

# Delivering Safe Abortion Services in Humanitarian Settings

Abu Shouk camp  
Darfur, Sudan

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Nantes

# Situation

- Abu Shouk camp in Al Fashir, North Darfur: One of the largest settlements for IDPs and refugees with an estimated population of 104,000 individuals including 32,000 women at reproductive age.
- Established in 2003 after the civil war in Darfur region west of Sudan. The fragile security status forced many people to flee their original grounds and become internally displaced in search of peace.

# Abu Shouk

- The general living conditions are very shabby and the environmental conditions are poor.
- The majority of the population are working in modest occupations and almost all households are below the poverty line. Schooling was a luxury for majority.
- The camp is divided into sectors each ruled by civil leader (sheikh or omda) who has the supreme decision making power in consultation with his committee. Currently there are 29 civil leaders.

# Abu Shouk





# Abu Shouk

- The maternal mortality and neonatal mortality and unsafe abortion related morbidity, mortality and complications were major health issues although there were no exact records due to limited medical services offered.
- There were 3 charity NGOs offering medical services 6 hours per day/5 days per week but no special groundwork was done for emergency cases outside working hours.
- Similarly, knowledge, attitudes and practice towards SRH issues and family planning were rather unenthusiastic.
- Abortion, though rather common due to the harsh nature of life, was not weighed with the necessary importance it holds for the maternal wellbeing.
- Few traditional birth attendants served the community regardless of the increasing unmet need for professional SRH services as the population grew and the camp spread in geographical boundaries.

# Abu Shouk

- As of 2015, the sister NGOs withdrew so no operational health facility remained in the camp, the nearest medical care institution was 10 km away, no regular transportation. SFPA became a solo player.
- In 2016 Abu Shouk was an outreach satellite clinic that worked locally in the camp for 3 days a week and acted as a referral point sending clients to the central clinic in Al Fashir town 8 km away.
- SFPA in collaboration with civil leadership, community and political will.

# Abu Shouk

- Abu Shouk became a well built static clinic ready to receive clients 6 days a week from Abu Shouk and Al Salam camps. It is fully staffed with a resident medical doctor, a bi-weekly visiting consultant OBGYN, 2 lab technicians, stat clerk and assistant pharmacist and 2 trained midwives.
- The programme focused on community engagement, awareness raising, delivery of high quality PAC services with emphasis on reaching young and vulnerable populations in addition to the whole spectrum of SRH needed by the community.

# Abu Shouk

- It worked in close collaboration with MOH & MO Social Welfare. The latter through its federal office donated a fully equipped labor room with its accompanying ward and facilities in 2017.

## Abu Shouk in need



## Abu Shouk in lead





# Before



# The new static clinic



## Recovery room



## TIA theatre





## Technical backup



## Joint decision making



# Statistics

- Since its start in October 2016 to date, SFPA provided:
  - SRH services to 38,640 people through the Abu Shouk clinic, of which 7,831 clients were provided with contraceptive services and 125 clients were provided with abortion-related care.
  - The whole catchment area enjoys bi-monthly outside clinic awareness raising sessions focusing on abortion related services and a total of 19,760 attended them.
  - The seminars, drama, songs and speeches are delivered in the local dialects of the community.

# Strategies to enhance the utilization of PAC services

- 56 community based workers act as health educators to raise awareness and alleviate abortion related stigma at community level. They refer cases for TIA and provide counselling. They referred 38 clients (30% of the total number of clients)
- Financial support through subsidy system or free of charge services enabled poor and marginalized clients to seek SRH and abortion related services at Abu Shouk clinic.

# Strengths

- Strong political support from government relevant channels.
- Partnerships and maximum utilization of opportunities.
- Availability of high quality, wide range services.
- Role of civil leadership
- Role of women leadership
- Role of youth and scouts as community promoters and health educators

## Political support - Ministerial visit



## Working with civil leadership





## Staff commitment



## Drama for awareness raising





## Youth as community promoters



## Women's leadership





## Success stories



# Challenges

- Challenges in transportation of clients with serious medical conditions is risky, cost intensive and has limited options
- It is difficult to have well trained qualified resident doctors who accept to work with modest salaries for long periods of time. Day shift is not enough to satisfy the increasing demand for services while evening shift have to be carefully planned and implemented due to security reasons.

# Challenges

- Administrative and security issues like maintenance, strengthening infrastructure and securing the assets are an ongoing challenge.
- The centre now is on a simple solar energy cell. They need a larger one to enhance power for evening activities.

# Way forward

- Abu Shouk clinic is a big development opportunity for the camp. It is a focal point for health services, SRH and abortion, in particular awareness raising, women's empowerment, youth motivation and inspiration and social rights platform. Efforts should be put in to keep the momentum.

# Thank you

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