Family Planning and EmONC: Responding to IDP Needs in South Darfur

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Following a surge of violence in 2004, several hundred thousand people fled to the southern Darfur town of Gereida, tripling its population.

In Gereida, a government-run hospital offered minimal, often poor-quality reproductive health (RH) services, for a fee. This facility lacked comprehensive Emergency Obstetric and Neonatal Care (EmONC) and family planning services.

As a result, most pregnant women delivered at home and many died from potentially treatable complications.
Program Intervention

- After months of discussion with the Sudanese Ministry of Health (MoH), ARC constructed, outfitted, and staffed a comprehensive Emergency Obstetric and Neonatal Care (EmONC) centre.
- ARC worked with staff and the MoH to ensure that family planning services were integrated into post-abortion care, STI, ANC and PNC services.
- The center opened in Oct 2009, offering services to the community free of charge.
Focus Group Discussions

• ARC conducted informal focus group (FG) discussions to better understand IDPs’ knowledge and attitudes around family planning.

• Found that women wanted to use family planning methods for birth spacing, citing improved health for mother and child and improved economic circumstances as likely outcomes.

Major barriers to accepting family planning – for both men and women:

❖ lack of knowledge of methods

❖ ill-informed fears about side effects
The new Centre has seen significant increases in family planning uptake since the Centre opened in October 2009. From 3 new clients in Oct to 340 new in total by Dec 2010.
• The center invested in a data collection system to improve its ability to evaluate the quality of services. The system has been entirely updated, staff have been trained in data management and collection, and the RH manager now uses monthly reports to determine which services are improving and which need further attention.
To better educate the local population about RH, the Gereida Centre trained several health educators who conduct community-based education sessions about family planning methods and EmONC services.
The dissemination of information to the local community and the increase in the number of women seeking family planning methods are important successes.

To understand the significance of these gains, it is important to examine the challenging context in which they were achieved.

- The Sudanese MoH has strict guidelines outlining which contraceptive methods may be offered in the country. At this time, contraceptive implants, a highly effective, long-term family planning method, are not recognized, making it illegal to provide them or even to educate clients about them. The ARC Gereida team is currently working with the MoH to change this policy, but for now, IDPs in Gereida do not have access to this method.
Program Challenges: Cultural Barriers

- The majority of IDPs in Gereida live within a culture where family planning is not universally accepted and where traditional methods are considered to be the most common practice and acceptable to men. Furthermore, the MoH highly recommends that women be accompanied by their husbands when they go to a facility for family planning.
The Centre’s staff members have identified two main priorities for the future:

1) to advocate to the Sudanese Ministry of Health for adoption of contraceptive implants in the national policy

2) to continue to send clear messages, via health volunteers/educators, about the Centre’s available services

Through sustained advocacy, education and services to the community, ARC’s team is confident that more women will be served and many more lives will be saved.
THANK YOU