RESEARCH BRIEF

CONTEXT

South Sudan suffers some of the worst health indicators globally, including high rates of maternal and newborn mortality. The latest UN reports estimate there are 1,223 maternal deaths per 100,000 live births (2020);¹ 40 deaths per 1000 live births (2021);² and 26 stillbirths per 1000 births (2021).³ With only 3.5 health workers per 10,000 people and more than 56% of the population living more than 5 kilometers from a health facility, quality care remains inaccessible to many.⁴,⁵ The latest national household health survey (conducted in 2010) indicated that less than 20% of deliveries occur with a skilled birth attendant.⁶

Given the complex political and economic context within South Sudan, and with complications during pregnancy and childbirth representing a leading cause of death among women across the country, greater understanding is needed of the factors that influence the prioritization and implementation of better health care for pregnant women and newborns. This brief outlines a recent political economy analysis (PEA) led by the EQUAL research consortium to examine the contextual factors, policy content and processes, and actor motivations and capacities that influence decision making around MNH policy and practice across South Sudan.

KEY MESSAGES/SUMMARY

➢ There is insufficient understanding of how political, economic, and other factors influence the prioritization of health policies and programs related to maternal and newborn health in South Sudan.

➢ EQUAL is conducting data collection and analysis guided by the health policy triangle framework to understand contextual factors, policy content and processes, as well as actor interests and motivations in MNH policies and programs.

➢ A variety of policy and program stakeholders from government, civil society, bilateral, and multilateral organizations will be interviewed to capture their perspectives.

➢ The findings will inform policymakers and other stakeholders about gaps in policy and implementation on MNH strategies, as well as recommendations for windows of opportunity and measures to sustainably strengthen prioritization of MNH in South Sudan.
A PEA provides a structured way to examine the systems, structures, and processes that guide MNH decision making in South Sudan. This includes exploring the influence of timing and events and the role of power dynamics while also unpacking the complexity of policymaking spaces that involve multiple stakeholders each with their own priorities, perceptions, and capacities. Specifically, this PEA sought to understand the factors that facilitate and/or prevent the prioritization of MNH services by government and other key stakeholders. Ultimately, the findings from this study will help to identify opportunities to accelerate progress toward improved health outcomes for women and newborns in South Sudan.

Study location

Given the decentralized health system, this PEA was conducted at the central level with special consideration for Aweil East where EQUAL’s other research will be conducted. Aweil East is located in the Northern 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. Aweil East has a traditionally high unmet need for comprehensive sexual and reproductive health services – including MNH care – and experiences low rates of institutional deliveries.

Study design

The study was guided by the Health Policy Analysis (HPA) Triangle, a conceptual framework commonly used to assess policy content, policy-making processes, the overall institutional, political, economic, and social context, and the role of policy actors – including their values and interests, social networks, and power dynamics – in shaping policy outcomes.7

Beginning in February 2023, this study includes a literature review of a range of sources including policies and strategic plans, academic studies, sector or country analyses, available public data, news articles, donor and civil society reports and evaluations among others. Seventeen key informant interviews will be/ are being conducted with representatives from the government, donor agencies, implementing organizations, research institutes, United Nations agencies, professional associations, and working groups/networks working on MNH in South Sudan.
Findings

This study is ongoing with findings anticipated in mid-2023.

For more information visit www.EQUALresearch.org and contact Mamothena Mothupi (mamothena.mothupi@rescue.org)

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References

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5 OCHA. (2021) Humanitarian Needs Overview South Sudan.
6 Joint UNICEF-WHO Database on Skilled Birth Attendance 2022 (SDG inclusion=1)