

HEALTH BULLETIN N. 5 - 1st Semester/2017

HEALTH PROGRAMMES IN EASTERN SUDAN



REPRODUCTIVE HEALTH CARE: the key to life and the future

THE KEY TO LIFE AND THE FUTURE



Training in ANC at Midwives Training School, Port Sudan, Red Sea

According to the definition of the World Health Organization Reproductive Health-RH is not limited at giving birth, neither translates solely to absence of disease or infirmity, but is in fact a holistic health programme, where a complete physical, mental and social well-being is achieved.

The Government of Sudan recognizes the importance of Reproductive Health in achieving its overall health goals and even defines it as a high priority. Thus through its Federal Ministry of Health, it's working on improving the National Health Strategy, with a focus on RH as a tool to accelerate the realization of internationally set SDGs. (SDGs n.3 Good Health and Well Being and n. 5— Gender Equality)

Midwives in particular are given additional consideration by the Government which considers their training a priority. The official endorsement to Reproductive Health is evident through the establishment of Academies of Health Sciences, which beyond training health workers and nurses, are going to train midwives.

An immediate translation of Sudan's commitment to its health sector is the "Ten in Five" strategy launched by the government at the end of 2016. This approach aims to accelerate the progress of the health sector by integrating all health services, and channelling the effort of all partners involved in order to achieve ambitious goals on Reproductive, Maternal, Neonatal, Child and Adolescent Health in a period of five years, instead of ten.

In this frame European Health Programmes in Eastern Sudan have been actively engaged in the enhancement of health conditions in the Country in general, with a deep attention on Reproductive Health Care. Focusing on creating synergies with local partners including Ministries of Health in the states,

Local Health Administrations-LHA and Academies of Health Sciences-AHS. In addition to the mobilization of local communities to work simultaneously in carrying out sustainable change.

Through its two parallel components— *Promoting Qualitative Health Services-PQHS* and *Improve the Health Status of Vulnerable Populations-IHSVP* - Health Programmes in Eastern Sudan have managed to provide, between 2014 and 2017, training to 808 Midwives, make maternal health care accessible to 101.270 women, build and equip 16 maternal wards.

Moreover, the data collection has become a pivotal tool for planning, monitoring and evaluation, through the distribution of specific registers (for drugstores, for health workers, for midwives). Another relevant policy is the introduction of the Miso system. This aims at reducing the post partum hemorrhage, as one of the main causes for maternal mortality, and a decisive factor in saving women's lives.

The fight for the lives of mothers and children continues. Therefore all involved partners need to join efforts and work in coordination.



Hamashkoreib: Midwives checking illustrated records designed by IC for illiterate midwives

European Health Programmes in Eastern Sudan are funded by the European Union and implemented by the Italian Ministry of Foreign Affairs and International Cooperation



Midwives Monthly Meeting in the rehabilitated Maternity ward in Hamashkoreib, Kassala, February 2017

PROVIDING SERVICE IN A PECULIAR REALITY

Strict religious norms combined with a closed traditional society, turn health interventions in places like Hamshkoreib, Kassala, into a challenge.

A three-hour drive from Kassala's centre, the Locality exists in almost complete isolation. Added to this, its problematic location on the borders with Eritrea, forced Hamshkoreib to carry the burden of a long war between the two countries which continued until 2006. This troublesome history left Hamashkoreeb midwives for a long time without training nor professional support and forced inhabitants to rely on primitive tools like daggers and needles made of Laoloub trees as delivery tools. Consequently that resulted in high mortality rate among women, who died of tetanus and various infections.

"When the Italian Cooperation came, it provided training to midwives and educated them on the various ways to save mothers and children. Many children used to die of suffocation, now midwives know how to suck the mucus out of a baby's nostrils to save its life" stated Ali Tulab, director of Local Health Authority in Hamashkoreib, who has been working in the hospital since the end of war.

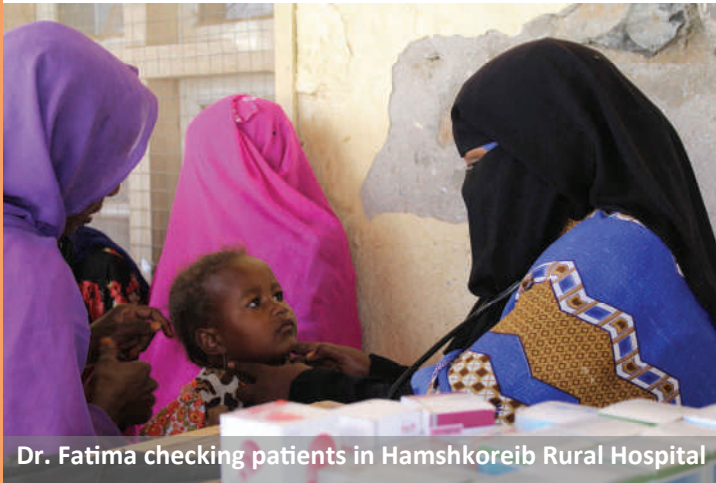
"A reliable system has been established, regular meetings are conducted and midwives from 50 villages receive facilitation for transport by IC, encouraging them to attend the meetings on a monthly basis" added Tulab, who has been working in the

hospital since the 70s and has witnessed the change achieved by the IC intervention.

"It takes a lot for a society like Hamashkoreib to accept change, but when the Italian Cooperation constructed this delivery ward, complete with its equipment, people gradually started to move from the tradition of home deliveries conducted by traditional midwives, to giving delivery in the hospital by trained midwives, who are now able to perform basic check-ups and recognize referral cases."

There are 106 graduated midwives distributed among the locality of Hamashkoreib, another 64 are currently under training. While expressing his satisfaction with these numbers, Tulab suggests training the same midwives to become nurses, as there is need for more qualified health cadres. However the strict traditions prohibit girls from pursuing the required training in Kassala's Academy of Sciences, the director hopes instead that some level of training might be provided for girls within the locality. *"Despite the number of midwives and the presence of a female doctor in the hospital, we are still greatly under staffed. Men can travel for treatment, but if a woman can never leave, if she gets sick and treatment isn't available she dies here."*

AN OUTSIDER MAKING CHANGE FROM WITHIN



Dr. Fatima checking patients in Hamshkoreib Rural Hospital

Traditional societies don't only make carrying interventions complicated, but also make for a less hospitable environment for people outside the community to live in. However Dr. Fatima Mohamed, the only residing female doctor in Hamshkoreib Rural Hospital, supported by the IC, counts as an exception.

Dr. Fatima, originally from Kassala, moved to Hamshkoreib after her husband found a job there as a teacher in a secondary school. It hasn't been an easy transition at the beginning giving the reluctance of Hamshkoreib's community to accept outsiders, but learning the dialect facilitated her integration within the community. *"Despite the initial resistance, the people of Hamshkoreib are very kind and they have gradually accepted me, and with time I've become part of this society"* stated Dr. Fatima.

Being the only female doctor, no doubt, translates into a load of work, making it difficult to compliment medical treatment with raising health awareness to help prevent certain medical conditions. *"I am responsible for both the Clinic and the Maternity ward, where we receive an average of 40 women per day. Very often I am overloaded with work so I ask the assistance of the male doctor working in the male ward. I also work with the midwives as a team, they help me in the clinic and I help them with critical deliveries."*

Isolated in the mountains, Hamshkoreib Hospital has a huge catchment area, making the hospital a very busy place, receiving a wide-range of cases. Thanks to the work done by the midwives, the community is now well-informed regarding health issues, but the remote areas of the locality are a completely different story *"The*

women arrive from remote areas in very deteriorating conditions, sometimes with red blood cells below 35%. We do our best to save them, and very often we succeed, but at times we need to refer the women to Kassala hospital, an appeal usually rejected by male relatives, leading to the death of the woman, this happens with a frequency of two or three deaths per month."

Despite being more health-aware than people in the remote areas, women in Hamshkoreib are still irregular with their antenatal visits, and postpone their visits until they face complications.

"I am trying to organize a weekly meeting dedicated to antenatal care follow-up visits, where all women can come and check their progress. However there are some missing equipment to realize this plan: an ultra sound device, can help anticipate complications, in addition to a sterilization device. The IC is now providing them and these additions will encourage women to be more regular with their visits." stated Dr. Fatima.

"Thanks to the work done by the midwives, the community is now well-informed regarding health issues, unlike the remote areas"

"Following a long day of work, I return home full of satisfaction of the impact of my work with the women. It's a unique experience, and I feel proud to achieve change despite being the only female doctor in the hospital, and I hope to continue to work with the Italian Cooperation to build on what we've already accomplished" concluded Dr. Fatima Mohamed, showing passion for her work and her aspirations for the future.



Female section in Hamshkoreib Rural Hospital

A COMMITMENT TO WOMEN'S HEALTH AND WELL-BEING

Dr. Amirah Hashim, Director of Reproductive Health Department, in addition to being the Director of Academy of Health and Science in Gedaref, is an energetic individual, passionate about her job. She collaborated with the Italian Cooperation since the early stages of Health Programmes in Eastern Sudan, and has also participated in the selection of targeted localities: Mafaza, Rahad and Wasat.

"Gedaref is one of the states that have warning Mother and Child and Reproductive Health indicators. We selected the localities of Mafaza, Rahad and Wasat, which registered the worst RH indicators, where the problem exceeded the capacity of the Government. The Italian Cooperation's work on these three localities, help us in RH Department to focus our resources on the nine localities remaining."

Amirah, who has worked with other International organizations, noticed a difference in working with the IC: *"The Italian Cooperation works in a different way: the plan is never imposed on us, but is always a joint plan, based on immediate feedback from the field and catered to people's needs."* An example of this collaborative approach is *"Tawali Ma'kum"*: a pilot project supported by the Italian Cooperation with the aim to make the shift from home deliveries, often preferred by Sudanese women, to institutional deliveries safer for mother and child. This work is done through interventions at community level and raising awareness within communities. *"Making changes takes time, that's why we have started with training the community on proper management of home deliveries, until they gradually accept the shift to institutional deliveries. The Miso system, the distribution of a new very effective treatment, has also been introduced through the IC, which helped a lot to reduce bleeding cases, and save women's lives."*



Dr. Amirah Hashim and Anita Speranza, IC health officer during a visit to the Academy of Sciences in Gedaref



Dr. Amirah, with the IC team in front of RH Department

Gedaref, resembling other areas in Sudan, has the problem of long distances, consequently transportation takes time, and often, time could be a death sentence in cases of emergency. *"Women might face complications in home deliveries and there might not be enough time to refer the woman to a doctor. Therefore we are now working on a pilot study of 'pre-referral management': where medical doctors are training midwives in dealing with complications"* explained Dr. Amirah.

Talking about the *"Ten in Five"* strategy, launched by the Government on Reproductive, Maternal, Neonatal, Child and Adolescent Health, at the end of 2016, Amirah commented: *"This strategy has no different plans for each department, but all departments are working in integration in order to make the strategy successful, although I do believe the government needs the assistance of other organizations to achieve these goals"*.

Amirah, concluding this conversation, expressed her satisfaction with the results achieved so far, but still thinks there's room for improvement *"We have noticed a positive increase in the RH data following the intervention of the IC, but we are still lagging behind our target. We first need to strengthen the health system by going deeper in our interventions. We need to build the capacity of the health staff working on the more basic levels of the health system, there is still a lot of hard work ahead."*

A MIDWIFE IN TRAINING: *the first brick in a big wall*



A midwife conducting a practical exam at Midwifery School, Gedaref

“Sometimes we send in a trained midwife and she becomes our tool in mobilizing the community and spreading awareness. The midwife has the task of reminding them that she will one day leave, therefore a girl from their community would be a more permanent solution.”

Ikhlas Hassan Ali is the Director of Midwifery School in Wasat, Gedaref. A school that receives an average of 100 students per year. She has been teaching in the school since 1994, and has been a director of the school since 2007.

“The beginning of the IC work in Gedaref has been a blessing: it has opened the door to many services for Mother and Child in addition to Reproductive Health. This has drastically reduced mortality rate among women” started Ikhlas, *“IC has built and renovated many facilities, introduced a structure of work that helped our job, in addition to the implementation of Miso Restore System, which helps rescue mothers. But most importantly, we feel cared for! The IC team in Gedaref is always present, attending all meetings, motivating the midwives to be punctual and on time. Midwives attend knowing that the Cooperation will provide them with the medicine they need, training, workshops, transportation, most of which we could only dream of before.”*

Ikhlas whose passion for midwifery is only surpassed by teaching it, recognizes that her role as a teacher isn't a mere job but a lifestyle. *“Living in the school itself, makes me available to all my students 24/7. I am a mother to all of them, and my role isn't limited to the classroom, in fact I always seek opportunities to sit with my students in an informal setting. Emphasizing the fact that our work requires a lot of commitment. I remind them that they are young, and they have to work hard. I give them a lot of examples and advice on how to deal with deliveries and certain complications.*

How to deal with women who are going through labor and might be hostile to midwives. They need to understand that pregnancy changes the mood of the woman and might make her act differently. I try in many ways to plant the seeds of understanding and compassion in them.”

To many girls, the Midwifery School can very well be the first school any of the girls ever attended, which consequently adds to the teaching challenge *“Teaching midwifery to young girls isn't easy! Many of our students are illiterate; they don't know how to write their own names, have no personal hygiene, or knowledge of their own religion, which is an important foundation in our society. In teaching we have to rely on repetition, without text books.”*

At times teaching midwifery could resemble military training. *“A Midwife should be ready at all times. Many girls attend at such a young age, that they are not used to staying up late, and we need to test their*



Ikhlas Hassan, Director of Midwifery School

endurance. We organize a system of night shifts regularly. We start at midnight we wake up the girls in one room, and make them get dressed and stay up for an hour, then we go to the next room, and so on. This exercise is important because delivery can happen at any time, and a midwife should always be prepared. This emphasizes our rooted message that a midwife has to sacrifice her rest for others."

Some families need to be convinced to allow their daughters to become midwives, some are won over when they visit the school and appreciate the strict efficient way the school is managed. To them, this guarantees the safety of their daughters.

However there are communities still resistant to midwifery training, which calls for an intervention on community level "There are some localities like Buttana and Fashga which are more conservative than others, they refrain from sending their daughters and prefer instead to have a trained midwife from outside their community to work in their localities. Sometimes we send in a trained midwife and she becomes our tool in mobilizing the community

and spreading awareness. The midwife has the task of reminding them that she will one day leave, therefore a girl from their community would be a more permanent solution." The school now has a good reputation among the communities, and has eventually succeeded in its mission.

In fact, this year the school is hosting for the second time girls from Buttana, the same Locality that previously resisted sending its girls. "Another persuasion technique to change mentalities is when approaching a community: we usually approach the educated elite, who have an impact on their societies and the key to mobilizing others."

Midwifery schools lay the foundation of a strong Reproductive Health system, and keep the health wheel going, that makes figures like Ikhalas a catalyst for changes and improvement.



Midwives asking questions during a class at Midwifery School in Gedaref

"FGM AMONG GIRLS IN PORT SUDAN – INCIDENCE TYPES AND COMPLICATION"

According to World Health Organization-WHO 200 million girls and women have undergone Female Genital Mutilation-FGM in 30 countries where the practice is concentrated. An additional 3 million girls are at risk of undergoing the procedure annually. This harmful practice which involves partial or total removal of female external genitalia is not only an alarming violation of women's right but of their well-being as well.

Dr. Amel Aziz, Paediatrician at the University of Red Sea joined forces with Dr. Abeer Algerthy a fellow colleague Paediatrician, to carry on a research funded by the Italian Cooperation's Health Programme entitled "FGM among girls in Port Sudan – Incidence Types and Complication". Seven hundred sixty eight girls were involved in the research which took place in Port Sudan Hospital, and continued for 6 months between January and July 2016. The outcome of their research was represented at the 21st Scientific Conference of Sudanese Association of Paediatrics under the motto "Children Health is the best investment for the future".

The two doctors who through their 20 years of experience in Paediatrics have carried out many pilot researches and have seen first-hand the difficult complications that come with FGM such as bleeding, Urinary Tract Infections-UTI, renal failure and even death. "We are grateful for the support and funding we've received from the Italian Cooperation that has facilitated our research. The alarming situation revealed by our research has confirmed to us the necessity of interventions starting from community level" started Dr. Aziz. As is often the case in traditional societies, the grandmother is the core of the family: "We live in a closed community, where the grandmother plays a dominant role, and in this case a negative one. This makes it, at times, more difficult to convince the family to reject FGM all together, so we opt for suggesting a milder type of infibulation."

There are over 30 tribes in Sudan each with its own traditions and customs; this also translates into the adoption of different types of FGM. "In Gezira state, we found that type 1 circumcision, with few cases of type 3, while the Hadandawah and Beniamir, both part of the Beja tribe in Eastern Sudan, are performing type 3, which is the severe FGM." This variation makes it necessary to adopt methods of interventions catered to each tribe.

Touching on a sensitive matter, some hurdles had to be faced. "We have struggled a lot! We had to discard many questionnaires as many girls either refused to be



21st Scientific Conference of Sudanese Association of Paediatrics, held in Port Sudan at the end of 2016

tested, or didn't come back after examination. We have to face resistance with persuasion" explained Dr. Aziz.

Through their research the two doctors have the evidence to confirm that FGM is a severe hidden problem that in some areas is performed on girls at the age of 7 and 10 days. "Some girls die before reaching the hospital, in fact two young girls died while we were conducting our research" FGM is usually performed by the midwives who, when facing complications, prefer to delay referral to the hospital to avoid responsibility, this very often results in death due to FGM complications. "Some midwives, even trained ones, perform FGM for obtaining additional income; if we increase their salaries most probably they won't have to rely on circumcision" added Dr. Aziz.

Such a deeply rooted practice is difficult to abolish, which renders any intervention complicated "Education is an influencing factor in curbing FGM, we found that the rate of FGM victims is less in comparison to daughters of uneducated mothers. However education is not enough, we need to mobilize the whole community and in particular men to convince communities that that FGM is not a necessity for marriage. If more men marry uncircumcised girls, this would make our job much easier" concluded Dr. Aziz.

Female Genital Mutilation continues to cause an outcry on an international scale, proving to be a persistent practice that has taken nearly a century of continuing effort to eliminate. However international pressure, community awareness and changing social dynamics have eventually been reflected in a notable cutback on this practice. This, in contrast with the cruelty of the practice paints a more optimistic image for the wellbeing of women in Sudan and around the world.



Riccardo Lazzaro, Health Officer of IC at the Conference

KASSALA STATE



Midwives in front of Maternity ward
in Telkok locality



A midwife registering her fingerprint to receive
facilitation for transport

GEDAREF STATE



Health Officer, Anita Speranza while delivering
medical tools to Hawata locality



Midwives Monthly Meeting in Hawata

RED SEA STATE



State Minister of Health with IC Project Officer, Elisa
Edimond, while delivering registers and medical equip-
ment Port Sudan



Delivery of medical equipment to
Arkaweet Health Centre

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