

1. Activities Completed

Please refer to the reportable results in your project document and use the space below to list the activities completed during this period

WBS1.11 One Day Refresher Training on the new Ipas MVA Plus.

During this reporting period 20 participants from previously trained PAC providers were invited to attend refresher training on new Ipas MVA Plus. 2 members from the PAC network were participated in the facilitation process. The training program was address the following issues:

1. MVA Ipas plus.
2. Client – provider interaction.
3. Infection prevention.
4. Reporting and monitoring system.

By the end of training the floor opened for discussions and post-test was conducted and training report was prepared.

WBS1.21 Reconstitute the PAC network in Sudan.

During this reporting period, information was collected up to now from 28 trained PAC providers in Khartoum state. The analysis of this information showed that most of the providers were concentrated in Khartoum locality, the means more PAC training are needed in the future to cover the other localities in Khartoum state.

WBS1.23 Conduct quarterly update meetings for the PAC network members

One PAC network meeting was conducted during this reporting period, the meeting attended by 28 participants from the network member, DKT representative and representatives from federal and state ministry of health. participants were discussed the following agenda during the meeting:

1. The network concept.
2. Vision, mission statements and network objectives.
3. Update on the project study (impact of unsafe abortion on maternal mortality) and PAC guidelines development process.
4. The network structure.

Hot discussion was conducted during this meeting and participants came out with following conclusions.

- Formation of working group from 3 persons to prepare draft on network vision, mission and objectives.
- Formation of working groups to review the abortion laws, and the prepare policy proposal.
- More comments from the network members on PAC guidelines. They agreed that the guidelines still needed more discussions with network members before submission of final draft to ministry of health.

WBS1.25: Establish linkages with others SRH networks to share experiences.

During this period many communication with Post Abortion Care Consortium was conducted. The network coordinator is requesting membership for the network, and the web-site of the consortium was circulated to all network members.

On the other hand one of the network members suggested to display the experience of Egypt on community mobilization around PAC, this presentation will be in the next network meeting. (From the PAC consortium web-site).

WBS1.26: Develop standards and protocols for safe abortion and PAC.

During this reporting period five sensitizations meetings were conducted with Federal Ministry of Health concerning PAC guidelines development. The consultant was identified in collaboration with ministry of health. Up to now the consultant was finalize the guidelines draft and now is waiting to be reviewed by all network members (according to the recommendation of the last network meeting). The final steps of this process will be ended by submission of the draft guidelines to ministry of health for approval.

WBS1.31: Provides quality safe abortion and PAC services.

During this period PAC and safe abortion services provided for 879 clients reported at the Academy Charity Hospital, private clinics and Sudanese Family Planning Association clinics, 798 out of them had received post- procedure contraceptives, 127 clients had received dual methods, 14 received emergency contraceptive and one case was reported with complication at the Academy Charity Hospital (hemorrhage).

WBS1.32 Purchase and distribute 150 MVA kits.

During this reporting period 50 MVA kits provided from DKT and distributed to the network members.

WBS1.34 Purchase misoprostol.

8 medical doctors were identified to integrate medical abortion in their private clinics and 100 dose of misoprostol purchased and distributed to them. Reporting formats were distributed and monthly reports will be collected from each private.

WBS1.35 Establish system to monitor PAC service delivery.

The monitoring system was discussed in the previous network meeting and members agreed upon the following points:

- Field visits should be conducted quarterly to assess PAC service delivery facilitates.
- Provision of monitoring formats and tools at selected facilitates.
- Collection of data from each facility on monthly basis.

Moreover 12 staff meetings were conducted during this reporting period to review the project progress and to plan for next activities.

WBS1.41 Upgrade 14 facilities model safe abortion and PAC clinics

Selection criteria was developed by network members and used already to identify the 12 facilitates. Up to now 7 facilities were upgraded (including one hospital), and provided with sets of instruments and supplies to provide PAC and safe abortion services. Now some of these facilities are already functioning and starting the reporting process.

WBS 2.11 Request network members to write articles on experiences with PAC and safe abortion.

All network members were invited to write stories with PAC and safe abortion, during this reporting period only one of the network members responded, and submitted one article about his experience on MVA during the period 2003 up 2007

WBS 3.12 Conduct and disseminate baseline survey on the impact of unsafe abortion.

During this reporting period TORs was developed. One consultant was identified and contracted to conduct the study. The baseline survey plan was written and reviewed by working group from network members and regional PPFA-I office. A questionnaire has been designed by small committee to address the study objectives. It will be filled in 5 hospitals in Khartoum state. Focus group discussions and in-depth interviews guidelines designed to be conducted at community level. Pre-testing and field testing were already conducted.

Seven data collectors selected to collect data from the five hospitals and at community. The data collection process is already starting and up-to-date 100 questionnaires were collected from selected hospitals. The focus groups discussions with youth at community level are planned for the next month.

WBS 3.13 Conduct review of existing abortion laws.

During this reporting period working group was formed from lawyer, religious leader, network coordinator and 2 network members. The group already was started to meet on monthly basis, up to now the exiting laws was written and distributed to network members. At this stage awareness activities planned to be conducted at academic and medical institutions level. Next period report on the review results will be written to be a reference for the policy proposal.

On the other hand Islamic Fatwa's on abortion were reviewed by one of the famous religious leaders in Sudan, and now he is preparing his report in this issue.

2. Activities Not completed

Please list below any reportable results not completed during this reporting period, explain why they were not completed, and indicate when they will be completed or what alternatives are planned

WBS1.11 One Day Refresher Training on the new Ipas MVA Plus.

In fact this training planned for 40 participants, and for benefit of participants, we preferred to divide the training into two workshops. The next refresher training for rest of the PAC providers will be conducted during the coming month.

WBS1.26: Develop standards and protocols for safe abortion and PAC.

The finalization of the PAC, safe abortion guidelines and dissemination process is depending on the approval of ministry of health in coming month.

WBS1.41 Upgrade 14 facilities model for safe abortion and PAC clinics.

Due to congestion of activities and fund limitation, the rest of facilitates should be next period.

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4. OTHER

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A. What helped and what hindered progress in achieving the project objectives during the past four months?

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What helped?

1- The technical support of PPFA-I at regional and corporation of Sudan level.
 2- The commitment of the network members.
 3- Team working of the project staff.

What hindered progress?

The delay of fund for more than 2 months reflected on the congestion and delay of some activities.

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B. Visitors: If any important visitors came to the project during this report period, please complete the chart below

Name and Title	Organization	Purpose of Visit	Dates
Joyce Kinaro .Senior Program Officer	PPFA-I	Technical support & monitor program implementation	September2,2007
Dr. Salwa Ibrahim. PAC program Coordinator	Federal Ministry of Health	Visit to PAC room at Academy Charity Hospital	October 25,2007

C. Conferences and Training: If any project staff participated in any important conferences or training program during this period, please complete chart below:

Name and Title of Staff	Name or Type of Program	Location of Program	Date
Dr. Tag Elsir Mohamed Ali. Project Director	Global Safe Abortion Conference	London	October 22 to24 2007

Other: If there is any other project-related information you feel PPFA should know about, please se the space below to explain:

- 1- You know that Safe International work with PPFA-I on long term partnership; at the same time registration of our vehicle in our name need time and money to cover the customs expenses. Please let us continue with your plates for a period, meanwhile we already are starting our registration process, and once we complete the procedures, Safe International will hand over the number plates to your office.
- 2- The misoprostol is available in Sudan in the black market, and not registered in the essential drug list of Sudan, this means Safe International will face problem in getting receipts for our financial records.
- 3- The only way to plan any activities or studies on misoprostol use in Sudan, when indicated for incomplete abortion. Let us start at this stage with this level.
- 4- I would like to inform you that , we have no budget for the focus groups and exit interviews with community leaders and youth(the baseline survey) .I suggest to use the money budgeted for the field visits for focus groups and interviews, and we try to conduct the field visits on voluntary base.