

INCREASING UTILISATION OF REPRODUCTIVE HEALTH SERVICES IN HUMANITARIAN SETTINGS: ABOSHOUK CAMP MODEL, SUDAN/NORTH DARFUR

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ABSTRACT

Purpose of the paper: In 2015, in collaboration with aligned state ministries, an NGO established a static clinic to serve AboShouk and the neighbouring AlSalam camps (North Darfur-Sudan). A very low utilisation rate was registered. A client satisfaction survey was conducted to explore the clients' opinions, recognised obstacles and limitations. Results showed 43% lacked knowledge about the services, 63% mentioned social rejection, family unacceptability, fear of stigma, 87% could not afford the cost for transportation or fees. This paper will exhibit the intervention to address this challenge.

Design: This is a descriptive case study showing how, starting in 2017, the purpose of the AboShouk clinic was augmented to act as a social development centre. A community owned network of women leaders, one from each geographic sector of the camp, was established. They coordinated the training of a number of volunteer community-based service deliverers who received comprehensive training supervised by the Ministry of Health. They referred cases to the clinic and made follow-up home visits and performed health promotion functions. The programme focused on community engagement, raising awareness, and delivery of high quality reproductive health services, with an emphasis on reaching youths and vulnerable

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populations. The women leaders provided the necessary support for women in need of medical services. They also liaised with the local sheikh or Omda (the civil community leaders) for girls' education, women's empowerment activities, and skills development for mini income generating projects for poor households. They initiated community engagement and mobilisation. They raised awareness either inside the clinic or as outreach through seminars, mobile TV shows, drama, and songs in local dialectics. This intervention was aimed at increasing the clients' accessibility and utilisation rate of services. In the long run, it is expected to reduce maternal and child morbidity and mortality in the camp.

Findings: The utilisation rate increased considerably. In 2017, the clinic provided sexual reproductive health (SRH) services to 38,640 people through the AboShouk clinic, of which 7,831 clients were provided with contraceptive services and 125 clients were provided with abortion-related care.

Value: This intervention can be replicated in other settings where the security status is fragile and the knowledge, attitude and practice of the community needs promotion, especially during the post-peace era.

Keywords: service utilisation; reproductive health; humanitarian settings; community network; civil leadership

INTRODUCTION

AboShouk camp in Al Fashir, North Darfur, was established in 2003 after the civil war in the Darfur region in the west of Sudan. It has an estimated population of 115,000 individuals, including 32,000 women of reproductive age (2017 survey). The camp is divided into 30 sectors, each ruled by civil leader (Sheikh or Omda) who has the supreme decision-making power in consultation with his committee.

The environment and the general living conditions are very poor. The majority of the population work in modest occupations, and almost all households are below the poverty line. Schooling is a luxury for the majority. Three charity NGOs offer medical services, six hours per day on five days per week, but there is no emergency care outside working hours. Few traditional birth attendants serve the community, regardless of the increasing unmet need for professional Sexual and Reproductive Health (SRH) services as the population grew and the camp spread its geographical boundaries. The maternal and neonatal mortality rate and unsafe abortion related morbidity, mortality and complications were major health issues, although there were no exact records due to the limited medical services offered. The early marriage of girls is a social norm, at the age of 14–17 years. Similarly, knowledge, attitudes and practice towards SRH issues and family planning were rather unenthusiastic.

KEY PROBLEM

In 2015, one of the NGOs, in collaboration with aligned state ministries, established a well-built static clinic ready to receive clients from AboShouk and the neighbouring AlSalam camps six days a week. It is staffed by a trained medical and administrative team and necessary equipment. A client satisfaction survey was conducted to explore the clients' opinions, recognised obstacles and limitations for benefiting from these services. A total of 2,487 clients were interviewed during the period February-June 2016.

The study targeted the residents of AboShouk camp and the adjacent AlSalam camp, including all attendees of the clinic, both male and female, age15-50.

RESULTS

On analysis of the self-administered questionnaire, 43% did not know about the clinic or its services, 63% mentioned that, socially, it is not acceptable to visit a doctor, and 87% could not afford the cost for transportation or fees. This led to minimum utilisation of the facilities in the clinic.

The community of the target camps knew about the services at the clinic from the comprehensive outreach health education sessions held in the camp twice per week (58%). They also heard from those who did attend and who received quality medical care at a low or subsidised fee (3.1%). The sheikh also announced the services for his followers and encouraged the community, especially women and children, to visit the clinic. This was mainly for antenatal care, safe delivery, post-natal care and family planning, and immunisation services (40%). Very few (0.5%) found the clinic by themselves.

A total of 83% agreed that others would make use of the services and ascertained that they would tell others about the quality services they received.

RECOMMENDATIONS OF THE CLIENT SATISFACTION SURVEY

1. To utilise the findings of the survey to design an intervention that is needs based, community sensitive, socially accepted, and owned by the public and the civil leadership;
2. To create a women leaders network to boost the role of women in the advancement of underdeveloped communities;
3. To utilise the clinic building for cultural and sports activities in the afternoons;
4. To start women empowerment activities and free education for girls.

RECOMMENDED INTERVENTION

The intervention was centred on community sensitisation and a motivation to seek medical help and overcome the recognised socioeconomic challenges. A massive campaign was carried out to familiarise the community, civil and religious leaders, and women leaders about the opportunity of services in the clinic, highlighting its availability, affordability and respect to client rights and privacy.

The purpose of the AboShouk clinic was to act as a social development centre. This intervention started in 2017. A community owned network of women leaders (WL), one from each geographic sector of the camp, was established. Each block elects one leader who would supervise one service deliverer: the latter would cover 20 households. The WLs coordinated training of a number of volunteer community-based service (CBS) deliverers who receive comprehensive training regulated by the Ministry of Health. They refer cases to the clinic and undertake home follow-up and health promotion functions. The programme focused on community engagement, raising awareness, and delivery of high quality reproductive health services, with an emphasis on reaching youths and vulnerable populations. The WLs provided the necessary support for women in need of medical services.

The WL liaised with the Omda for girls' education during the afternoons. The WLs and the clinic administration arranged for volunteer teachers from Alfashir city, 7km away, to come three times per week for reading and writing sessions for young girls and women. The disadvantaged women and those in charge of providing bread for their families were an important category referred for empowerment activities and skills development for mini income generating projects.

This intervention initiated community engagement and mobilisation. It focused on raising awareness inside the clinic or as outreach through seminars, mobile cinema shows, drama, and songs in local dialects. In collaboration with the camp leaders, the clinic administration sponsored scout activities and sports championships for the youth, which gave it extra popularity.

RECOMMENDATIONS AFTER IMPLEMENTING THE INTERVENTION

1. To create a pool of trained community-based service deliverers and attract more mid-wives and nurses to join;
2. To ensure the acuity and credibility of the recording system and statistical records of the clinic and use it for evidence informed re-planning;
3. To endorse the regular reports, produced by clinic, from a senior institution like the Ministry of Health; this will increase chances of technical support when needed;
4. To contract senior consultants to pay regular visits to the clinic to give consultation and attend to difficult cases;
5. To secure donations and financial support in cash or in kind to support the various activities in the clinic after implementing the development package;
6. To monitor the milestones, successes, challenges and difficulties of this package of complementary services.

CONCLUSIONS

This intervention aimed to increase the clients' accessibility and utilisation rate of services. In the long run, it is expected to reduce maternal and child morbidity and mortality in the camp. In humanitarian settings, there must be innovative outside-the-box planning to make services acceptable to the community in need. The utilisation rate increased considerably. In 2017, the clinic provided SRH services to 38,640 people through the AboShouk clinic, of which 7,831 clients were provided with contraceptive services and 125 clients were provided with life-saving abortion-related care.

Poverty, fragile security status and internal displacement and movement makes seeking medical services a form of luxury when they cannot afford to stay alive in the first place. Socioeconomic factors, social stigma and barriers, religious beliefs and taboos are the main factors examined, and appropriately addressed in such a model. The local context

is a determinant of the success of the intervention. Early engagement of the stakeholders and sensitisation of community will increase the chances for success. Investing in youth is investing in the future and building up their capacity necessary for sustained development.

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BIOGRAPHY

Salma Mohamed Mekki Kanani is a medical doctor; she graduated from the Faculty of Medicine University of Khartoum in December 1994. She is currently a senior public health consultant and community medicine professor in several medical schools. Dr. Kanani has an MBBS in Medicine and Surgery (1994), an MSc in Public Health from the Netherlands School of Public Health (1998), majoring in maternal child health, and is a Fellow of the Sudan Medical Specialization Board. She has worked with a number of NGOs, such as CARE International, Near East Foundation, and Goal, Sudan Family Planning Association. In 2002, Dr. Kanani became an Assistant Professor of Community Medicine (part-time) in several medical schools, such as Nileen University, Africa International University, and University of Medical Sciences and Technology, and lately with Nile College. In 2000, she established Health World (HW), and through this executed projects such as KHATWA for women empowerment, and the Science for Action Association.