

Cover Page

Grant Number: # <u>PR1118408</u> Grant Amount: \$ <u>36,377</u> Today's Date: <u>January 13, 2012</u>	
OCCF Grant Program Name:	SL Gimbel Foundation Fund – Maternal Outreach Grant Program
Organization Name:	Planned Parenthood Federation of America (PPFA) - Sudan Office
Project Title:	Innovative delivery of family planning in Darfur, expanding the role of village midwives as health care providers
Grant Period:	January 1, 2011 – January 1, 2012
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Dates covered in report:	January 1, 2011 – January 1, 2012
OCCF Funded Project Description Summary (no more than 75 words):	This project seeks to reduce maternal morbidity and mortality by expanding access to reproductive health services to women in the predominantly Muslim area of Darfur, who traditionally must be accompanied by a male relative outside the home. To that end, and with support from the Ministry of Health, the program trained village midwives to provide family planning counseling and birth control to clients in their homes, offering woman-to-woman privacy and increased access to family planning.
Summary of Final Accomplishments (no more than 150 words):	The project was implemented in North Darfur state in western Sudan through PPFA's local partner, SFPA (Sudan Family Planning Association). The project trained a total of 40 health care providers — 20 doctors and 20 mid-level providers (or health visitors) — on long-term family planning (FP) methods, post-abortion care (PAC), and infection prevention. The 20 health visitors then trained 600 village midwives on FP at the community level. The project also upgraded 12 clinics by equipping them with IUD insertion, Manual Vacuum Aspiration (MVA) kits, and Misoprostol tablets. The project served a total of 1,450 IUD clients and 960 implant clients. 732 PAC clients were also served out of which 641(88 percent of total clients served) received post-procedure contraceptives. The project also strengthened the referral system for critical cases — 135 clients were successfully referred to Fashir maternity Hospital.

Objectives Worksheet

List the objectives as stated in the original proposal. Include a brief summary of the action taken and evaluation of each. Attach additional pages if needed.

<p>Objective 1:</p>	<p>To build the capacity of midwives and doctors in Darfur to provide education, counseling, and referrals for family planning</p>
<p>Action:</p>	<p>To achieve the objective above, the following actions were taken:</p> <ol style="list-style-type: none"> 1. Trained 20 health visitors as master trainers on family planning and reproductive health care <p>The goals of this training were to:</p> <ul style="list-style-type: none"> ➤ Strengthen the skills and knowledge of the health visitors — including their understanding of modern methods of reproductive health care — in order to improve the quality of their work ➤ Ensure quality control through supervisory field visits <p>The training program covered the following topics: basic concepts of family planning, methods of family planning, PAC counseling, and Essential Obstetric Care (EOC).</p> <p>Additionally, midwives were introduced to the Minimum Initial Service Package (MISP) for reproductive health programming and emergency preparedness.</p> <p>Topics included:</p> <ul style="list-style-type: none"> ➤ Early detection of pregnancy ➤ Focused antenatal care based on the principles of Standard Obstetric Care (SOC) to identify and refer high risk pregnancies for management by skilled health professionals ➤ Skilled care and hygienic handling for mothers and newborns based on emergency obstetrics and neonatal care principles ➤ Early identification of, as well as provision of life saving first aid measures and referrals for, life threatening complications such as antenatal hemorrhage, infections, and severe hypertensive-renal disorders in pregnancy ➤ Focused postnatal care to prevent complications or identify and treat complications early, especially postpartum bleeding and sepsis ➤ Post-abortion care (PAC) to minimize mortality and prevent severe morbidity as a result of inevitable or incomplete abortions ➤ Antenatal care service provision, including preventing mother-to-child transmission (PMTCT) of HIV/AIDS and other STIs 2. The 20 master trainers each responsible for training 40 village midwives <p>To date, 600 village midwives have been trained by the master trainers under</p>

	<p>the supervision of the Sudan Ministry of Health (SMoH) and Sudan Family Planning Association (SFPA) using the Family Planning Training Manual for Village Midwives that was approved by the Federal Ministry of Health (FMoH) in March 2010. The manual covers all aspects of family planning, including contraceptive counseling and distribution of emergency contraception and hormonal contraceptives. Because of an initial delay in funding, the trainings will be extended through the end of March, at which time we expect to reach our target of 800 trained midwives.</p> <p style="text-align: center;">3. Twenty doctors received training in IUD insertion, implants, and post-abortion care</p> <p>Twenty medical doctors have been trained in IUD insertion, implants, and post-abortion care. The training included theoretical and practical sessions. After the training 1,000 clients received IUDs. While the IUD training was not the first for most of the attendees, they were not familiar with implants. There was initial concern that women would be resistant to using implants due to lack of familiarity with the method, however 960 implants were inserted, and our partners are requesting additional supplies.</p> <p>Dr. Adam Salih, Senior OBGYN committed himself to training new registrars, which will help to ensure sustainability, as registrars rotate after six months. While it is a challenge to continue training new registrars, it is also beneficial, since newly-trained registrars may practice in states where the concept of post-abortion care is yet unknown. In that way, the new trainees can serve as ambassadors for improved reproductive health care.</p>
Evaluation:	<p>Pre- and post- training knowledge assessments were given to each group of participants. For the village midwives, by the end of the training, their knowledge base had increased by 65 percent. As for the Master trainers, their knowledge base had increased by 69 percent. The doctors, who were exposed to completely new information, saw a knowledge increase of 98 percent. As a result of these trainings, there was a 35 percent increase in demand for both IUDs and implants.</p>

Objective 2:	To increase access to family planning services
Action:	<p>When this project concludes in March 2012, a total of 800 newly-trained village midwives will be equipped to visit women in their homes and provide education and counseling on family planning, as well as referrals to locations where they can obtain contraceptives.</p> <p>Village midwives who have already completed the training will start to conduct visits at community level this month (January 2012), after developing strong communication methods with the community.</p>

Evaluation:	The project developed formats for referrals from various levels of community health providers that have been reviewed and approved by the State Ministry of Health. Information from the village midwives was collected on monthly basis, including information on the number of births attended, number of live births, number of abortion cases, and number of cases of obstructed labor. The midwives have been trained, the commodities are being secured, and they will be able to offer both counseling and family planning commodities beginning in January.
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Modification to Objectives (if needed)

If there are any modifications to an objective (i.e. number of clients served, timeline, etc.) please explain in detail in the box below.

Our initial proposal targeted training eight medical doctors on long-term contraception and PAC. However, through our partnership with DKT, PPFA was able to expand the number to 20.

Narrative

Provide a brief description of the program for which you received funding and the impact of this funding to date. Be sure to include your successes as well as any obstacles encountered and how they were addressed.

This project sought to build the capacity of all levels of health care providers in Darfur, which is a critical step toward educating the community around modern reproductive health and strengthening the referral system from community-based village midwives to the health facilities. Also, by strengthening the role of village midwives, this project sought to increase access to reproductive healthcare, contraceptives, for women who traditionally cannot leave home without the company of a male relative.

Impact: The project increased access to comprehensive reproductive health care by training community level village midwives on basics of family planning and teaching them how to provide pills and condoms. In addition, the project assisted in the formation of a referral system that creates a valuable link between midwives and doctors. Using this system, midwives can now refer women who would like to obtain long-term methods of birth control — as well as difficult cases such as complex post-abortion care — to physicians who are equipped to address their needs. The project's formats for referral have been reviewed and approved by the State Ministry of Health.

To improve and strengthen the referral systems the midwives were trained to:

- Disseminate proper technical guidelines that indicate clearly which services may be provided in which facilities
- Ensure (through supervision) that service providers identify, refer, and facilitate transport for those in greatest need
- Provide early referral for critical cases, as well as information and intervention in early pregnancy bleeding
- Strengthen local communication and transportation systems through the involvement of the community leaders

Challenges: One of the main challenges faced during the implementation of this project has been security. North Darfur is an area of conflict between the government and the rebels, and this always causes population movement in search of secure areas. Secondly, the remoteness of the area, with few roads or means of transportation, slowed the training of the village midwives by the master trainers, as it was challenging to reach midwives in remote areas.

Financial Report

The financial report is an accurate depiction of the income and expenses related to the funded project.

Organization Name: **Planned Parenthood Federation of America**

Grant Amount: **\$ 36,377**

Funding Period: **January 1, 2011 through January 1, 2012**

Project Income Sources	Project Budget	Amount Received
OCCF	\$ 40,000	\$ 36,377
TOTAL INCOME		\$ 36,377
Project Line Item Expenses		Project Expenses
Personnel and Benefits	\$ 5,000	\$ 5,127
Supplies / Equipment	4,164	5,161
Consultants / Subcontracts	2,500	3,164
Travel	4,700	3,782
Postage		
Printing		
Other: Training for Midwives & Doctors	20,000	15,837,
Other		
Other		
Indirect: 10% overhead	3,636	3,306
Total Expenses	\$ 40,000	\$ 36,377

Orange County Community Foundation Reporting Guidelines



All reports must be submitted by the due date via mail or hand delivery. Late reports are unacceptable and may jeopardize future funding to your organization. If more time is needed to complete a report, OCCF must receive notification at least two weeks prior to the due date. If there are changes to the grant period or contact information, please e-mail OCCF immediately.

Please mail or deliver your report to:

Orange County Community Foundation
Attn: Marisa Conner
4041 MacArthur Blvd., Suite 510
Newport Beach, CA 92660

Final Report

The final report is intended to be a concise depiction of how objectives were met and any challenges faced. The report and financial information should reflect funds expended during the grant period only.

The report should include the following:

- Cover Page
- Objectives Worksheet
- Narrative
- Financial Report (*a sample can be found on page 6*)

*An electronic version of the Reporting Guidelines is available on our website at www.oc-cf.org.