

Southern Sudan: After the peace, a new battle against maternal mortality

After 21 years of conflict, civil war between the north and south of the Sudan came to an end in 2005. While the fighting has mostly ceased, Southern Sudan is facing another struggle – against maternal and neonatal mortality. According to the 2006 Sudan Household Health Survey, the maternal mortality ratio for Western Equatoria, a province in Southern Sudan, stood at 2,327 deaths per 100,000 live births, one of the highest in the world. The 2006 neonatal mortality rate was 51 deaths per 1,000 live births, significantly above the Sudan's national ratio of 41 per 1,000 live births.

Overall health-care coverage, mostly managed through a small number of non-governmental organizations, is estimated at just 25 per cent. Even when health care is available, maternal health services are limited and not often used. Part of the reason may be a lack of education. The United Nations Population Fund (UNFPA) estimates that in 2006 the literacy rate for Southern Sudanese women was just 12 per cent, compared to 37 per cent for men; women therefore have limited access to health information.

Another possible reason is that pregnant women must travel long distances on foot to reach antenatal centres; consequently, attendance rates vary sharply depending on location, from 17.4 per cent in Unity State in 2006 to nearly 80 per cent in Western Equatoria. Fewer than 15 per cent of births in Southern Sudan are attended by skilled health personnel, and 80 per cent take place at home under the supervision of relatives, traditional birth attendants or village midwives (a female birth attendant who has typically received around nine months of training). Yet most of the causes of maternal death – including prolonged obstructed labour, haemorrhage, sepsis and eclampsia – could be managed by better-trained attendants.

The quality of available antenatal and delivery services is low due to a lack of technically skilled service providers. In all 10 states of Southern Sudan, midwives, traditional birth attendants and other maternal and neonatal care providers lack the necessary training required to perform simple lifesaving or nursing procedures. Lack of equip-

ment and supplies, poor referral systems and inadequate physical infrastructure and transportation also impede health-care delivery. Post-natal care services are virtually non-existent, despite the fact that most of the maternal and newborn deaths in Southern Sudan occur during the post-natal period.

Against this background, the Government of Southern Sudan and its partners are making efforts to strengthen maternal health services. The Interim Health Policy for 2006–2011 outlines an integrated approach that recognizes the need to improve health services while protecting women's rights. The Ministry of Health has committed to establishing more primary, reproductive and maternal health facilities, while supporting the use of mass media and counselling services to disseminate information on nutrition, harmful traditional practices and sexual health. To meet immediate health-care needs, community midwives who hold basic qualifications are being 'fast-tracked', with support from UNFPA. In June 2006, the first fistula repair centre in Southern Sudan was established at the Juba Teaching Hospital.

To accelerate implementation of this strategy, the Government has already established a Reproductive Health Directorate and is recruiting state coordinators to facilitate, monitor and coordinate maternal and neonatal health activities in each state. UNICEF is supporting the expansion of antenatal and emergency obstetric services in several states and the dissemination of key health messages over the radio and through community outreach.

There are challenges ahead. The return of refugees and the movements of many displaced populations, Southern Sudan's high fertility rate (6.7) and increasing rates of HIV infection among some populations necessitate a systematic health programme. The struggle may be a long one, but those committed to winning it are already at work.

See References, page 108.