



## **Safe International**

### **Annual General Meeting Report**



**June 2008**

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## 1. List of Acronyms

ARO	African Regional Office
CPR	Contraceptive Prevalence Rate
FGC	Female Genital Cutting
IDP	Internally Displaced Person
IEC	Information, Education and Communication
IGA	Income Generating Activity
IUCD	Intra-Uterine Contraceptive Device
MOU	Memorandum of Understanding
MVA	Manual Vacuum Aspiration
NC	Network Coordinator
PAC	Post-Abortion Care
PPFA	Planned Parenthood Federation of America
RH	Reproductive Health
UNFPA	United Nations Population Fund
WHO	World Health Organization
FMOH	Federal Ministry of Health

## Introduction

To strengthen network of Post – Abortion Care providers in Khartoum state and to increase access to quality safe abortion and post abortion care services, Safe International in collaboration with PPFA started a project entitled” Post-Abortion Care (PAC) Network in Sudan” in July 2007.

During the pervious year Safe International was hosting and reconstituted the PAC network in Sudan. A serial of different activities was conducted to increase capacity of PAC providers and to increase access to quality RH technology services and safe abortion and PAC services.

In July 22, 2008 Safe International concluded the first year, with Annual General Meeting to inform about the activities of the network and to present the findings of the two studies (one on unsafe abortion impact on maternal mortality and other on Doctors Attitudes Towards patients presenting with miscarriage) and introduce the new PAC website. The annual meeting was also to advocate for safe abortion and PAC services in Sudan. A guest Speaker form Turkey has participated in the meeting and shared the experiences of Turkey in family planning and abortion services with the meeting participants.

## Meeting Participants

**56** participants from PAC network members, stakeholders and representatives from Federal Ministry of Health, WHO, American Population Council, Gynecologist Association, DKT, Sudan Family Planning association, Gazira state and academic institutions participated actively in the annual meeting and created intense discussions on various areas related to post abortion care and unsafe abortion.



## Meeting Minutes and presentations

Safe International representative opened the meeting by welcoming the participants then introduced the Ministry of Health representative to address the meeting.

Dr. Atif Fazari, PAC network member, made the 1<sup>st</sup> presentation on the experience of post abortion care network over the last year. His presentation focused on the following points:

- Define the network and its relation with Safe International and PPFA
- Explain PAC network constitution process
- Present the network activities, challenges and lessons learned

that the floor main points of discussion were around the fact that some PAC providers trained by other institutions like ministry of health and DKT were not informed yet about the network and they suggested that Safe International should reach more providers and provide information on the network membership process. The participants also highlighted the need for the involvement of PAC providers in other states and requested national coverage for membership.

The 2<sup>nd</sup> presentation, presented by Dr. Bashir Elgili the policy guidelines consultant, focused on policy issues regarding post –abortion care in Sudan. The presentation covered the post abortion care history and PAC policy in Sudan. The presenter mentioned that Federal Ministry of Health had approved the PAC training manual and finalized the PAC guidelines draft and now awaits the approval by a committee that will be formed by MOH. He also added that Federal Ministry of Health has started a new plan to introduce PAC in all states, this plan already started in Gadarif and Kassala states by training of trainers on PAC concept and use of MVA. He affirmed that MVA is considered by the ministry as one of the standard management tools for in-complete abortion and was included in the Sudan national and essential drug list.

The floor was then opened for Discussion where the WHO representative inquired if the WHO gridlines were adopted by the Ministry of Health which Dr. Bashir confirmed



The baseline study on the impact of unsafe abortion on maternal mortality was the topic of the 3<sup>rd</sup> presentation prepared and presented by the study consultant Dr. Bashir. A. Bashir who gave a brief introduction to the problem of unsafe abortion on maternal mortality which is the topic of his study.

His presentation covered issues like prevalence of spontaneous and induced abortions and risk factors. He stated that both spontaneous and induced abortions could be hazardous.

At the end, he came to the bones of the study. He said that the study was based on three main parts:

- 1- The Hospital-Based part: This aims to study the case quantitatively.
- 2- The Community-Based part: It is the qualitative part of the study to know the community perceptions about abortion methods and morbidity. It was composed of focus group discussion and community leaders' opinion.
- 3- Mid-level Providers Opinion: A separate interview was held with a representative of the mid-level providers who are trained in the use of MVA.

The presenter then moved to the incidence of abortion in the five major referral hospitals in Khartoum. He presented the demographic information and highlighted the risk factors related with induced and spontaneous abortion (e.g. the educational level, marital status, socio-economic status etc.). He also talked about the patient satisfaction. He found that almost half of the patients were not happy (49%) and this is simply because most of them are discharged very soon.

Regarding the community –based part, he added that the focus group discussion aimed to know the views of young women and men. He found that almost all of them knew that girls can get pregnant from the first time to have sex and that they heard about contraception methods and illegal pregnancies. Concerning the community leaders' opinion, he mentioned that both Muslims and Christians are using similar methods when they terminate unwanted pregnancies and all are done by untrained midwives. on the presentation concluded by the study recommendations for both PAC providers and policy makers. The presentation was followed by an active discussion by the participants on the study findings and most of them confirmed that this study will be the first step and baseline for PAC and safe abortion movement in Sudan.

The 4<sup>th</sup> presentation was conducted by one of the medical students, Sahar Hassan Elsayed (from University of Medical Sciences and Technology), on a study entitled "attitudes of health providers' towards patients presenting with bleeding in early pregnancy. This is descriptive cross-sectional hospital based study and was supervised by the PAC network director and aimed at the following:

- Doctors interview to assess the practice of doctors towards patients presenting with bleeding in early pregnancy.
- Clients interview to assess the attitude of doctors towards treatment options in managing abortion and post abortion care.
- Checklist to assess the patient's satisfaction towards services provided.

The study highlighted very interesting conclusions regarding the attitude of doctors towards post abortion care, patient's satisfaction about services provided and the practice of doctors towards patients presenting with bleeding in early pregnancy such as:

- Doctors possessed poor knowledge about post abortion care and its benefits.
- There was lack of training regarding manual vacuum aspiration.
- Obvious lack in post abortion contraception counselling.
- Patients were uneducated and not counselled about the importance of post abortion care and family planning counselling.
- Doctor- Client interaction is poor and needs great improvement
- Patients are not offered all available methods of treatment.

The 5<sup>th</sup> presentation by Prof. Ayse Akin from Turkey displayed the family planning and abortion experiences in Turkey. In the introduction Prof. Akin mentioned some information about Turkey stating that “during the last decade the statistics demonstrate that reproductive health of women is improving in Turkey” which she confirmed by the following facts:

- The fertility rate is decreasing from 4.33 in 1978 to 2.23 in 2003
- The women who receive prenatal care are increasing from 43% in 1988 to 81.4% in 2003.
- 1 in 5 pregnant women does not receive antenatal care services.
- Deliveries assist by health personnel is increasing from 76% in 1988 to 83.3 in 2003
- 1 in 5 pregnant women delivers without any medical help.
- Infant mortality rate decreased from 208 in 1963 to 29 in 2003 and maternal mortality rate decreased from 208 in 1974 to 28.5 in 2003.
- The use of modern family planning methods increased from 31.0 in 1988 to 42.5 in 2003.

The presentation also introduced some definitions on Reproductive Health and covered worldwide Reproductive Health and Maternal Mortalities statistics, Prof Akin mentioned that “every day in world and in every minute there is one women death due to obstetrical causes, and she added that 13% of maternal mortalities are due to unsafe abortion and she presented all statistics related to unsafe abortion worldwide.

Prof. Akin presented the findings of maternal mortality survey in 1997-1998 and also concentrated more on the history of Population Policy in Turkey in different times, she also stated the rationale and steps should be followed for legalization, she gave the example of the process of abortion law approval in Turkey.

Prof Akin explained that it was not enough to introduce a new law and legalise induced abortion in Turkey to ensure availability, acceptability and affordability of family planning services including provision of safe abortion, but new approach was needed which is medical abortion, then she presented the medical abortion rationale and researches in Turkey.

Prof .Akin concluded her very interesting presentation with lessons learned and conclusions from Turkish experiences, some of them are listed below:

- Legalization of abortion made a great impact on prevention of abortion related complications and maternal deaths in the country
- The most effective ways to realize the legal changes; are:  
Leadership ,Support by scientific evidences (research) ,Advocacy,Intersectoral colobarative communication and International supports ( ie.WHO).
- The issue of induced abortion should be seen as a component of comprehensive reproductive health. Therefore it should be dealt within a holistic approach rather than in isolation. .
- To avoid unwanted pregnancies and reduce the number of induced abortions especially avoiding repeated abortions, contraceptive methods should be widely available and accessible in the country.
- The quality of the clinical services for reproductive health including FP and pregnancy termination should be improved.
- Further research should be carried out to investigate the fertility determinants and develop appropriate intervention strategies to minimize the unmet need in fertility regulation in the country.
- New techniques for fertility regulation like medical abortion should be considered in the country, in order to provide less traumatic services for fertility regulation.

By the end of her presentation the floor was opened for discussion by the participants who appreciated the Turkish experiences and made some comments such as Dr. Limia from Ministry of Health comment that "Turkish experience can not be applicable for Sudan due to cultural differences. Dr. Bashir Elgili commented on deference of Misoprostol regime in Turkey and Sudan.



## **Recommendations**

The annual meeting came out with the following recommendations.

1. All trained providers on post abortion care should have the network membership and the PAC network should cover all the states beside Khartoum.
2. Carry out of scientific research activities at hospital, community and nationwide should be encouraged to support the policy change.
3. People should have access to safe, effective, affordable and acceptable methods of family planning of their choice.
4. Post-abortion care services and post-contraceptive services should be available any where and provided
5. All over Sudan health providers including mid-level providers should be trained on post – abortion care concept, counseling and use of MVA procedure.
6. Community awareness should be considered, and opinion leaders should be involved.
7. Advocacy and media programs should be implemented to support the policy change in the country.

## **Conclusion**

The high level of the Federal Ministry of Health commitment and the great support of PPFa has contributed a lot in the meeting success. Also the guest speaker has conducted a very interesting and informative presentation which is provided other country experiences and this may cause an impact in Sudan PAC movement.

The annual meeting also was covered by FM Medical Radio and many interviews were conducted with network director, PPFa advisor, some of the network members and the guest speaker.

## Annex

### Participants List

no	Name	Institution	Address/telephone/e-mail
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24	Prof.Ayşe Akin	Women health center.Turkey	
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