	-	4	(4)	(5.3%)
New addition to staff	(2)	-	(2)	(2.7%)
Total Number of Articles	24	51	75	100%
	(32%)	(68%)		

*This excludes May 1980 and two other issues of the newsletter.
See page 4.

Mailing List

The mailing list has not been a single list, but a composite of three different lists. Many of the addresses on, especially, the national membership list were found to be out of date (16% of the members' addresses on this list were found to be dated.) The main reason for this is, many members who emigrate or are transferred to other parts of the country do not usually change their addresses at the SFCA's office.

Survey of the SFCA Members

The SFCA Annual General Assembly Meeting held February 23, 1983 provided the opportunity for the consultant to distribute a questionnaire on the newsletter to the SFCA members attending the meeting.

Of the 40 questionnaires distributed, 11 were returned. All eleven members stated that they would be willing to write articles for publication in the newsletter. Seven members and four members, respectively, were practitioners in Khartoum urban area and in areas outside Khartoum. Six members claimed that they would like to see more written about national activities. Activities about the SFCA members and the dissemination of information about family planning and research findings were visualized by ten members as the main functions of the newsletter. Four individuals would like to see the newsletter in both Arabic and English languages. They also thought that it should have more illustrations.

Comments were solicited about the "special issue" of the SFCA Newsletter which focused on Sudanese MCH/FP programs and was distributed at this meeting. Six of those who returned the questionnaire thought that it was very good or excellent, one thought it to be "an advance," and four made no comments. (Appendix C provides question and answers to questionnaire.)

Activities of the I, E & C Subcommittee

The major activity of the Information, Education and Communication Subcommittee has been the production of the SFCA quarterly newsletter. Although delays in schedule have occurred at times, the newsletter production and its distribution have been regular since its inception. Two "circular discussion" meetings* were held at centers in Khartoum in 1982. There were four I, E & C Subcommittee meetings held during 1982, with the last occurring in June.

-
- * An obstetrician/gynecologist (member of the SFCA) gives a talk on family planning methods at these meetings. Also, questions are encouraged from the audience.

Activities of the Program Manager

Since her employment in February 1982, the main role of the Program Manager in the I, E & C Program of the SFCA has been the writing of minutes at the executive and I, E & C committee meetings. Also, she arranges circular discussion meetings, introduces the speakers at these gatherings and, at times, makes visual presentations (films) toward the end of the meetings.

The Program Manager has not been involved in the newsletter production activities.

Potential Role of the SFCA Newsletter

There have been a number of family planning, population and health activities which have been occurring independently of each other in the Sudan. Often times, program administrators, particularly, but not exclusively, those outside of Khartoum do not have more than a cursory impression of what other programs are doing. In the absence of any formal system for the exchange of experience and information, the SFCA Newsletter could potentially play a prominent role in filling this communication gap.

RECOMMENDATIONS

RECOMMENDATIONS

Establishing a Network for Obtaining News Items of Family Planning, Health and Population Activities in the Sudan

A content analysis of the available SFCA newsletters between February 1979 and February 1982 revealed that there has been little coverage of family planning, health and population activities in the Sudan. Generally, articles have been concerned with news about the SFCA members attending meetings, conferences or workshops given abroad and reports on research undertakings performed in other countries. This is a consequence mainly of three existing conditions: Firstly, two of the newsletter roles have apparently been seen as publicizing the activities of its members (although members outside Khartoum receive little attention) and disseminating information about research conducted abroad. Secondly, the editor, who is a busy obstetrician/gynaecologist, is unable to devote the time necessary to obtain local news items, thus he produces articles on information which is available to him, that is through international health journals, or reports supplied to him by other members of the association. Thirdly, the existing staff seems unable to offer substantial assistance along those lines.

Recommendations

- 1.1 If the SFCA Newsletter is to be improved, it is recommended that an I, E & C director be employed full-time with the responsibility for managing the newsletter and other I, E & C activities. He or she should be nominated by the I, E & C subcommittee, and among his/her qualifications should be the ability to write clearly in both Arabic and English, demonstrated ability to conduct interviews, familiarity with the health field, good interpersonal skills, the ability to organize factual matter from interviews and service statistics into concise reports, the ability to identify and summarize key findings from research results and willingness to travel nationally.

It is recommended that this individual's responsibilities be:

- to update and compile a list of all current Sudanese family planning, health and population programs, along with their addresses, including all branches and names of directors and branch managers;
- to contact and interview program directors and branch managers for obtaining articles about their programs (Appendix D contains formats which may be used as guides for conducting interviews and developing articles,

Appendix E suggests topics and persons to contact for future articles; Appendix F provides the names and addresses of SFCA members interested in writing articles for the newsletter);

- to seek out information through SFCA members and others about new family planning, health and population programs and about new activities being undertaken by existing programs. Such information could subsequently be developed into articles;
- to promote closer relationships between the SFCA and the directors of other family planning, health and population programs through the dissemination of information about the SFCA and other programs;
- to keep an up-to-date mailing list of all persons and organizations to whom the newsletter is sent. The list should be divided into national and international sections with each subdivided into individuals and organizations. The number of copies of the newsletter routinely sent to various organizations should be noted;
- to increase interest in the SFCA Newsletter by conducting periodic subscriber surveys to ascertain the kinds of articles mostly desired by readers, and by continued production of special issues of the newsletter;
- to schedule and hold regular frequent (at least once monthly) I, E & C meetings and record important occurrences at these meetings. Also, any recommendations made should be followed up;
- to have films or any other educational material to be presented to the public reviewed and approved by the I, E & C Subcommittee prior to their presentation;*
- to manage newsletter production including writing and editing articles, organization and printing of each issue and distribution of copies; and
- to undertake other I, E & C activities upon request from the SFCA Secretary-General or the I, E & C Subcommittee.

The consultant is aware that it may be difficult to find someone who has all the stated qualifications because of the shortage of

* There have been comments that films shown have not been culturally appropriate.

skilled persons in the Sudan. An alternative -- though less advantageous -- might be to search for an experienced journalist who will be willing to work part-time. He/she could cover the desired local news items and give assistance to the existing editor and staff.

While searching for an I, E & C director or a part-time journalist, one of the SFCA secretaries (Mrs. Venus Ali) could be given more responsibility for producing the newsletter. Typing articles, some proof-reading of the same, getting the articles to and from the printer and keeping an up-to-date mailing list should be among her responsibilities.

It is recommended:

- 1.2 That a session at the annual SFCA meeting be devoted to the I, E & C activities of the SFCA and how they could be improved and expanded.
- 1.3 That the SFCA consider accepting subscriptions from non-members. The purpose of this would be to enhance the impact of the SFCA's I, E & C Program by increasing circulation of the newsletter. A secondary purpose would be to promote an interest in the SFCA and solicit new members, especially from among the non-medical disciplines.
- 1.4 That an Arabic version of the newsletter be developed for circulation to prospective non-English speaking subscribers.
- 1.5 That efforts be made to have active non-members of the SFCA on the I, E & C Subcommittee. This will enable the SFCA to draw on the skills and experience of the non-member professionals in improving I, E & C activities.

Upgrading the Organization, Design and Leadership of the SFCA Newsletter

For the most part, the production of the SFCA Newsletter, a time-consuming process, has been the result of the efforts of the editor. Typographic errors are usually numerous partly because of the lack of a proper review process and partly because of the typesetting process.

The organization of the contents of the newsletter has been left chiefly to the discretion of the printer's layout artist who organizes the articles according to their length, without apparent regard to their degree of importance. Too many lines and decorations are used to fill all blank spaces.

Recommendations

It is recommended:

- 2.1 That an editorial committee consisting of about three members be formed. This committee should include the director of I, E & C activities, and the chairperson of the I, E & C Subcommittee.
- 2.2 That the editorial committee be given the responsibility of selecting, reviewing and editing articles submitted for publication in the newsletter. A time limit of two or three weeks should be allowed for the review process, after which time the I, E & C director should be allowed to proceed with publication without the committee's approval, but with the consent of at least one other member of the editorial committee.
- 2.3 That the director of I, E & C activities be the chairperson of the editorial committee.
- 2.4 That the director of I, E & C activities make decisions regarding the layout of the newsletter. In general, this individual should aim at improving the aesthetics as well as the quality of the newsletter.
- 2.5 That a different method than typesetting be used in newsletter production in accordance with section 2.6 below.
- 2.6 That the following protocol be adopted:
 - after articles are written, have one of the SFCA's secretaries (Mrs. Venus Ali) type them with a new ribbon, in a manner to effect a two-column, flush left, ragged right newsletter design (See Appendix G);
 - articles should then be proofread, edited and retyped on clean non-smudge paper with a standard width ten percent larger than the desired column width;*
 - further proofreading, editing the typing will ensure the elimination of errors; and

* Having the columns width ten percent wider than that desired in the newsletter and then reducing it during photography allows more information to be contained on each page without sacrificing legibility. (Typewritten print is anyway larger than typeset used in journals.) Smudges and other imperfections are also less pronounced.

- take the typewritten articles along with instructions regarding their organization (their relative importance and page preferences), as well as about desired headings to the layout artist at the printer's. He should then lay out the articles on a sheet of paper in order that each page can be photographed in its entirety. The length, width and margins of the layout sheet should be larger than those desired by the newsletter. Everything can then be reduced ten percent during photography. Once the first draft of the layout is prepared, it should be examined by the editor who can make any necessary adjustments. The final layout should be approved before the plate used for printing is prepared.

Articles written may take up more or less available space, therefore an entire article may have to be eliminated or shortened for a particular issue depending on the editor's discretion. If articles take less space than what is provided, a summary of an article from an international journal can be added. If the space is too small for such, the editorial may be lengthened, the space may be left blank, or the insignia of the association may be inserted.

These procedures should help to eliminate errors, improve organization and design, and reduce the production cost of the newsletter.

- 2.7 That the organization invest in an IBM Selectric or Elite typewriter. This will allow more flexibility, not only in typing articles for the newsletter, but also in the production of reports from research projects conducted.
- 2.8 That space in each issue of the SFCA Newsletter be reserved for informing the newsletter audience who the editor and the executive officers of the organization are, and to whom inquiries and letters should be addressed. (See Appendix B.) Also, letters to the editor and responses from the executive committee should be encouraged.
- 2.9 That the SFCA Newsletter have more illustrations to increase its readability.

Training of the SFCA Program Manager

The Program Manager of the SFCA has not been involved in the newsletter production process. Her I, E & C activities have been to organize circular discussion meetings and to write minutes at the executive and I, E & C committee meetings.

In order to increase the ability of the Program Manager to play a more active role in the SFCA I, E & C Program and to undertake the necessary research tasks associated with it, the consultant did the following:

- Introduced the Program Manager to different aspects of newsletter production by:
 - o going with her to different printers (Appendix H); and
 - o explaining to her the newsletter production process and many of the problems encountered during the process.
- Met and discussed with her and other available I, E & C Subcommittee members ways in which the quality of the SFCA Newsletter could be improved.
- Demonstrated to the Program Manager how to conduct journalistic interviews by bringing her to interviews with the major MCH/FP and population project directors in the Sudan during the preparation of the "special issue" of the SFCA Newsletter.
- Developed formats to help with interviewing different individuals and in writing different kinds of articles for newsletter producing and discussed them with her. (See Appendix D.)
- Discussed with the Program Manager the potentially greater role of the SFCA Newsletter in publicizing the SFCA's activities and disseminating of information about family planning, health and population programs and research results.
- Made suggestions and outlined ways of recording occurrences at circular discussion meetings, for instance the recording of topics discussed, the characteristics of the audience and its responses at each meeting.

Recommendations

It is recommended:

- 3.1 That the I, E & C director, if appointed, or alternatively the existing editor, determine if the current Program Manager is to play a role in the SFCA Newsletter production and, if so, precisely what that role should be.
- 3.2 That the current Program Manager be given more supervision in general and be held to a clearly defined schedule of activities.

Plan of Action

4.1 The editor should experiment in the next issue of the newsletter with the two-column, flush left, ragged right typewritten format suggested in Recommendation 2.6. The consultant has demonstrated to Mrs. Venus Ali and Mrs. Nuha Fathalla how this is done. If this method proves satisfactory, the editor should take the steps necessary to incorporate and routinize the process in newsletter production.

4.2 At the earliest opportunity, the I, E & C Subcommittee should take the following actions:

- the Secretary-General and the Treasurer should meet with the I, E & C Subcommittee members and discuss the desirability and feasibility of appointing an I, E & C director;
- if an I, E & C director is to be sought, then the present editor should decide what interim role, if any, the Program Manager should play in newsletter production (see Recommendation 3.1);
- if a decision is made and approved by the appropriate committee/committees to employ an I, E & C director, and the funding for such secured, the members of the I, E & C Subcommittee should agree upon what his/her qualifications should be, on a detailed job description (see Recommendation 1.1), and a suitable salary range; and
- a decision of how to go about soliciting candidates and a selection committee should be agreed upon. A majority of the members of this committee should be I, E & C Subcommittee members. It would be appropriate for the current editor to chair this committee in view of his experience with the newsletter production process. Advertising for an individual with specific qualifications in the local newspaper and in appropriate departments of the University of Khartoum and Cairo University (Khartoum branch) is one way of going about finding a suitable person for the position of I, E & C Director.

4.3 The I, E & C Subcommittee members:

- should decide on an editorial committee in accordance with Recommendation 2.1 and a suitable time limit for the editorial process (see Recommendation 2.2. Two of its early tasks should be: (a) to set a time schedule for newsletter production. Three months lead time

should be allowed before each production. Six weeks of this time should be spent for obtaining, selecting and writing articles and the other six weeks allocated to typing, proofreading and getting the material to and from the printer. To produce the SFCA Newsletter by the first of February, May, August and November should be an aim; (b) to agree upon a statement to be placed in each issue of the newsletter to its audience from the SFCA (see Appendix B);

- should consider the language of publication of the newsletter in accordance with Recommendation 1.4; and
- should consider routinely mailing to the newsletter audience invitations for them to write articles for publication in the SFCA Newsletter. This policy was initiated with the February 1983 issue by the consultant in cooperation with the newsletter editor.

During the period of consultancy, the process of updating and expanding the mailing list of the SFCA Newsletter audience was initiated in cooperation with the editor and the secretaries. This process should be continued with the possibility, in the future, of including non-English speaking Sudanese.

Appendix A: Individuals Contacted

APPENDIX: A

Individuals Contacted

Dr. Mary Ann Micka, M.P.H.,

Health Officer, USAID/Sudan

Ms. Joyce Jett,

Population Officer, USAID/Sudan

Professor Hamid Rushwan,

Secretary-General, SFCA

Dr. Harith Hamad Ali,

Chairman, SFCA

Dr. Mutasim Abu Bakr,

Member I, E & C Subcommittee;
Former Treasurer, SFCA

Dr. Fadil Saeed A/Latif,

Treasurer; Chairman, I, E & C
Subcommittee, SFCA

Dr. Salah El Tigani,

Editor, SFCA Newsletter

Dr. Osman Mahmoud Hassanien,

Member I, E & C Subcommittee,
SFCA;

Director, Hag Yousif MCH/FP Project

Dr. Sadig El Amin El Hag,

Secretary of the Association
of Ob/Gyn;
Member SFCA

Dr. Osman Mahmoud Mukhtar,

Member I, E & C Subcommittee, SFCA

Dr. Hadi El Zein El Nahas,

Secretary-General, RAF-AVFC;
Administrator, Khartoum North
Hospital; Member SFCA

Dr. Abdel Salam Gerais,

Assist. Secretary-General, SFCA

Dr. Osman Mahmoud El Nuur,

Demographer; Member SFCA

Dr. Amal Adnan,

Member SFCA

Dr. El Hag Mohamad Malik,

Member SFCA

Mrs. Saadia Idris,

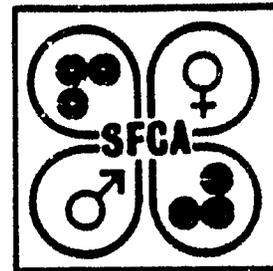
Program Manager; Secretary,
I, E & C Subcommittee, SFCA

Dr. Abdel Rahman El Tom,	Chairman, Department of Community Health, University of Khartoum; Director, Community Based Family Health Project
Dr. Mohamed Ibrahim,	Prof. of Paediatrics, University of Khartoum; Director, Soba-Butri MCH/FP Nutrition Service Program
Dr. Mohamed Hassan Baldo,	Administrator, Omdurman Maternity Hospital; Director, National MCH/FP Project
Dr. Abdel Rahman Atabani,	President, Sudan Family Planning Association
Dr. Mohamed A El Sheikh,	Assist. Director Inservice Training Project in Fertility/Infertility
Dr. Faysal A. Mohamed Gadir,	Program Officer, UNFPA/Sudan
Dr. Hafiz El Shazali,	Prof. of Paediatrics, University of Gezira; Director, Karaiba Program and the Health Scout Project; Consultant, Barakat Teacher Training Program, Wad Medani
Sister Zahara Bashar,	Instructor, Barakat Teacher Training Program, Wad Medani
Sister Betoil Siddig,	Instructor, Barakat Teacher Training Program, Wad Medani
Dr. Mohamed Amin El Sherif,	Ob/Gyn, Wad Medani Hospital; Instructor, School of Medicine University of Gezira
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Appendix B: SFCA Newsletter, Special Issue
February 1983

SUDAN FERTILITY CONTROL ASSOCIATION

P.O. Box 7093, Khartoum, Sudan



Newsletter Number 17

SPECIAL ISSUE

February 1983

EDITORIAL

The presence of an unmet need for family planning services has been a conclusion of several recent studies in the Sudan. One such study was the Sudan Fertility Survey conducted by the Department of Statistics (Ministry of National Planning) in Northern Sudan during the period, December 1978 - April 1979.

Among the findings were that only 6 % of currently married fecund women were practicing contraception; 12 % of ever-married women under age 51 had used contraception at sometime in their lives. Even among women currently exposed and who desired no more children, less than 20 % were using a contraceptive method. These low rates appear to be related to widespread ignorance of family planning methods. About one half of ever-married women knew nothing about contraceptive methods (not to mention those with misconceptions about family planning). Women with some education, women in urban areas, and wives of professionals and clerical workers were more likely than others to possess knowledge about, and to be practicing, contraception. Such findings clearly indicate that, with increasing education and availability of contraceptives, a growing number of Sudanese women will contracept for fertility control.

Another study pointing to an increasing interest in family planning was that conducted by the Sudan Fertility Control Association (SFCA) with the assistance of Family Health International and based on a non-random sample of maternity patients in Khartoum's four major hospitals—Khartoum North, Khartoum General, Omdurman Maternity, Soba University—between March 1975 and May 1980. Although the desire to use contraceptives may be uncharacteristically high among women immediately postpartum, the study found a surprising 62 % of postpartum women wanting to use contraceptives; 13.4 % expressed a desire to be sterilized.

Also, the SFCA's recent study of male attitudes toward family planning based on a (non-random) quota sample of 250 men selected from mosques, marketplaces, a government department and a textile factory in Khartoum revealed high levels of interest in family planning. Fifty-nine percent of married men with wives of reproductive age were currently using one or more methods of family planning; although only 25 % were using an efficient method. Over three-quarters (79 %) of all respondents wanted more information about family planning methods, and 59 % expressed

a desire to avail themselves of family planning services.

With such indicators of unmet need as a background, this special issue of the SFCA Newsletter zeros in on various efforts being undertaken in the field of maternal and child health and family planning in the Sudan. All articles, except the "Recommendations of the Second National Conference on Population: are based on interviews with program administrators, namely: Professor Hamid Rushwan, "SFCA: Past, Present, Future;" Professor Abdel Rahman El Tom and Resident Advisor M. Havtham Matthews, "A Model For Rural MCH/FP;" Dr. Mohamed Hassan Baldo, "The National Maternal and Child Health and Family Planning Project;" Dr. Abdul Rahman Atabani, "SFCA: Pioneer in Family Planning;" Dr. Hadl El Zein El Nahas, "The First Scientific Conference of the Regional Arab Federation of Associations For Voluntary Fertility Control;" Professor Mohamed Ibrahim, "Training Grounds For Holistic Medicine;" and Dr. Osman Mahmoud Hassenein, "Hag Yousif MCH/FP Centre Update."

SFCA: PAST, PRESENT, FUTURE

A group of fifteen physicians coordinated by Dr. Hamid Rushwan, Professor of obstetrics/gynaecology, founded the Sudan Fertility Control Association (SFCA) in 1975 at the Faculty of Medicine, University of Khartoum. The founding members were motivated by the need for scientific research into problems relating to Sudanese maternal and child health and family planning.

The association's main goals are:

- To provide information regarding Sudanese MCH/FP through scientific research, and the dissemination of research results, thus providing a basis for better health planning and policy-making in health institutions and in the country as a whole;
- To provide for the educational exchange of information for health providers and the public with respect to MCH/FP programs and research into contraception, fertility and infertility;
- To conduct and promote research into Sudanese fertility patterns, especially those relating to obstetrics and gynaecology, and to study new methods of fertility regulation in relation to Sudanese women.

Future plans

Funding for the SFCA's activities is provided mainly through international sources -- Family Health International (formerly the International Fertility Research Program) and the International Program of the Association for Voluntary Sterilization (IPAVS). Some support is also obtained from membership subscription.

Past and present activities

Among the SFCA's main activities have been:

- Providing medical personnel with updated information regarding the different approaches and techniques in the field of MCH/FP through seminars, meetings, workshops, library and the quarterly newsletter. Members of the association also disseminate information to the public about family planning methods through lectures, discussions, and films given in clubs and MCH/FP centres;
- Giving some training on research skills -- methodologies, data collection and their analyses, and report-writing on studies done -- to physicians;
- Assisting doctors to conduct studies and publish papers in international journals based on the research results;
- Initiating clinical studies in the Sudan about MCH/FP. Such studies include:
 - Hospital Abortion Study,
 - Maternity Record Study,
 - Comparative IUD Study,
 - Oral Contraceptive Study,
 - Female Sterilization Study;
- Conducting a pioneer study of "Male Attitudes Toward Family Planning in the Sudan" was recently done by the association (Copies of this study and some of the above are available on request);
- Helping physicians involved in service delivery of MCH/FP to conduct research projects relevant to improving the quality of medical care;
- Enabling members to attend international conferences and / or workshops, thus helping to sharpen their awareness and develop relationships with colleagues in the MCH/FP field on an international level.

Relationship with other organizations

Locally, many of the association's members serve on the executive boards of other organizations as well as on the National Population Commission. The SFCA is also involved in the Hag Yousif MCH/FP Project (page 8).

Internationally, the association is a founding member of: a) the International Federation of Family Health (IFFH) whose head office is in Bandung, Indonesia (Professor Hamid Rushwan is now serving as that organization's president); b) the Regional Arab Federation of Associations for Voluntary Fertility Control (RAFAVFC) whose headquarters is at the SFCA. Dr. Hadi El Zain El Nahas serves as Secretary-General of that organization. (See page 8) The SFCA is also a member of the World Federation of Health Agencies for the Advancement of Voluntary Surgical Contraception (WFHA-AVSC) and of the International Association of Maternal and Neonatal Health (IAMNEH).

The future plans of the SFCA include:

- Research studies into non-physician health care providers' attitudes toward family planning and into the practices and problems of traditional birth attendants. The latter will seek to obtain such information as the number of infants delivered by these practitioners and the problems encountered by the group;
- Increasing its input into the health planning process of the country;
- Increasing its involvement in family planning delivery;
- Increasing its cooperation and relations with other MCH/FP and health projects in the Sudan;
- Expansion of membership. Although the number of members has increased to over 100, the association looks forward to having new members who will contribute to the realization of its goals.

The SFCA has come a long way within the past seven years. However, its progress has recently been constrained by uncertainties of funding which hinder long term planning. It aims to become locally self-reliant through membership contributions and funds generating services. Also, the administrative functions of the organization are being reorganized.

TRAINING GROUNDS FOR HOLISTIC MEDICINE

The Soba-Butri Maternal and Child Health and Family Planning Nutrition Service Project was initiated in 1976 under the directorship of Dr. Mohamed Ibrahim, Professor of Paediatrics, Faculty of Medicine, University of Khartoum.

Funded from local sources during the first year, the program provided comprehensive child health services to children in two villages -- Soba and Butri. No such services had previously existed in the area. Support from the Family Planning International Association (FPIA), the Ministry of Health and local drug companies allowed the expansion of the project in 1977. It now encompasses the delivery of MCH/FP services to four villages--Soba, Butri, Masadia, Gadid. Clinics have been established in those villages. Referrals are sent to Soba University Hospital.

Children under age five, and married women between the ages of 20 and 50 are the target groups. Together, Soba and Butri contain a population of 8,000. The population in the other two villages is widely dispersed and its exact size is unknown.

The Program's main objectives are:

- To provide in the target area:
 - comprehensive child health services (including nutrition education, immunization, growth monitoring, as well as curative services) to children;
 - antenatal and family planning services to mothers; and
- To evaluate the impact of family planning on growth, mortality and morbidity rates of children in the target area.

Two health visitors, eleven community health workers who reside in the different villages, and a driver are the full-time employees of the program.

Main activities of health care

Personnel

The health visitors provide supervision, service co-ordination, family planning, antenatal care and growth monitoring services. Trained by the project's Director, the community health workers weigh children, give health and nutrition education. During their three-monthly rotation on the Paediatric Service in SUH, house officers (Interns) make weekly visits to the clinics and medically evaluate children. On occasion, interested medical students conduct different studies and lead child health education sessions for adults and school children.

● As a demonstration project, the program not only provides MCH/FP services in the specified areas, but it also demonstrates to trainees the importance of holistic medicine and exposes newly graduated doctors and medical students to the practice of community medicine.

● To help in the treatment and prevention of malnutrition, "Soba-lac," a mixture made from indigenous products—wheat or sorghum or millet, chick peas, peanuts, sugar and milk — is given to children in the target area.

● Clinic staff see approximately 300 children weekly.

● Infant mortality rates before and after (1975 and 1978) the implementation of the program were 80 and 40 per 1,000, respectively.

● During the past year, there have been 97 new family planning acceptors.

Further data relating to the program's impact are presently being analyzed. It is expected that a report will become available at the end of 1983.

Because of future funding limitations, the project's research and community activities will have to be phased out. However, services — in particular the family planning clinic, the medical clinic, child growth monitoring and immunization — are expected to continue.

SFPA: PIONEER IN FAMILY PLANNING

The Sudan Family Planning Association (SFPA), a voluntary non-profit organization, was founded in 1965 by a group of doctors, nurses, midwives, teachers and social workers under the leadership of Dr. Abdel Rahman Atabani.

The main goal of the association has been to integrate family planning with maternal and child health in order to reduce the prevailing high infant and maternal mortality rates which result, in part, from multiple and frequent pregnancies, adolescent pregnancies and pregnancies in older women. To educate the public about the social, economic and health consequences of unplanned pregnancies and births is also an important goal.

After receiving permission from the Ministry of Health, the first family planning clinic was opened in Omdurman Hugra Maternity and Child Health Centre in 1965. At that time, support for this effort came mainly from local sources, but the Pathfinder Fund also provided some help in the form of guidance, literature and contraceptives.

In 1970, the SFPA became a member of the International Planned Parenthood Federation (IPPF). The IPPF has since become a main source of support.

Achievements

Among the major achievements in MCH/FP resulting from the efforts of the SFPA are:

- The establishment of family planning clinics within the government health centres in the three towns of Khartoum and in the towns of other provinces—Wad Medini, Sennar, Obeld, Fashir, Nyala, Port Sudan, Juba;
- The inclusion of family planning, as a separate subject, within the nursing curriculum in the Nursing College;
- The dissemination of information via television, radio, newspapers, clubs, personal contacts and by "word of mouth," popularizing the concept of family planning. Through its educational programs, the association has helped to rid the public of common misconceptions about family planning, for example, concerning its position under Islam;
- The mobilization of individuals from the Ministries of Health, Education, and Information, as well as from the Department of Statistics and other institutions to give lectures at the University of Khartoum on subjects, such as the relationships between socio-economic development and maternal and child health and family planning.

The declining availability of individuals willing to volunteer their services and difficulties with transportation and communications have recently been obstacles to expansion of services. Despite those, the SFPA is regionalizing its activities, opening new family planning centres in various parts of the country.

The SFPA Newsletter is published quarterly. Its purpose is to keep SFPA members informed on national and international developments in the MCH/FP field. Send enquires about Association membership, address correction requests to:

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The SFPA appreciates receiving reports on innovative MCH/FP, population and health projects as well as suggestions about content and possible articles for inclusion in the newsletter.

THE NATIONAL MATERNAL AND CHILD HEALTH/FAMILY PLANNING PROJECT

The National Maternal and Child Health/Family Planning Project initiated in 1975 and substantially reorganized in 1979 has its headquarters in Omdurman. Since 1980, Dr. Mohamed Hassan Baldo, an obstetrician/gynaecologist who has a Master's Degree in Maternal and Child Health and Population Dynamics, has headed the project.

Resources for the program are provided by the United Nations Fund for Population Activities (UNFPA), the World Health Organization (WHO) and the Ministry of Health (MOH).

To help to reduce maternal and infant mortality and morbidity, and to provide information about MCH/FP are the program's main long-term objectives. Among the short-term objectives are:

- a) "to strengthen the existing and the projected health service delivery systems with respect to the MCH/FP component;
- b) to introduce the required changes in service delivery and in basic and inservice training in a phased manner to all provinces before the end of 1982;
- c) to stimulate and coordinate the project's activities at the central, regional and provincial levels with other related national projects, and in particular with the Primary Health Care Project."

Mothers between the ages of 15 and 45, and children under 5 are the target populations. Those groups comprise approximately 66% of the total population of the Sudan.

The National MCH/FP Centre in Omdurman was developed as a model for integrated MCH/FP services. Provided at the Centre are services that encompass maternal and child health, family planning, immunization, nutrition and health education. A mother who goes to the centre for an antenatal check-up may take her child along. Not only will her health be evaluated, but she will be provided information about contraception, and, if she so desires, will be given a contraceptive device. She will be given information about how to keep herself and her family healthy. At the same time, her child can have a medical check-up, be immunized and have his growth monitored. The National Centre conducts some research and provides training to health personnel.

In Phase I, the target of the program was to provide MCH/FP services in four provinces — Northern, North Kordofan, Eastern Equatoria, Red Sea. Services were also initiated in eight other provinces — Kassala, Blue Nile, Western Equatoria, Lakes, North Gezira, Khartoum, Nile and Northern Darfur. One of the goals of Phase II will be to have services implemented in all eighteen provinces by the middle of 1983.

Each province has a program director who has a standard job-description. He/she is usually a community medicine specialist or an obstetrician/gynaecologist and is given the opportunity for further training in MCH/FP in neighbouring countries or in the United States.

Health personnel who become MCH/FP providers are given basic training and refresher courses. Training has been provided chiefly by doctors in a didactic manner. The subjects covered include the anatomy and physiology of reproduction, antenatal care, main obstetric problems, family planning, immunization, child growth and development, nutrition and diarrhoeal care. The basic training course lasts two weeks, and the number of participants is usually 30. Different categories of health providers — health visitors, medical assistants, nurses, vaccinators, midwives, community health workers — are trained together. Other categories of health-related workers such as nutrition educators are sometimes trained as well. There has also been some TBA training given in the South and Northern Province.

All health workers in the program are employees of the Ministry of Health. After training, no financial incentives are provided by the project.

Aside from the Project Director, the supervisory personnel at the head office consist of two deputy directors and six sisters who assist in delivering family planning services in some health centres in Khartoum. The sisters were trained at the Margaret Sanger Centre in the United States. All of these sisters are now trained to insert IUDs. They in turn have been training nurse-midwives to do the same.

The high mobility of the administrative personnel in some provinces has, at times, created set-backs for the expansion of services. Nevertheless, a pilot study concerning the incorporation of growth monitoring into the program is being planned. Giving more attention to child health and upgrading the record-keeping and recording systems are priorities for the future. Increasing attention is also being directed toward opportunities for further integration and coordination of services with other health programs.

Since the project's inception, 25 training courses have been given at the National Centre in Omdurman and 45 in the provinces. Some 10,000 front-line health workers, including 1,200 medical assistants, are the target for training. Over one quarter of these have been trained. Priority is given to community health workers and village midwives. Training is now being oriented toward emphasis on imparting practical skills to complement didactic sessions.

Supplies such as sphygmomanometers, Scales, contraceptives, Mifilap and D & C kits, and educational equipment are supplied to individual provinces according to their availability.

Cars have been provided to four of the provinces to help remedy bottlenecks in their supply distribution systems.

Relationship with other projects

The project is cooperating closely with the Barakat Teacher Training Program at the University of Gezira in Wad Medani. The graduates of that program have been involved in conducting training courses for the MCH/FP project in various provinces. Some of the personnel trained by the project are currently being utilized in other MCH/FP programs (e.g. the Hag Yousif Project, Page 8). The Director has also been keeping track of developments in the Community Based Family Health Project (page 8) for new ideas about personnel training and service introduction strategies.

A MODEL FOR RURAL MCH/FP

Initiated in 1980 under the auspices of the Faculty of Medicine, University of Khartoum, the Community Based Family Health Project began providing services in February 1981. The Project Director is Dr. Abdel Rahman El Tom, Chairman of the Department of Community Medicine.

The United States Agency for International Development (USAID) is the project's main source of support. Contributions in the form of supplies have also come from the United Nations Children's Fund (UNICEF). In addition, Columbia University (U.S.A.) provides a Resident Advisor and other technical assistance to the project.

The main objective of this pilot program has been to develop and test a model for rural Maternal and Child Health and Family Planning (MCH/FP) services using government village midwives as the primary service providers.

To provide a good quality, locally acceptable, low cost service to rural women and children is the overall goal.

The design of the program was based on the view that family planning services, nutrition education, diarrhoeal care and immunization were among the preventive services for which there was a large unmet need in rural areas. Midwives were selected as the main service providers because:

- they are available in rural areas;
- they are community-based;
- they have good rapport with village women and are accustomed to providing maternal care; and
- they could assume added responsibilities, as their workload was not always heavy.

Approximately ninety villages directly north of Khartoum along both banks of the Nile up to the border of Nile Province is the target area. Mothers or married women under age 50 and children under 5 in an overall population of 100,000 are the target groups.

The project underwent the following stages:

- Initiation, including a baseline survey and the development of training curricula;
- Inservice training for midwives and other health workers in the target area;
- Implementation -- services were sequentially introduced to the communities;
- Consolidation and maintenance--a posttest evaluation survey was conducted; responsibility for supervision and service maintenance was progressively transferred to the Ministry of Health.

The two field supervisors of the project also conducted three-week and two-week training courses for midwives and other health workers, respectively. Training covered the following areas:

- Family planning with emphasis given to contraceptive pills. Midwives were trained to provide oral contraceptives as well as to identify side effects and contraindications of the pill, and to know when and how to act, should side effects occur;
- Nutrition education;

- Diarrhoeal care; including the provision of oral rehydration salts and how to teach mothers to administer oral rehydration therapy;

- The importance and nature of immunization in order for the midwives to play a role in motivating mothers to have their children immunized.

Altogether, 103 midwives and 50 health workers--health visitors, medical assistants, nurses and community health workers--were trained.

Eliciting community support for the midwives as they assumed their new responsibilities has been one of the major roles of the other health workers in the project. Also, they provide supervision and other support for the midwives with respect to their project work.

Initially, supervision of the midwives and maintenance of the supply system were carried out by the two field supervisors. These tasks have now been integrated within the Ministry of Health system.

Evaluation of the project has been undertaken and encompasses:

- Baseline and posttest surveys of village women to measure the impact of services offered by the program on the target populations;
- Minisurveys conducted during the implementation phase to get feedback about initial service coverage;
- Cost data about the components of project expenditures; Service statistics;
- Follow-up survey of midwives to assess how well they remember what they had learned during training.

One of the problems encountered by the program has been the inability of dispensary inspectors and provincial midwifery supervisors to make frequent and regular visits to the project communities. Another difficulty has been the advanced age of five midwives, which has prevented them from adequately fulfilling their service role. By contrast, the fact that many of the midwives are nonliterate has not proved to be an insurmountable problem.

HAG YOUSIF MCH/FP CENTRE UPDATE

During its first nine months of operation, the Hag Yousif Maternal and Child Health and Family Planning Centre has established itself as a greatly needed and appreciated community service.

To date, there have been 3,850 antenatal visits, 2,460 child visits, and 582 family planning acceptors. The total numbers of pregnant mothers and children who made visits were 1,240 and 1,450, respectively. The three health educators, all unmarried, aged 20 - 25 with a high secondary school education, and who were trained at the National MCH/FP Centre in Omdurman, made 2,632 home visits. Of the family planning acceptors, 46 had IUDs inserted. A small number -- 20 - 25 -- have received condoms, spermicidal foam, jelly or tablets, and 11 women were referred to Khartoum North Hospital for sterilization. Eight dropouts occurred among the family planning acceptors, giving a dropout rate of approximately 1.4% over the nine month period.

Toxaemia of pregnancy, contracted pelvis, and anaemia were the most frequent diagnoses among the

40 women who were referrals. The majority of the 96 children referred to hospital had pneumonia or severe dehydration.

Services have now been increased to include immunization of children against childhood diseases, and all pregnant women are now given antitetanus toxoid injections.

A film every two weeks about contraceptive methods is shown to women in the community. Many of the questions raised at these sessions reveal a wide prevalence of misinformation about contraception.

Newly added to the staff is a health visitor, increasing the centre's permanent staff to nine: one sister, one health visitor, one senior nurse, three health educators, one cleaner and two guards. The part-time staff now consists of: the Director, a statistician, an immunization officer and a driver.

It is hoped that three additional health educators, one of whom will be a male, will join the staff shortly. The male health educator will concentrate on motivating the males in the community about family planning.

The centre has also been involved in enhancing the education of its staff. Additional education about nutrition has been given the health educators who have been imparting their newly acquired knowledge to mothers of the community. The sister will leave shortly to pursue further training in family planning at the Margaret Sanger Centre in the United States.

RECOMMENDATIONS OF THE 2ND NATIONAL POPULATION CONFERENCE

The National Population Conference held in Friendship Hall, Khartoum, April 26 -- 28, 1982 offered the following recommendations:

I. Population Statistics and Data.

1. There is urgent need for the creation of the Supreme Council of Statistics in accordance with the provisions of the General Statistics Decree of 1970. It is also recommended that this council be entrusted with the task of supervising all statistical operations and studies in the Sudan.
2. There is urgent need for strengthening the organs of population statistics and other organs of a similar nature.
3. All available resources are fully utilized in order to ensure the success of the third population census. An attempt should also be made to carry out such a census at regular periods.
4. Information about statistics should be disseminated among the people so as to make them aware of its importance.
5. A comprehensive statistical methodology that takes into account the interdependence between population variables and development should be developed. This methodology should serve as the basis for development planning.
6. The organs responsible for recording vital statistics should also be developed. It is important to make sure that the kind of periodical statistical surveys--of manpower or rates of migration, for instance -- that make it possible

to formulate economic and social plans are carried out regularly.

7. Use should be made of the data of the 1973 census. Here again it is important to make sure that publications relating to this census are sent to the universities and research and documentation centres.

II. Fertility and Family Planning.

1. Here we need to subject the statistical data relating the Fertility Survey in the Sudan to rigorous study and analysis in the following areas:

- a) types of, and trends in, marriage;
- b) ratios and differentials of fertility among the various sectors of the population;
- c) the causal relation between deaths that occur while women are giving birth and fertility.
- d) trends and differentials in the levels of mortality rates;
- e) motives and desires relating to fertility;
- f) the effect of intermediary factors on fertility;

2. Carry out another fertility survey -- similar to the one conducted before--in collaboration with the International Institute of Statistics provided that the Southern Region and nomadic groups are included in the survey.
3. Translate the report on the fertility survey in the Sudan from English into Arabic so as to make sure that the report is read by as many people as possible.

We now come to family planning. Since fertility rates in the Sudan are considered to be among the highest in the world -- a fact which is inevitably reflected in the adverse effects on the health of the mother and the child and on the process of economic and social development in the Sudan -- the conference recommends that:

1. more attention be given to education in general and women's education in particular;
2. more attention be given to health services;
3. a firmer connection be established between the programmes, the policies, and the efforts made to improve the lot of mothers and children;
4. women be encouraged to maintain longer intervals between pregnancies and to take better care of their children;
5. the state play a more active role in family planning (the conference avails itself of the opportunity to commend the efforts of voluntary organizations);
6. family planning services for rural women are extended and enlarged;
7. national programmes of family planning are structured in such a way as to make sure that the services rendered through them (the programmes) are adapted to the needs and wishes of the people. It is also important to get local communities involved in these programmes in a positive way while making sure that the religious beliefs, values and customs of the members of these communities are taken into account.
8. the scope of family planning services is enlarged.

by making them (the services) part and parcel of other development programmes such as education (the campaign to eradicate illiteracy), agrarian reform, co-operative ventures, the activities of women and youth organizations, nutrition projects and other economic programmes;

9. the structuring of family planning services in such a way as to minimize the disparities between men and women .

III Health and Population.

Since the mortality rates for all age groups in the Sudan are considered to be among the highest in the world (the result, no doubt, of the wide prevalence of epidemic diseases), the conference recommends ;

1. the intensification of the kind of preventive health efforts which are centred around the basic health unit ;
2. the dissemination of information about the importance of the nutritional factor with regard to the welfare of individuals ;
3. the introduction of health programmes in development projects ;
4. that the gap between the different regions of the country with regard to public health and mortality rates be narrowed ;
5. the amalgamation of voluntary social work and the work undertaken by women's organizations, especially in areas like information and nutritional education ;
6. the development of statistics relating to causes of death ;
7. the study of the effect of work under taken by women outside the home on the health and development of the child .

IV. The Family .

1. More attention should be paid to the welfare of women--especially in rural areas--and to the improvement of their chances with regard to education and gainful employment .
2. Women in rural areas should be given their fair share of services to ensure some kind of parity between rural areas and urban areas that enjoy a higher standard of living .
3. The role played by legislation in protecting the family should be enhanced .

V. On Migration and Urbanization .

1. There is urgent need for looking into the question relating to the distribution of manpower and whether this distribution dovetails with the requirements of economic and social development or not .
2. Incentives must be given to migrant agricultural labourers who work in agricultural schemes and their living conditions must be improved .
3. The administrative structures in Sudanese cities should be improved so that the necessary services are provided and the continuing deterioration in public services stemmed .

4. An attempt should be made to stem the rapid expansion of urban areas through the development of rural areas and the provision of opportunities for gainful employment for members of the rural communities .
5. An attempt should also be made to classify the refugees according to their special characteristics and interests and to help them as much as possible .
6. There is need for revising all the curricula for refugees in such a way as to make sure that the education they receive would be of help to them not only in their present circumstances but in the future as well .

I. Population Education .

The conference recommends :

1. the introduction of population education in all educational institutions beginning with the primary stage and up to the level of higher education. Efforts must also be made to spread population education outside the school and among the target population ;
2. that the papers presented at this conference and its discussions and recommendations serve as the basis for the formulation of the aims and structuring of the content of population education in the Sudanese educational system ;
3. that a measure of coordination between the ministries--e.g. Ministries of Health, Internal Affairs, Education and Guidance--and organizations concerned with the population question should be aimed at in an attempt to formulate a national policy in the area of population education both within the school system and outside it ;
4. the introduction of civics in the curricula of general education .

(I. Research and Studies.

In order to fill the gap in the area of research and studies in development and population in particular, we recommend the study of :

1. population variables and economic resources in an attempt to find the right size for the population ;
2. variables in population growth and their effect on manpower planning and distribution among the various regions and the economic activities in the country ;
3. internal migration and its consequences on the demographic, economic, and social levels ;
4. the effect of some development strategies on the types and volume of population distribution ;
5. production and development in the rural sector and their relation to population variables ;
6. the consequences of the migration of Sudanese manpower to other countries on economic and social development projects ;
7. the relation between the productivity of women and childbearing ;
8. the contribution of women to economic activity especially in the modern sector of the economy ;
9. the positive and negative effects of population

growth on economic and educational services.

VIII.

The conference recommends the creation of a national population council which would undertake the planning and execution of population policies in the Sudan. This council should bring together politicians, planners, demographers, economists, statisticians, sociologists, educators, and political specialists.

General Recommendations.

In order to highlight the interdependence between official and popular efforts in the valuable work undertaken by the National Population Committee for population, and the result of the special place occupied by population variables among the problems facing the nation and of the positive developments which came about as a consequence of the care which the President of the Republic lavished on the first national conference on population and on this conference, the conference requests the President to honour the National Population Committee by becoming its patron.

THE FIRST SCIENTIFIC CONFERENCE OF THE RAF-AVFC

Under the patronage of His Excellency, the Minister of Health, Professor Ali Fadl, the First Scientific Conference of the Regional Arab Federation of Associations for Voluntary Fertility Control (RAF) was held at the Khartoum Hilton Hotel, December 13 - 15, 1982.

Financial and other support for the conference came from the Organization of Petroleum Exporting Countries (OPEC), the International Program of the Association for Voluntary Sterilization (IPAVS), the International Planned Parenthood Federation (IPPF), the World Federation of Health Agencies (WFHA), the Ministry of Health, the Sudan Fertility Control Association, the Division of Social Affairs (Ministry of Internal Affairs) and the Ministry of Communications.

Sixty-two participants from the Arab countries presented papers on various aspects and attitudes concerning family planning in their respective countries before an audience of over three hundred.

Dr. Hadi El Zein El Nahas, Secretary-General of the Conference, explained that the organization is an advisory and coordinating body for organizations active in family planning and surgical contraception in the different Arab countries. He also noted that most countries within the federation have no explicit population policy. And, although the RAF is not directly involved in population policy, its members are cognizant of the often negative implications of population growth for health and economic development.

The position of family planning varies among the different countries. Vasectomy, rarely performed in most Arab nations, plays an important part in family planning in the People's Democratic Republic of Yemen. According to Dr. Mohamed Ali Bin Aff,

Director of Family Planning for the Ministry of Health of that country, men share equal responsibility with women in controlling their family sizes. In fact, many

male health providers have had vasectomies, which has set a precedent for lay people. The Tunisian government has been one of the first among the Arab countries to play an active role in family planning. Abortion is legal and the Tunisian National office for Family Planning has been actively providing the public with information on family planning since its establishment in 1973. Family planning education is part of the school curriculum in Iraq. In Lebanon, most family planning centres are closed as a consequence of the war. Places, such as Egypt, that have experienced problems caused by overcrowding are looking for ways to reduce their population growth rates. Two Sudanese women speakers pointed out that more priority should be given to educating the Sudanese woman in order that she may become more socially and/or economically active. Muslim and Coptic religious leaders of the Sudan asserted that family planning was fundamentally acceptable under both religions.

Eight workshops were held during the course of the conference. Among the main recommendations were that the federation:

- Set up:
 - a scientific committee for studying the relationship between health and family planning in the different Arab countries for the purpose of determining what is appropriate for people in the individual countries,
 - a committee for training personnel in the Arab world in the use of family planning devices, including surgical techniques;
- Keep up with medical technological advances and cost-effective procedures and use them appropriately in the advancement of family planning services;
- Appoint Dr. Hadi El Zein El Nahas as coordinator to organize a conference in 1984 bringing together politicians, social workers and community leaders from the Arab countries;
- Encourage positive attitudes among health care providers and the public toward family planning including the use of male surgical contraception;
- Meet twice yearly in order to keep abreast of the activities of its individual members;
- Issue questionnaires regarding physicians' attitudes toward family planning to physicians at each RAF conference as was done at the present conference;
- Encourage non-member Arab nations to become members of the federation;
- Seek local, regional and international financial support in order to help the RAF to realize its goals;
- Produce by the end of 1983 the first comprehensive Arabic reference book on all aspects of family planning including traditional methods as well as surgical contraception. The Pathfinder organization is funding the production of this book and will produce 5,000 copies.

The general consensus among the participants was that the conference, the first of its kind to be held in the region, was highly successful. That such a large number of leaders in the family planning field attended this conference attests to its significance as a groundbreaking event.

Appendix C: Questions and Answers to Questionnaire
Distributed at the SFCA Annual Assembly
Meeting, February 22, 1983

APPENDIX: C

Questions and Answers to Questionnaire Distributed at the
SFCA Annual Assembly Meeting

Question: 1

What types of articles would you like to see more of in the newsletter?

Answers:

1. "Any articles written about adverse reactions of any of the contraceptive methods."
2. "Activities in the regions (especially rural areas) about MCH/FP service delivery through a primary health care approach."
3. "Articles dealing with new developments and improvement in contraceptive methods."
4. "Activities dealing with other aspects of reproductive health should be included - Any other programs, projects etc."
5. "Highlights of other international newsletters."
6. "May be different publications in the field of MCH/FP produced by members of the association rather than to be limited to only a few."
7. "More of home news i.e. local activities relevant to fertility management."
8. "More about the activities of association members in the provinces."
9. "Articles about progress in the field of reproductive health."
10. "More on recent research."
11. "Research projects."

Question: 2

Are there any programs/activities in which you or some one you know is involved and could be written about in the newsletter?

Answers:

1. "No."
2. "Training of paramedics in MCH & FP. Retraining of TBAs."
3. "MCH as an integrated component of PHC."
4. "No."
5. " [Teacher] Training project of Barakat. Studies on information systems, perinatal health."
6. "Yes."
7. "No."
8. "Yes."

Three individuals did not respond.

Question: 3

Would you be willing to write articles and send them in to be published in the newsletter?

All eleven persons answered, "Yes."

Question:4

What do you see as the main function and importance of the newsletter?

Answers:

1. "To strengthen the links & bonds between members."

2. "News about the activities of SFCA nationally and abroad (hoping for regional activities.) Disseminate knowledge in FP & research work."
3. "News of routine activities of SFCA. Throw lights on major problems facing the implementation of contraceptive means in the WHOLE country."
4. "To enlighten those concerned on what is going on in the field of fertility and related subjects. To encourage those concerned to put up their ideas and interest in such a form, to be seen and discussed by other colleagues."
5. "To [propagate] information about human reproduction nationally & internationally."
6. "Is a link between the association and its members. Enlightens members on various activities in FP field and new developments in the same field."
7. "Linkage, information."
8. "Conveying world activities & research work in the field of fertility. News about conferences. Abstract [from] important internationally published articles."
9. "To keep members up-to-date on association's activities."
10. "Now only the news of the travels of the council members."
- 11.

Question: 5

What additional functions could it serve?

Answers:

1. "News & activities of non-medical members."
2. "Communications with [the] outside world and finding help in any form."
3. "To acquaint all doctors or workers in the field of family health (reproductive section) of who is doing what and where."
4. "Members in various regions of the Sudan could be motivated to indulge in writing articles in the newsletter."

5. "Introduction of various visitor & advisors to the members [and provide information on] their assignments. Different publications, editions received by the society. A column could be added on general news of various members from Khartoum or provinces.
6. "Educational."
7. "Keeping members in contact with the society. Inviting new membership if it is circulated to non-members."
8. "Teach people in fundamentals of research work because people working in the field of Ob/Gyn. are lacking this information."
9. "More news about other departments i.e. Medical, and Mental Health Reports since there is a close association with many functional problems in women."
10. "Research news."

One person did not respond

Question: 6

What changes, if any, would you like to see in the newsletter?

Answers:

1. "Photographs, explanatory drawings or sketches."
2. "One or two pages in Arabic for the non-medical members as the medical terminology is not always clear to them."
3. "To be published in a more decent way."
4. "To broaden its scope on personnel so that various members can reflect on their activities or experiences or can report on conferences, seminars attended. If an Arabic translation could be made for non-English speaking [persons]."
5. "Photographs, Arabic version, Colour."
6. "This has already happened in the last issue."
7. "Less travel news."

Four persons did not respond.

Question: 7

Do you have any comments on this special edition of the newsletter being distributed at this conference?

Answers:

1. "Not read yet."
2. "Covered activities in detail. Some typing mistakes were noted."
3. "It is excellent. It gave a good review of all organizations who are involved in Family Health. So I think our members are well informed in this field."
4. "The new newsletter is nicely presented both paper and printing. It provided reasonable information on various activities on FP as well as recommendations of both national and international conferences. There is a strong need to coordinate all these activities."
5. "Done well, needed information well covered."
6. "I think it is an advance."
7. "Yes. Very good."
8. "Very good."

Three persons did not respond.

Question: 8

Other comments.

Answers:

1. "I would like to receive an edition of all the newsletters."
2. "Generally SFCA newsletter is an excellent idea and those in charge should be commended on the effort they make to produce such an edition."

Nine individuals did not respond.

Appendix D: Formats for Writing Articles for the
SFCA Newsletter

APPENDIX: D

D.1 Format For a Particular Family Planning Project Overview

1. Formal title of the project (exact name)
2. Auspices
3. Sources of support
4. Main goals and objectives
5. Strategies for achieving goals and objectives (include specific services)
6. Intermediate targets and phases
7. Location(s) and setting; target populations
8. Main officers
9. Dates of project initiation, beginning of service provision, phases, end of project.
10. Detail on service providers:
 - How many of what categories
 - Location/distribution (number of clinics, geographic distribution, etc)
 - Training provided by the project (length, content, number of courses held, etc.)
 - Payment scheme
11. Supply system
12. Supervisory system
13. Evaluation and monitoring systems
14. Community involvement (include local financing, unpaid providers, etc.)

15. Main achievements to date (description and data)
 - No. of acceptors (since the beginning of the project, during the last 12 months, during the last month)
 - No. of current users
 - No. of dropouts and reasons
16. Characteristics of user population
17. Main problems/constraints (for example, with respect to training, supervision, supply system, communication, manpower turnover, funding, etc.)
Prioritize problems, if possible
18. Any future plans
19. Any other important aspects that may have been forgotten.
20. Things that the administrator would like to see stressed in the article or that he would not like to be included

D.2 Format For a Description of the State of Family Planning
in an Area of the Sudan

1. Where are the services provided
2. What family planning methods are available
3. What methods are mostly used
4. From where are these methods obtained
5. Can methods be obtained from the pharmacy
6. The cost of each method
7. Characteristics of the population using family planning services
8. What are the main problems in providing services
9. Plans for expanding services
10. Who are the providers
11. Number of providers
12. Percent of married women of reproductive age who are using family planning

D.3 Format For Article on a Research Organization

1. When was the association started
2. By whom was it started
3. Why was it started
4. How many members were there when it was first initiated
5. How many members are there at present
6. What are the funding sources
7. What is the guiding philosophy of the organization
8. What are its general goals and objectives
9. What is the spectrum of the organization's activities
10. What are its affiliations locally and internationally
11. Describe its most important research activities:
 - Past
 - Present
12. What are the most important conclusions of those activities
13. What has been the impact from the results of research activities
14. In what projects has the organization played a role
15. What has that role been
16. In what ways have its members benefited
17. What has been the organization's:
 - Main difficulties
 - Main successes
18. How are the difficulties being overcome

19. What have been the implications for the organization because of its independent status, or, conversely, of its non-affiliation with institutions and ministries:

- Advantages
- Disadvantages

20. What does the organization envision itself doing in the future

21. Name the major research activities being planned

D.4 Format For an Update on a MCH/FP Service

General questions:

1. What is the workload of the:
 - Child Health Clinic
 - Antenatal and Postnatal Clinics
 - Family Planning Clinic

2. Any special achievements of the:
 - Child Health Clinic
 - Antenatal and Postnatal Clinics
 - Family Planning Clinic

3. Characteristics of the user population:
 - Place of origin
 - Age group

4. Has there been any community involvement

Specific questions:

5. Total number of visits to date:
 - Antenatal
 - Postnatal
 - Family planning
 - Child

6. Contraceptive methods provided and the amount distributed since the beginning of the program, and within the last month, respectively:

- Orals
- IUD
- Condom
- Foam
- Other (give names)

7. Number of family planning acceptors since the beginning of the program, and within the last month, respectively:

- Orals
- IUD
- Condom
- Foam
- Other (give names)

8. Total number of continuing oral contraceptive users

9. Total number of oral contraceptive dropouts:

- since the beginning of the program
- during the last 12 months
- during the last month

10. Main reasons for dropouts

11. Total number of referrals since the beginning of the program, and within the last month, respectively:

- to where
- for what, usually

12. What percent of clinic workload was generated by "outreach workers"(if applicable)
13. What percent of clinic workload was followed up by "outreach workers" (if applicable)
14. What are the "outreach workers" characteristics:
(if applicable)
 - Marital status
 - Age
 - Education
 - Training
15. To what extent is the program administrator satisfied with the "outreach workers" (if applicable)
16. What are the main objectives for the coming months
17. Anecdotes about individuals who have benefited from the program
18. Any problems

D.5 Format For a Description of a Family Planning Study

1. The title of the study
2. The purpose of the study
3. Under whose auspices was the study done
4. The source/sources of funding
5. Name of the chief investigator
6. The number of respondents
7. When was the study done
8. Where was the study done
9. What was the methodology used in conducting the study
10. What are the characteristics of the population studied
11. What are the main results (findings of the study) and their implications
12. Where and how were data analyzed e.g. Khartoum, United States; computer or hand tabulated
13. The utilization of results: have they been utilized, or how will they be utilized
14. Any plans for related studies

D.6 Format For a Meeting, Workshop or Conference

1. Who had the meeting
2. Where was the meeting held and under whose auspices
3. When was it held
4. Source/sources of funding
5. Who chaired the meeting
6. Who participated
7. Subject matter discussed
8. Highlights of the discussion
9. The main conclusions, resolutions or recommendations

45

D.7 Format For Summarizing a Published Article

1. Source of the article
2. The author and date of publication
3. Follow format applicable to the subject of the article

**Appendix E: Topics and Contact Persons for Future
Articles about Sudanese Family Planning
Population and Health Programs and Activities**

APPENDIX: E

Topics and Contact Persons for Future Articles about Sudanese Family Planning, Population and Health Programs and Activities

Topic: The Barakat Teacher Training Program

- Articles: 1. Description of the Teacher Training Program
2. Impact of the Teacher Training Program on the Communities Involved in Training Program

Contact

Persons: Dr. Awad Mohamed Ahmed, Director
Wad Medani Hospital and Barakat
Teacher Training Centre, Wad Medani

Sisters Zahar Bashar and Betoil Saddig
Instructors, Barakat Teacher Training Program
Wad Medani

Topic: 1. Ways in Which MCH/FP and Population Programs in the Sudan Could Be Coordinated

2. The Role of the UNFPA in the Sudan

Contact

Person : Dr. Faysal A Mohamed Gadir
UNDP, P.O. Box 913, Khartoum
Tel.: 73121

Dr. Faysal had offered to write about the first topic, and to be interviewed for the second.

Topic: 1. Innovative Medical Training

A problem-based approach has been adopted by the University of Gezira Medical School for training doctors. It involves exposure of the student from the beginning his/her training to the community and its particular problems - social, health, psychological. The classroom is then used to help to solve these problems. The first batch of doctors from this program will graduate in January 1984.

It would seem that the newsletter audience would be interested to know about this. The objectives of

the program, type of training, and the implication of the Sudan's health care system by offering such training could be addressed.

2. The Health Scout Program

This project uses secondary school children age 13 - 17 for helping with community health education. They perform tasks such as demonstrating the preparation of weaning foods, making ORS for diarrheal children and motivating mothers to attend a childspacing clinic and to have their children vaccinated. The program began in 1979 - the international year of the child. It is funded by a two piaster tax on all cinema visits and a ten piaster tax on all bus trips starting from Wad Medani. These produce £S. 12,000.00 monthly.

3. The Karaiba Village Community Child Care Centre

This is a child health program encompassing vaccination, the development and promotion of home-made weaning foods, the mass treatment against belharzia, health education such as the promotion of breastfeeding, and the provision of family planning services. The target population for family planning is based upon a survey of all the mothers in the community. It consists of mothers with three or more children under five, those with more than seven children and those who had lost two or more children under five. Each family in the community pays £S. 1.00 monthly to the program to subsidize the price of drugs which the program purchases from Wad Medani Hospital.

(This program was written about in the Sudan Paediatric Journal Nos. 1 and 2 some years ago. An update could be written about it.)

Contact

Person : Prof. Hafiz E. Shazali
P.O. Box 196, Wad Medani
Tel.: (3051) 2841 (Residence)
2054 Ext. 28 (Hospital)

Topic: Fath El Rahman Al Bashir MCH/FP Health Centre

This health center was recently built to provide integrated MCH/FP services including health education, dental care, immunization and child growth monitoring. Already providing services, it replaces an older center,

and will officially open May 25, 1983.

An article could be written about this center at its opening. Dr. Hassan is very interested in being interviewed and having an article about his center published in the SPCA Newsletter.

Contact

Person : Dr. Hassan Ahmed Wahbi, Administrator
Fath El Rahman Al Bashir MCH/FP Health Centre
Khartoum

Topic: Activities of the National MCH/FP Projects in
the Different Provinces

Contact

Persons: Dr. Abbas Beshir, Director MCH
Sr. Hafisa Omer, Sister Midwife
North Kordofan

Dr. El Tayeb Sareeb Alla, Director MCH
Northern

Dr. Hashim Ziyada, Director MCH
Red Sea

Dr. Priscella Joseph, Director MCH
Eastern Equatoria

Dr. Gaffar Ali Baill, Director MCH
Blue Nile

Dr. Hag Malik, Director MCH
Kassala

Dr. Osman Beshir, Director MCH
North Gezira

Dr. Babiker A. Ghani, Director MCH
El Nil

Dr. Mohamed El Galaba, Director MCH
North Darfur

Dr. A/Rahman A/Hafiz, Director MCH
White Nile

Dr. Gaafar Khogah, Director MCH
South Darfur

Dr. Merghari Suliman, Director MCH
South Kordofan

Topic: Activities of the Sudan Family Planning in
 Areas Outside Khartoum

Contact

Persons: Dr. Awad Mohamed Ahmed
 Wad Medani

Mr. Hamid Hamida
Sinnar Family Planning Association

Dr. Mohamed Ahmed Elgbabi
El Fashir Hospital

Dr. Hassanin Mohamed Fadl El Mola
Elobid Hospital

Dr. Gahfar Ahmed Khogali
Nayala Hospital

Dr. Abdel Halim Abdalla
Juba Hospital

Dr. Hassanin Bashir Abdelrahim
Malakal Hospital

Dr. Mohamed Sayed Elrayah
Port Sudan Hospital

Other Individuals Involved in Population and Health
Activities Who Could Be Interviewed

Mrs. Mafisa Ahmed El Amin
Member of the Political Bureau
Sudanese Socialist Union
P.O. Box 1850, Khartoum
Tel.: 78207 (Office)
 78326 (Residence)

Mrs. Awatif Osman
Health and Social Affairs Officer
Executive Council
Women's Branch, SSU

Dr. Mona Khalifa
Dept. of Statistics
University of Cairo, Khartoum Branch

Dr. Omar El Tai, Director
Dept. of Statistics
Tel.: 77255

Dr. Amal Adnan
Dept. of Community Medicine
University of Khartoum

Dr. Fauzia Halim
Nursing College, Khartoum

Dr. El Shinnawi
UNDP/IBRD Advisor for Education and Manpower
Tel.: 78813

Individuals Who Could Be Reinterviewed for Follow-up Articles
About Their Projects

Dr. Abdel Rahman El Tom, Chairman
Department of Community Medicine
University of Khartoum; Director,
Community Based Family Health Project

Dr. Mohamed Ibrahim, Prof. of Paediatrics
University of Khartoum; Director, Soba-Butri
MCH/FP Nutrition Service Program

Dr. Mohamed Hassan Baldo, Administrator
Omdurman Maternity Hospital; Director,
National MCH/FP Project

**Appendix F: Members of the SFCA Interested in Writing
Articles for the Newsletter**

APPENDIX: F

Members of the SFCA Interested in Writing Articles for the Newsletter*

Dr. A. Salam Gerais,	SFCA
Dr. A. K. Abu Median,	Kosti Hospital
Dr. A. Rahman A. Hafeez,	Kosti Hospital
Dr. El Hag Mohamed Malik,	Dept. of Ob/Gyn., Gedarif Hospital
Dr. Fadil Saeed,	SFCA
Dr. Harith Hamad Ali,	SFCA
Dr. Mohamed Hassan Baldo,	Omdurman Maternity Hospital
Dr. Osman M. Mukhtar,	Khartoum Teaching Hospital
Dr. Omer Ahmed Mirghani,	Faculty of Medicine University of Gezira, Wad Medani
Dr. Sayda	Khartoum Civil Hospital
Dr. Sittana Hassan Ishag,	Omdurman Maternity Hospital

*

While many of these individuals expressed a willingness to write articles for the newsletter, the likelihood is that most will not find the time to do so; thus will have to be interviewed.

Appendix G: Sample of Typewritten Article with
Unjustified Right Edge

APPENDIX: G

CA: PAST, PRESENT, FUTURE

A group of fifteen physicians coordinated by Dr. Hamid Rushwan, Professor of obstetrics/gynaecology, founded the Sudan Fertility Control Association (SFCA) in 1975 at the Faculty of Medicine, University of Khartoum. The founding members were motivated by the need for scientific research into problems relating to Sudanese maternal and child health and family planning.

The association's main goals are:

- To provide information regarding Sudanese MCH/FP through scientific research, and the dissemination of research results, thus providing a basis for better health planning and policy-making in health institutions and in the country as a whole;
- To provide for educational exchange of information for health providers and the public with respect to MCH/FP programs and research into contraception, fertility and infertility;
- To conduct and promote research into Sudanese fertility patterns, especially those relating to obstetrics and gynaecology, and to study new methods of fertility regulation in relation to Sudanese women.

Funding for the SFCA's activities is provided mainly through international sources—Family Planning International (formerly the International Fertility Research Program) and the International Program of the Association for Voluntary Sterilization (IPAVS). Some support is also obtained from membership subscription.

Past and Present Activities

Among the SFCA's main activities have been:

- Providing medical personnel with updated information regarding the different approaches and techniques in the field of MCH/FP through seminars, meetings, workshops, library and the quarterly newsletter. Members of the association also disseminate information to the public about family planning methods through lectures, discussions, films given in clubs and MCH/FP centres;
- Giving some training on research skills—methodologies, data collection and their analyses, and report-writing on studies done—to physicians;

APPENDIX: H

Printers

From the number of printers visited, the following are recommended;

1. Printing Centre
P.O. Box 137
Khartoum
Telephone 75743
General Manager: Mr. Sherif Maṭar

This is a small establishment which uses the hot typesetting method. A layout artist and a photographer are available. Printing is done on the premises. It is situated between Hurriya and Ali Abdel Laṭeef Streets on the road parallel to these streets.

2. Sudan Publicity Co., Ltd.
P.O. Box 536
Khartoum
Telephone 80241
General Manager: Mr. M. O. Goda

This is a larger establishment with all the available facilities, except that material for typesetting is given out. The cold typesetting method is used. It is situated on Ali Abdel Laṭeef Street close to the Khartoum Branch of Cairo University.

On the same street as Printing Centre and near to it is another printing establishment--Al Aḍwaa--which appeared to have good facilities for Arabic-language publication. If an Arabic version of the newsletter is contemplated, this place would be worth further investigation.

Appendix I: Text of Letter Inviting Subscribers to
Submit Articles for the SFCA Newsletter

APPENDIX: I

Sudan Fertility Control Association
P.O. Box 7093, Khartoum
Sudan
February 28, 1983

Dear Dr.

The SFCA is interested to know and communicate more about the activities of its members, especially of those who practice outside Khartoum.

During the recent conference many of you indicated your willingness to write articles about your programs in which you are involved to send them to this office for publication in the Newsletter.

The SFCA Newsletter is published quarterly--February, May, August, November. About three months lead time is necessary in order to process each issue once all articles have been received. Articles received after the deadline for a particular issue may be published in a subsequent one. However, we look forward to receive your articles or reports at any time.

Some editing of articles is usual in order to adjust the length of the article and ensure clarity.

When submitting articles, kindly state your full name, title, and your affiliation for acknowledgement.

Please address any comments to the editor.

Thank you for helping us to serve you better.

Yours truly,

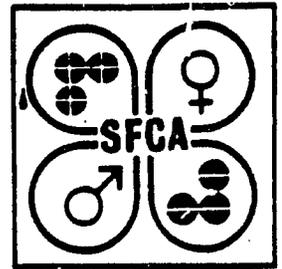
Dr. Salah El Tigani
Editor

Appendix J: Examples of Older Issues of the SFCA Newsletter

SUDAN FERTILITY
CONTROL ASSOCIATION
P.O. BOX 7093
KHARTOUM, SUDAN

SFCA

NEWSLETTER



Number 13

FEBRUARY 1982

SFCA NEWS

The annual scientific meeting of the SFCA will be held during the period 23rd and 24th of February 1982, in conjunction with the workshop on Maternal Mortality arranged by the Sudanese Obstetrical and Gynaecological society, Ministry of Health.

There will be a session for the SFCA members to present their activities. Obstetricians from Khartoum as well as from other parts of Sudan will participate in that session.

HORMONE NOSE DROPS FOR INFERTILE WOMEN

Nose drops taken at home instead of injections in a hospital are giving some women new hope for conceiving, in a pilot programme at the medical university of south Carolina.

Dr. Shala Phansey, the treating physician, said women on the programme are those who have already been unsuccessfully treated with clomophene citrate.

Her hypothesis is that the ova do not adequately mature with clomophene alone or with clomophene plus hormones (HGG) that stimulate ovulation. So she has added another hormone, LHRH, administered through nose drops, to help ova take the final steps to maturity.

Giving the hormone in nose drops is not a new idea, she said. What is new is the introduction of LHRH therapy and an advantage is that the drops can be taken at home.

With reports of the programme's initial success, additional patients have scheduled support from the mentioned university.

ABORTION FIGURES

The family planning Evaluation division of the atlanta center for disease control and the IPPF, have made an attempt, to estimate the number of abortions (almost all illegal) done in developing countries every year. Hard facts were scarce and only 25/60 responding countries based their replies on data available, 23 relying on local experiences, and 15 on best guesses.

They estimated that 13.7 M abortions were done in 1978, and the reasonable assumption of a mortality between 1/1000 and 1/100, in that number of 99% illegal abortions implies perhaps 68500 deaths. The ratio of abortions to live births varied from 8.9/1000 in East Africa to 253/1000 in Indian ocean region, and 325/1000 in Latin America.

The authors hope the publication of these crude estimates will encourage collection of more accurate data and improvement of reproductive health services so that women do not have to submit to illegal abortion.

THE MALE PILL

Gossypol, the world's only effective male anti-fertility drug, is now being tested in China.

On a regimen of 20 mg a day for 75 days, followed by 50 mg a week as a maintenance dose, necrospemia is rapidly achieved, followed by a zoospermia.

In most cases fertility returns to normal with in 6 months of ceasing to take the drug, but in about 5 to 10 percent of men it can cause permanent sterility. This is the main problem researchers are seeking to overcome.

INJECTABLE PROBLEMS

The occurrence of irregular bleeding with the injectable contraceptives is a problem for Muslim women. If bleeding occurs in Ramadan, for instance they can not continue to count the days of the fast which have to be made up later.

There has been reports from several Islamic countries showing significant fall off in the use of injectable contraceptives in the months near Ramadan.

EL HAG YOUSIF PROJECT

A dispensary is being established at El Hag Yousif — a suburb of Khartoum North. It will provide integrated maternity, child health, and family planning.

Work will start by the beginning of March, 1982. The Project is sponsored by the Family Planning International Assistance in New York.

The grantee agent is the S.F.C.A. consultants from Khartoum North Hospital will run the clinical work

SUDAN ASSOCIATION OF PHYSICIANS 8th CONFERENCE

The 8th conference of Sudan association of physicians will be held in Bagdadi lecture theatre, faculty of medicine, on the first of February 1982.

Physicians from the faculty of medicine and Ministry of Health will participate in the conference. Several leading physicians from abroad were also invited to the conference.

PROVIRON & PATHOSPERMIA

The successful treatment of patients with pathospermia was reported recently in Hungary, in the international journal of urology and nephrology.

The response to Mesterolone (Proviron, Schering AG), in doses of 25mg daily, was examined in 42 patients with pathospermia. The treatment lasted for 100 days.

The pronounced response to the treatment was observed in hypo—zoö — and oligozoospermia with low initial fructose content in the ejaculate. Fructose content attained it's normal range after the treatment.

During the therapeutic period eleven wives became pregnant. The authors conclude that mesterolone does not influence plasma FSH, LH and testosterone levels, it has only peripheral effects.

The authors note that testosterone preparations designed for parenteral administration have not come up to the expectations, since irreversible azoospermia may follow the treatment.

Mesterolone is an orally administered drug with androgenic effect, which is used to increase the androgen production in pathospermic patients.

HARMING THE FOETUS

An increased frequency of low birthweight infants and a higher perinatal mortality was associated with maternal smoking and alcohol consumption or both during pregnancy, according to a 10 year summary study by the US National Institute of Health and Medical research.

The method of tobacco intake, whether inhaled or not, and the amount of alcohol consumed determined the percentage of affected pregnancies.

When women used both tobacco and alcohol, the risk of foetal and neonatal morbidity or mortality was nine times that of abstinent women.

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DOES EVOLUTION HAPPEN AT A SNAIL'S PACE?

Evolutionists are divided about how one species evolves into another; whether by sudden leaps or gradual changes.

Now a discovery has been made that could help to settle the issue. What has been found is an unbroken record of how 19 species of fresh water snails evolved in an African lake during the past Million years.

Snails may sound an unlikely key to how evolution works. But, unlike the usual fragmentary nature of fossil evidence, there are no gaps in the record of these snails, no missing links.

The theory of evolution that has held sway since the 1940s is called the modern synthesis because it combines Darwinism with more recent discoveries, especially in genetics. This theory describes evolution as being typically a gradual process, resulting from the slow accumulation of tiny changed genes.

In the early 1979s, a new school of thought emerged and it dismissed the modern synthesis as old hat. They argued that a species remains unchanged for long periods, abruptly disappears and is then suddenly replaced by a new species. They called this process punctuated equilibrium (punctuated equilibrium).

A central issue between the two schools is the rarity in the fossil evidence of intermediate stages linking distinct species. The punctuationalists say missing links never existed, the gradualists tend to say fossil

record is simply too meagre to show them. This is where the fossil snails come in. They were discovered in the shores of lake Turkana in Kenya, the snails have been exhaustively studied by experts, but unhappily, there is disagreement about what the analysis shows. But, certainly the studies provided strong evidence of species remaining unchanged for millions of years and then suddenly changing into a new species, in 5000 — 50,000 years. But the gradualists never exclude the possibility of species remaining stable for long periods.

One problem is semantic, what constitutes sudden change? To a fossil expert, 50,000 years is an instant, well within the margin of error involved in dating his fossil. To a geneticist, who can generate significant evolutionary changes within a few years by keeping two laboratory population of fruit flies at different temperatures, 50,000 years is an aeon.

But the snail record contains surprises for both evolutionary schools. One is that the rate of evolution was the same both in species that reproduced sexually and in species that reproduce asexually. This challenges the accepted wisdom that the invention of sex speeded up the rate of evolution, by providing a means to shuffle genes around between individuals.

Another surprise is that new snail species emerged from populations of millions of snails rather than small isolated (founder) populations. It had been

widely thought that members of a species undertaking evolutionary experiments have to be isolated in order to flourish.

The most sensible conclusion to draw is that both evolutionary schools should rethink their theories. What might emerge in the future may replace both theories, a new synthesis which may combine the knowledge of geneticists, fossil experts and molecular biologists.

"science and technology, the economist, 1980".

CHEMICAL STERILIZATION

In the search for a simple non-surgical method of female sterilization, the use of quina-crine (mepacrine) has been studied. At first it was given on three occasions as an intra-uterine solution that set up an inflammatory tubal occlusion, later it was tried in pellet form. But the latest idea is to incorporate mepacrine in a copper IUD, so that only one insertion procedure is required; by this route also the dosage of the drug needed is reduced.

For the male, chemical vasectomy has been reported in Mexico. The new method of occluding the vas is by means of a special forceps with a perforated head which is used to inject 0.5 ml of 90% Ethanol 4% Formaldehyde into the vas per cutaneously.

The method is said to have the potential advantages of reduced bleeding and infection, cheapness, attraction to men afraid of an operation, and being simple enough for paramedical use.

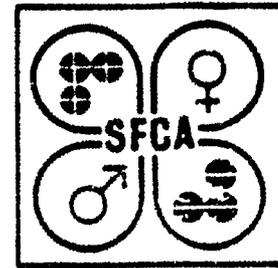
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SUDAN FERTILITY
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P.O. BOX 7693
KHARTOUM, SUDAN

SFCGA

NEWSLETTER



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EDITOR'S NOTE

Without any doubt one of the major problems encountering family planning in this country, is the reluctance of the population to accept contraception.

This is one reason why the SFCGA is starting a study this year on the attitudes of Sudanese males towards family planning in general and male sterilization in particular.

We look forward to see the results of this study which will surely be interesting and informative.

INTERNATIONAL SYMPOSIUM ON FERTILITY CONTROL JUNE 2-3-1981

The Family Planning Association of Tunisia in collaboration with their Obstetrical & Gynaecological Society have organised an international Symposium on Fertility regulation.

Participants from all over the world involved in reproductive health were represented.

Participants from all over the world including Gynaecologists and Family Planners from U. S. Europe, Asia, Africa attended the conference.

The Scientific Programs included general topics pertaining to child bearing. Specific topics included contraception and lactation. Hormonal contraception. Intra Uterine Devices and mechanical methods. pregnancy termination. fertility and diversity of tubal sterilisation.

It is to be noted that this Symposium was attended by Dr. Hamid Rushwan General Secretary of SFCGA & Dr. Osman Mahmoud Hassanein Board Member of the Society.

WARNING AGAINST ASPIRIN IN PREGNANCY

Aspirin has been incriminated as causing lung damage to the developing foetus and should be avoided by pregnant women said a Canadian heart surgeon at the recent World Congress of Paediatric Cardiology.

Describing research carried out in Texas, D. Rowe of the Hospital for sick children in Toronto said a retrospective study had shown that aspirin taken during pregnancy caused a thickening of the walls of the pulmonary

arteries, which in turn leads to cyanosis and a blue baby at birth when the foetal circulation reverts to that of the adult with expansion of the lungs.

The mechanism is thought to be due to the inhibition of prostaglandins by aspirin. The ductus arteriosus of the developing foetus is kept open by the action of prostaglandins.

If the prostaglandins are inhibited in the foetus, the ductus close and the lungs are exposed

to an unusual high pressure which leads to thickening of the walls of the pulmonary arteries. This leads to poor oxygenation after birth when the pulmonary circulation is in use.

The mortality of such babies is in the order of 20%. it was thought, and although other factors such as stress are thought to be involved, the evidence against aspirin was considered sufficient to make it unwise to take any aspirin during pregnancy, especially during the last trimester.

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HIGH LIFE ENDS FOR PLANTS ON THE PILL

The woman who gained fame several years ago by feeding her houseplants the pill has now taken them off it — because they were getting too big.

Mrs Margaret Schlegel of USA, 67, said her 33 houseplants "grew like wild" on her hormone solution of three birth control pills dissolved in a bucket of water, given three times a month.

"I stopped a while ago because the plants were just getting too big" said Mrs Sh. Schlegel. "But the old plants that still have some of the old soil at the bottom of the pot are still growing very well".

Mrs Schlegel, said she learned several years ago that she is allergic to ground mould and the huge plants were aggravating her condition.

Inspired by a magazine article in 1973, she got the pill from her family Dr. and started feeding the plants.

"I was confined to the house, so it gave me something to do" she said. "when the word got out, I was getting calls from all over, even from Canada. People wanted slips from my plants. But it has died down and I'm glad."

ABORTION RECORD IN ENGLAND & WALES

THE abortion rate in England & Wales has soared to a record high, figures released last month show.

In the biggest increase since the 1967 Abortion Act, 130,264 women had pregnancies terminated last year.

Abortions among foreign women also increased from 28,423 in 1979, to 32,862.

LECTURES

Dr. Elizabeth B. Connell, M D of New York Medical College and leader of IFRP evaluation team delivered a lecture on Barrier methods at the Faculty of Medicine University of Khartoum. The lecture was attended by Physicians and Medical Students. She discussed the history, current use for emergency use for fear of side effects caused by the pill and future plans to improve these methods.

Dr. Howard Tatum MD PHD associate Director of Population Council and Professor of Obstetrics and Gynaecology at Cornell

Medical School in New York delivered a talk on Intra—Uterine Contraceptive devices to an audience of Physicians and medical students at the Faculty of Medicine, University of Khartoum on Wednesday 9th September 1981.

He reviewed the intensive research work preceded and accompanied introduction of copper T device to which he himself played a main role.

He concluded with a statement that current research is towards introduction of a new device with no threat to minimise the inci-

NEW PILL CODE FOR DOCTORS

DOCTORS are to get new advice about how to deal with girls under 16 who ask to go on pill.

The British Medical Association's hand book of Ethics has been revised to try to solve the doctor's dilemma.

It says GPs should persuade girls to discuss their private lives

with their mothers.

If a girl refuses then the doctor must decide whether she is mature enough to go on the pill; The Association's experts say this should safeguard a doctor if he is accused of causing an unwanted pregnancy by refusing to prescribe the pill.

SFCA NEWS

The Pan Arab Medical Convention is due to be held in Amman, Jordan during October 13 — 16, 1981. A Symposium on Surgical Contraception is among the main topics. 13 representatives from different Arab Countries will take part in the Symposium. From Sudan Dr. Hadi Zein Nahas will speak on Success Experience in Surgical Contraception

and Dr. Harith Hamad on "Tubal ligation in Conjunction with Cesarean Section."

Mr. Fathi DiMassi, Administrative Director of International Project Africa & Middle East Regional office, Tunis is expected to visit Sudan during the period 15 — 21 September, 1981 to discuss with SFCA projects sponsored by International Project.

MORTALITY RISKS ASSOCIATED WITH FEMALE PROCEDURES

(AUBERT, LUBELL & SCHJMA)

Recently a review of mortality associated with female surgical contraception was published by the IPAVS. It was evident there was a significant decline in the rate of mortality, this was found to be due to introduction of advanced technology, improvement of procedures and the accumulation of valuable clinical experience as a result of increasing demand of the services.

The mortality rate for developing countries, according to the report was found to be in the

region of 1/10,000. The procedures performed were laparoscopy and minilap. In this study about 40% of fatalities were due to anaesthesia complications. The

second most frequent cause of death was infection secondary to inadvertent surgical injury, and the remaining mortalities resulted from preoperative anaphylactic shock following use of tetanus antitoxin, pulmonary embolism (one case) and one unrelated cause (postpartum eclampsia).

In conclusion, the IPAVS experience demonstrated that low level of mortality are obtainable in developing countries wherever good medical standards are observed. The mortality rate could still be reduced with:

- 1 — More careful preoperative evaluation.
- 2 — Increased physical awareness of the postoperative complications.
- 3 — With a trained resuscitative staff available whenever surgery is in progress.

TRAIL IN UK FOR TEST TUBE BABY TECHNIQUE

Following the successful test-tube baby birth in Britain and Australia, a team of London doctors and scientists is to carry out a trial of the test-tube conception technique.

The team, from King's College Hospital, will test the technique on up to 20 women who have been unable to conceive naturally.

Mr. C. Rodeck, consultant obstetrician and gynaecologist at the hospital, said the women, all in their early 30s, knew the trials

were experimental.

"Test-tube baby operation are not a method of treatment yet," he said.

"They are still on the development stage and one does not know what the success rate is.

"But if this kind of technique works, it is going to be much cheaper and less risky in the long run because you will not need to perform tubal surgery."

The King's College team will use the methods pioneered by Steptoe and Edwards. The two men were responsible for the world's first test tube baby in

1978, when they removed an egg from a woman and fertilized it in a test tube with the husband's sperm before implanting it back to the uterus.

Following the successful birth of a 2.6 kg baby girl, the technique was used on another woman successfully in 1979.

In June the world's third test tube baby was born in Australia. The Australian gynaecological team involved had earlier flown to UK to learn the details of the technique.

The King's College Hospital plan is to carry out the trial in three stages.

The first will involve perfecting a method of recovering the egg from the ovary. The next will be to fertilize it with the husband's sperm, while the third and most difficult stage will be to implant the growing egg back into the womb and get the pregnancy to continue.

