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Southern Soudan profile of the sexual and reproductive health services available at primary care level

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Assignment

Design your country profile of sexual and reproductive health services available at primary care level (The role of primary care in enhancing sexual and reproductive health – Laura Guarenti).

Introduction

Health care service in the Republic of Southern Sudan was adopted from Alma-Ata conference of 1978 which focuses on the health services available for everyone. This system was developed by Sudan Government. However, more than twenty years of civil war has affected the health service delivery within the region. These facilities were virtually inoperable due to the lack of basic medical supplies and well trained health personnel. During the civil war some of the facilities were destroyed and the populations who are to receive services from these facilities were displaced into the deep rural areas with no health facility, others took refuge to the neighboring countries.

During the war period and after the war period the private health facilities continued to function though most of them do not have well trained personnel to offer appropriate health services.

The current health care system is below the standard of services delivery. There are many factors that have affected ranging from long civil war, poor utilization of funds, poor structures, lack of human resource and poor resource allocation.

Health care system in the Republic of Southern Sudan

The health care system in Southern Sudan is controlled by the ministry of health, a body which is responsible for the supervision and deployment of the human resource in the country. It's the human resource (HR) departments which looks at the gaps in the health service delivery and identify ways on how to improve the system. The HR department needs to address the current poor health services which include the infrastructure and human resource.[1]

The HR department needs to carry out screening of the health personnel from both the private and government facilities in order to deploy the right personnel to the right jobs. As well as this, the HR department needs to improve the training schools within the region, since most of the schools were run by NGOs, when handed to the government almost the services are becoming poor for example the health training in Yei lack tutors and some essential supplies.

Primary health care

Primary health care in the Republic of Southern Sudan (ROSS) is divided into three basic levels: primary care units, primary care centres and first line referral hospitals.[2]

The primary health care units are located in each village and the centres are in each sub county. The first line referral hospitals are in the county level. This was to help the community within a range of three miles able to accesses the basic health care service.[2]

Due to increases in population the government of ROSS needs to re-plan its health care system and establish some centres in areas where the population is far in order for them to get services within their reach.[2]

Service provision, human resources and their competencies

Most of the sexual and reproductive health services are offered at primary care level depend on competence, level of training and access to relevant health care providers in the particular facility. Services offered at PC level are following:

- Maternal and child health care.
- Family planning services.
- Sexual and reproductive tract infections management.
- Counselling.

The prioritized components of reproductive health care services are: maternal & neonatal health, family planning, STI/HIV/AIDS, harmful traditional practices, adolescents and youth reproductive health, infertility, screening for breast cancer, cervical cancer, and management of menopause.[3]

Some of these services are within the document policy but were not implemented in other areas within the republic of Sudan.

The human resources depend on the level of the facility; each level has different personnel with different training levels and they offer the healthcare services depending on their capabilities and abilities.

Community health workers (CHWs) these are people who have undergone nine months training on primary health care service delivery. They are responsible to take basic history of individuals who are seeking health services and determine the probable diagnosis and treat according to their findings. In centres that they are more than two one can work in the dispensary.[1]

Maternal and child health workers (MCHWs): these are people who are trained for nine months and offer basic services in the Antenatal clinic and some of them participate in conducting delivery in the facilities and at homes.[1]

Community midwife: this is a new cadre introduced by the ministry of health with the aim to help reduce the maternal and neonatal mortality as stated in the millennium development goal (MDG). These groups of personnel are trained for one and half year on basic obstetrics conditions; they are responsible for the Antenatal clinic and delivery of mother who are on labour.[1]

Traditional birth attendance: this is a group of women who has been assisting the community in terms of delivery services, and due to lack of enough trained personnel they are integrated into the health service system delivery to assist. They can contribute to the reduction of mortality in areas with no technical or well trained personnel, the issues is that they need to be offered some basic training and delivery materials, so that in case of any complications they can refer to the next level of management. [1]

At primary health care centre level clinical officers (CO) and medical assistants (MA) are health care providers. This cadre of health workers are either trained for three years and on year internship (CO) and two years with six months internship (MA) they are responsible for the health services delivery at this level, they carry out clinical work that is seeing patients, training of the other personnel and supervision. They are the main contact persons and head the primary health care centre.

Nurses are responsible for the nursing procedure in health facilities and help in seeing patients who come to seek health service. In centres where there are no clinical officers or Medical assistance they are the in charges of the facilities and carry the clinical and supervision roles.

Midwifes have been trained for three years on midwifery and they are responsible for conducting deliveries at the facilities. [1]

Community midwife, MCHWs are the same at in the primary health unit they offer the same services and have the same level of training. They can offer services depending on the demand and need within the facility. [1]

In hospitals doctors are trained for more than five years and some has undertaken specialised training. They help in the health service delivery at the referral hospital.

CO and MA at the referral health level are responsible for seeing patients and reports to the doctors in case of further management. In most facilities they are the ones who handled most of the cases and the first contact person in case of any health related problem.

Nurses are responsible for nursing procedure in the different wards that they are assigned to under the supervision of the either clinical officer/medical assistance or the doctor.

Midwifes are responsible for conducting delivery in the maternity wards and in case of any complications they inform either the clinical officer or the doctor.[1]

Community midwifes assist in conducting delivery and work with the midwife.

MCHWs are responsible for the Antenatal service provision in the facility. In case of any identify complain which needs help they can refer to the next level of cadre for further management.

Sexual & Reproductive Health services not provided at PC level

Abortion in Southern Sudan is not a legal procedure to be performed. That is why many young ladies and women who became pregnant and wanted to terminate the pregnancy resort in using local herbs and overdosing themselves with medicine like tablets quinine. Some of them die because of this practice or end up with post abortion complications.[4]

Childbirth and immediate postpartum care is rarely done because most of the births are conducted at home, unless if there is complication then they can report to the health facilities which can offer admission services and care can be given to them.

Sexual education is not widely freely discussed and it is not included in the school curriculums. In the traditional setting even at home sexual education is not informal taught to people. In the primary health level sexual education is not widely in practice, the major problem is most health workers are not trained to offer sexual education and to handle issues related to sexual and reproductive health issues that are affecting people.

Health screening for cervical cancers and other reproductive health services are not done in the primary health level in Southern Sudan. Currently in the ROSS none of these Services is available, in case of any suspect the patient is referred to the neighbouring countries and if they cannot afford they can end at home.[5]

Group of people not accessing the SRH services

The group of people not allowed to access SRH depend on the type of services they need. Unmarried ladies do not take any contraceptive method unless on medical indications. People believe that if unmarried ladies take contraception they may either end up infertile or prostitutes. Such believes increase the number of unwanted pregnancies and complications from the unsafe abortions.

Married women can only access family planning through the consent of their partner: in the Republic of Southern Sudan any married woman who wishes to get a family planning advice is requested to come with the partner. Normally women whose husbands may not want family planning are in burden of frequent deliveries. Some of them who are educated may buy contraceptives from private drug store, without appropriate advice.[2]

Barriers accessing SRH services in Southern Sudan

There are many barriers that affect access to SRH services in the ROSS. The below are some of the common ones that affect almost every state in the ROSS.

Inadequate funding

The Government of Southern Sudan is unable to provide appropriate funding for the effective health services delivery; due to inadequate funding it has resulted in lack of medical supplies within the facilities and in some facilities due to lack of motivation and delay in salaries result in some staff leaving their jobs in order to join the NGOs.[5]

Lack of good infrastructure

The current health structure are not good enough to offer comprehensive health care services, in many areas there are some health facilities which are only structures without staff and medical supplies. Some areas which are not easily accessible do not have a health unit to cater for the community. This is due to the fact that some of the existing health units were built in early 80th, before people were displaced due to the long civil war. Many people who were displaced remain in the remote rural areas with poor communication system due inaccessible roads during the rainy seasons. The government of the ROSS need to look at the infrastructure so that people can access comprehensive health service within their reach rather than travel far distance which may be costly.

Social taboos

Many traditional beliefs and culture hinders people in accessing SRH. In many communities women are not given the right to decide whether to seek medical help or not. It makes them more vulnerable to problems and unable to freely accesses sexual and reproductive health services. For example, woman continues to suffer from illness if her partner refuses to seek a medical help.

Gender roles

Gender roles affect the health service delivery within the ROSS, the government need to address issues related to gender inequality because they directly affect accessibility to health care service.

Religious factors

Some religious groups discourage their members from attending comprehensive health care services. For example the Jehovah witnesses do not allow to their members to accept blood transfusion when such need exists. Most of the religious practitioners do not encourage sexual education to be publically taught. They think it will promote early sexual practice.

Lack of information

Most community members are not even aware of what SRH services are offered. Creating awareness within the community can help people accesses services and even help programs identify the demands within the community. Advocacy will help to identify needs and demands within the community and barriers to service delivery. There is need to organise advocacy groups within the community level who can talk on behalf of the vulnerable and those who has no voice in sexual and reproductive health issues.[2]

Many primary health care levels does not offer comprehensive service, some people who seek services may need to be referred to other facilities in order to access the service. For example, in most facilities family planning services are not available.

Attitude of health care workers

The attitude of some health care worker affect the service delivery, many health care facilities are not able to provide relevant information to some clients who seek SRH services. In my clinical practice I have encountered many young people who have been missed guided or informed by some health workers on issues related to their sexual and reproductive health. I had a young lady who had wrong information about her health issue which was related to irregular periods and itching. Many health workers have inadequate knowledge of SRH problems.

Lack of trained health care providers

In Southern Sudan there is lack of trained health personnel, who can offer proper SRH service to the community. In most facilities the personnel were trained long time ago. Some were trained in early eighties; since medicine is dynamic they may not cope with the current health issues. Whenever there are people within that area who have issues related to sexual and reproductive health they may fail to receive appropriate help and advice from the staff within.[3]

There are only very few medical schools within the Republic of Southern Sudan and the demand for the health workers is huge.

Poor health information system

Data's collected from health facilities are not analysed for future program implementations. Monthly information submitted by the facilities to the County health departments are not properly analysed in order to identify the community demands, secondly some facilities do not send their reports to the county health department or send their reports late.[1]

Cost sharing

Cost charging is another factor that affects accessibility to health services. Looking at the current economic situations in the ROSS many people are returnees and many people live below the poverty line.

Political instability

The political situation has made many people to live in far remote areas where they may not access health care services. Since the long civil war has ended, the government of the ROSS need to address other political issues that may hinder service delivery for example tribal conflicts which is a common problem in ROSS.[5]

Lack of community involvement

When dealing with sexual and reproductive health services in any given community, the community need to be involved, so that they can participate in the service delivery and even demand for other services that they are supposed to receive.

Lack of research programs

Currently in the ROSS there are no research institutions, this makes identification of obstacles and demands very difficult.[5]

Addressing the barriers to SRH services

There is a need for the government of the Republic Southern Sudan to improve SRH care system by addressing the factor that affects the service delivery within the region.

Universal access to voluntary family planning

Individuals should be allowed to access family planning service according to their own will, since family planning is a health intervention issue and not a social or political concern. There should be policies that can protect women who wish to access family planning services. When women have free access to family planning services this may reduce the number of unwanted pregnancies and mothers dying from unsafe abortion.

Improve health care services

The government need to improve the health services within the country and deploy well trained and qualified staff that can be able to offer comprehensive health care services to the community in both urban and rural areas. The staff who are deployed the Government should ensure that they are properly motivated in order to maintain them within the facilities. The staff needs to have the basic and standard requirement for each level of health care system. In that way, they can help and address any problem which may be presented by patients.

Improvement of the supplies to the PC facilities

The health structure need to be restructured so that the states and local areas will be able to receive appropriate funds based on their population. The current ROSS funds allocation is in appropriate, received fund are divided equally among the ten states. Some states their people have immigrated to other states due to instability or poor service, this directly affect the other states with high population and those host people from other states. When proper fund allocation is done, the communities will be able to access the services easily. The medical supplies should include the standard and essential medical items which are required for effective health service delivery. So that people can be able to access what they need within the same facility rather than sending them to other facilities which may be far away and expensive.[2]

Abolishment of cost sharing

The government of ROSS need to abolish or reduce the cost sharing policy to some individuals groups. These are returnees, orphans and those who may not afford the cost of treatment. So that vulnerable community groups may be able to access health services.

Increase access to reproductive health information

The government and the partner health implementing NGOs need to develop health magazine, bulletin and radio talks on health issues. There is need to train sexual health workers who will be able to offer appropriate sexual education and counselling to individuals and the community whenever they need it.

Increase community involvement

The community should be involved on issue about sexual and reproductive health services. This means parents, community members and leaders need to be made aware about the important of sexual and reproductive health discussion with their family members more especially youth. Sexual and reproductive health issues should be health intervention issues rather than socio-cultural issues. In our society this issues are looked as cultural issues where young people has to get decision from their elders or parents. This makes it difficult to discuss sexual and reproductive health issues within the community. Young people are let on their own to discover SRH issues.

Promotion of gender roles

Women need to be empowered and give the right to decide on their own health issues and needs, and their decisions need to be respected by the community. In many communities women are marginalised and are not granted the freedom to issues. For example; when a woman lost her partner she is not given the right to owe the properties. This makes women vulnerable to hard situations.

Increase in girls` education

The number of girls in schools need to be increased and the government need to set up a legal marriage age, this can help ladies to continue with educations and family need to be inform on the right of girl child education.

Sexual education curriculum

Sexual education should be included as part of the education curriculum in the ROSS. “Good sexual education is essential to help young people to prepare for healthy and fulfilling live”.This curriculum is missing in current education system. The ministry of education and health should work jointly in developing the curriculum to be widely uses throughout the states in the ROSS so that improvement of sexual education can take place.[4]

Research institution

The ROSS ministry of health need to set up research programs within the country. Research could help the country to improve its system and identify primary care needs.

Health information system

Data collected from health facilities need to be analysed. Also more information is needed about SRH services provided in the Southern Sudan. It can help the government to identify problems of the community.[4]

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