



SOUTH SUDAN

Maternal & Newborn Health Country Profile



OVERVIEW

After gaining independence in 2011, [South Sudan has faced years of conflict](#) driven by political tension and ethnic divisions.¹ Despite various peace deals, intermittent inter-communal violence has continued. A unity government formed in 2020 allowed for greater stability yet the conflict coupled with climate change and COVID-19 have led to a dire humanitarian crisis including widespread food insecurity.

According to [South Sudan's 2024 Humanitarian Response Plan](#), an estimated 9.4 million people – 76% of the entire population – were in need of humanitarian assistance in 2023.² Severe food insecurity is increasing across the country with an estimated 7.1 million people projected to require food assistance between April and July 2024.

Humanitarian agencies and local organizations play an important role delivering essential services including education, health, and providing water and sanitation.

Conflict in Sudan has exacerbated the situation as refugees requiring assistance crossed the border into South Sudan.

Aweil East – where EQUAL will conduct its research – is located in the Bahr el-Ghazal region near the border of Sudan and South Sudan. It has historically been impacted by violence, particularly with other counties and between Misseryia and Rizequat pastoralists from Sudan and Dinka from Northern Bahr el-Ghazal. The area has experienced years of [crisis levels of food insecurity and recurrent disease outbreaks](#) including COVID-19, measles, and cholera.³

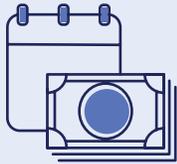
SOUTH SUDAN'S HEALTH SECTOR

South Sudan suffers some of the worst health indicators globally, due in large part to a weak health system unable to meet the needs of the population.



HEALTH SYSTEM STRUCTURE

South Sudan's health system is [decentralized](#) with the central level – national Ministry of Health (MoH) – responsible for providing policy guidance, leadership, funding, and monitoring and evaluation.⁴ The state level oversees the implementation of health service delivery at community, primary, secondary, and tertiary levels. The primary level includes Primary Health Care Units and Primary Health Care Centers.



FINANCING

The health sector is financed by a combination of domestic resources and international aid from bilateral and multilateral donor agencies. WHO reports that the health sector budgetary allocation increased to 7.9% of the national budget for the 2021/2022 fiscal year, yet the government allocated [less than 2% of the national budget](#) toward the health sector demonstrating a dependence on development assistance to cover the total health expenditure.⁵ The [South Sudan Health Pooled Fund \(HPF\)](#) – a multi-donor funding mechanism operating in partnership with NGOs in MoH facilities and health staff – plays an essential role in financing and delivering health sector services.⁶



HEALTH WORKFORCE

There are only [3.5 health workers per 10,000 people](#) in South Sudan – well below the WHO recommendation of 44.5 health workers per 10,000 people.⁷ This shortage is driven by [a range of factors](#) including inadequate and unreliable pay, lack of proper supervision, and insufficient workforce management – all of which contribute to burnout and turn over.⁸ There is also an inequitable distribution of healthcare workers across states, with more providers in urban areas.



HEALTH FACILITIES

In 2021, more than [56% of the population](#) lived more than 5 kilometers from a health facility.⁹ During rainy season, up to [60% of the country experiences flooding](#) which further disrupts services due to road conditions.¹⁰ A [national health facility assessment](#) conducted by the MoH in 2014 revealed that only 9% of health facilities had the minimum required infrastructure.¹¹

MATERNAL AND NEWBORN HEALTH IN SOUTH SUDAN

South Sudan has among the world's highest ratios of maternal mortality and complications during pregnancy and childbirth represent a leading cause of death among women in the country.¹²



MATERNAL MORTALITY RATIO

1,223 deaths per 100,000 live births (2020)¹³



NEONATAL MORTALITY RATE

39 deaths per 1,000 live births (2022)¹⁴



STILLBIRTH RATE

26 deaths per 1,000 live births (2021)¹⁵

This is significantly higher than the 2020 global average which sits at 223 maternal deaths per 100,000 live births and 17.1 neonatal deaths per 1000 births in 2021.¹⁶ It also exceeds the targets set by the SDGs which aims to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030;¹⁷ to reduce neonatal mortality to as low as 12 deaths per 1000 live birth; and the stillbirth target set in the Every Newborn Action Plan (ENAP) to reduce stillbirths to less than 12 stillbirths per 1000 total births by 2035.¹⁸

LEADING CAUSES OF MATERNAL AND NEONATAL MORTALITY IN SOUTH SUDAN

The leading direct medical causes of maternal mortality in South Sudan include hemorrhage, sepsis, obstructed labor, and unsafe abortions, while the leading causes of newborn mortality include preterm birth complications, intrapartum related event, pneumonia, and infections including sepsis.¹⁹

The most recent National Health Survey conducted in 2010 found that less than 20% of deliveries occur with skilled health personnel; while the specific percentage has likely changed in recent years, it is still a significant factor leading to high rates of maternal and newborn mortality.²¹ Given the distance to health facilities and the cost of transportation, access to care is limited. Even when a woman can reach a facility, the capacity is often insufficient. In 2014, the MoH conducted a nationwide assessment of emergency obstetric and newborn care services. It found that of 50 hospitals, 38% were partially functioning, guidelines for the management of obstetric and newborn health complications were not available in all facilities, and poor technical quality of care was pervasive due to the lack of skilled staff, equipment, and supplies.²²

MNH SERVICES IN SOUTH SUDAN

The Basic Package of Health and Nutrition Services (BPHNS) is the cornerstone of the National Health Policy covering curative, promotive, preventive, and managerial activities. It is intended to be both affordable and accessible to the majority of the population.²³

The BPHNS includes safe motherhood/essential obstetric care, antenatal care (ANC), delivery care, care for newborns, postpartum care, information, education, and communication. The primary health care unit is the immediate point of contact for ANC and postnatal care services. The services offered by Primary Health Care Centers include basic diagnostic laboratory services and maternity care, while County and State Hospitals provide secondary care including comprehensive obstetric care.

BOMA HEALTH INITIATIVE ²⁴

The Boma Health Initiative (BHI) was launched in 2017 to improve access to essential health services by bridging the gap between health facilities and communities. Boma Health Workers are embedded in communities and trained to deliver services including safe motherhood, family planning, and identification and treatment of simple childhood illnesses, among others. MNH services within the BHI safe motherhood module include:

- Identification, counselling, and referral for family planning, ANC, safe deliveries, emergency obstetric care, postnatal care
- Counselling mothers who have delivered at home on essential care of the newborn
- Kangaroo mother care for low-birth-weight/preterm babies
- Training mothers on clean cord care
- Prompt referral for babies delivered at home to the nearest health facility
- Postnatal monitoring and follow up
- Maternal and neonatal death reporting including registration of births and deaths at the community level
- Data collection and reporting of services and activities using the appropriate tools

Given funding constraints, implementation of the BHI package has been limited, but offers significant potential to reduce the burden of death and increase access to services.

POLITICAL WILL FOR MNH IN SOUTH SUDAN

In response to high mortality rates, the government of South Sudan committed to increase access to and utilization of quality, high-impact services for all women, newborns, children, and adolescents in South Sudan.²⁵

MNH TARGETS IN SOUTH SUDAN

Sustainable Development Goals ²⁶

- Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
- Target 3.2: By 2030, reduce neonatal mortality to at least as low as 12 per 1,000 live births.

National RMNCAH and Nutrition Strategic Plan (2018-2022) ²⁷

- Reduce maternal mortality ratio to 600 deaths per 100,000 live births by 2022.
- Reduce neonatal mortality rate to 33 deaths per 1,000 live births by 2022.
- Reduce stillbirth rate to 25 per 1000 births by 2022.



POLICIES AND PLANNING

South Sudan's MNH efforts are outlined in several national strategies and plans including but not limited to:

- National Health Policy (2016-2026)²⁸
- National Reproductive Health Strategy (2018-2022)²⁹
- National Action Plan for Health Security (2020-2024)³⁰
- National Health Strategic Plan (2021-2026)³¹
- Health Care Sector Strategic Plan (2023-2027)³²

MNH COORDINATION

With so many actors working on MNH in South Sudan, a number of platforms have been established to enhance coordination and collaboration.

National level working groups:

- National Reproductive Health Technical Working Group (TWG)
- National Family Planning TWG
- National Adolescent Sexual and Reproductive Health TWG
- National Maternal and Perinatal Death Surveillance and Response (MPDSR) Committee

State level working groups:

- State Reproductive Health TWG
- State MPDSR Committee



EQUAL'S RESEARCH IN SOUTH SUDAN

The EQUAL research consortium will conduct research in Aweil East with two focus areas including:

- **Political economy analysis:** A qualitative study to understand how political and economic dynamics at the national and subnational levels affect how MNH policies, strategies, and services are prioritized and how this changes over time – including during periods of increased conflict.
- **Community-based MNH service delivery:** Implementation research to evaluate the ability of community health workers to deliver high quality, evidence-based, client demanded MNH services in rural communities.



EQUAL PARTNERS IN SOUTH SUDAN



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