

Southern Sudan - Summary

Decades of civil war have nearly annihilated Southern Sudan's health system; a fact reflected in its health indicators. Its maternal mortality ratio of 2,054 maternal deaths per 100,000 live births the highest in the world. There is a huge shortage of midwives and efforts are needed to scale up midwifery education programmes. The absolute lack of infrastructure, equipment, supplies and human resources (including management) will take considerable time to rebuild. Southern Sudan has about 10 Diploma Midwives and less than 100 Community Midwives.

National priorities and policies for Maternal and Newborn Health (MNH)

National priorities and policies for MNH have been included in several key documents: the National Development Plan; the Health Sector Development Strategy and Plan and the Maternal Reproductive Health Policy and Strategy for Southern Sudan. While the Government has identified reducing maternal mortality as a high priority, much progress is required in making this a reality.

Challenges and bottlenecks

High out of pocket costs and poor quality MNH services are substantial barriers to care. No vital registration or maternal death audit systems exist and nearly 90% of births occur at home in rural areas. Lack of capacity, competent teachers and infrastructure hamper scale-up of the midwifery workforce. Community midwifery graduates, trained for 18 months, frequently emerge with inadequate competencies due to limited clinical practice. Midwives are demoralized by low status and pay, limited career opportunities, lack of support and poor employment prospects. Moreover, the profession often garners little recognition. Gender biases and sexual stereotyping frequently contribute to midwives' problems. Being women, and working with and for women, affects them greatly given the subordinate status of women in Southern Sudanese society.

Opportunities and innovation

A comprehensive health facility mapping exercise that includes human resources is scheduled for completion by 2011. Several innovations are underway in midwifery education with the establishment of Juba College of Nursing and Midwifery in 2010, a 3-year midwifery diploma program, expansion of decentralized community midwives training, and the addition of in-service training to upgrade skills of current community and village midwives and traditional birth attendants. Midwifery receives extensive external support from several partners that includes the appointment of two international midwifery advisors to help develop midwifery education, a regulatory framework and a professional association. From 2011, several international UN volunteer midwives will be deployed in teaching and district hospitals to provide clinical support and fill coverage gaps.

External Support

Key support to the health sector comes from the Multi Donor Trust Fund - Southern Sudan, intended to improve and accelerate progress toward development outcomes. Various external partners, principally UNFPA, provide financial, technical and clinical support to midwifery education and development, and NGOs are implementing MNH programmes on the ground. However, no data are available on the total volume of external support to MNH activities. The government articulates its sectoral priorities through the Budget Sector Working Groups attended to by sectoral ministries, UN agencies, donors and NGOs. Through it they are trying to capture the internal and external resources supporting the various budget sectors.

Forward look

Southern Sudan, which becomes a separate nation in July, faces extraordinary challenges to improve MNH and cannot achieve MDGs 4 and 5 by 2015. However, progress is being made and several plans and programmes to be implemented in 2011 will address critical MNH areas. These include: revising, updating and rolling out the Maternal and Newborn Policy and Strategy; capacity development of the Ministry's Reproductive Health Unit; conducting an EmONC Needs Assessment; and coordination of Reproductive Health programming. Amidst all to be done it is critical that policy commitments are translated into change on the ground, particularly in relation to midwifery workforce development and support to rural health worker retention.

Prepared by Celia Pett and Ulrika Rehnstrom