ROLE OF THE HEALTH SYSTEM IN WOMEN'S UTILIZATION OF MATERNAL HEALTH SERVICES IN SUDAN

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BACKGROUND

Maternal mortality and morbidity still pose a significant challenge to policy makers and health professionals. No significant improvements in maternal and child health indicators have been achieved in Sudan up to the present time threatening the achievement of the 4th and 5th Millennium Development Goals (MDGs). Reports revealed that the Maternal Mortality Ratio (MMR) was 1107 deaths per 100,000 live births. This very high level of MMR also indicates a tragic level of associated maternal morbidity – and these cases are very much concentrated in poor areas. Clearly there is a persistent need to monitor maternal deaths and illnesses in order to try to bring them down to acceptable levels. Unfortunately, no accurate and complete data are collected on a regular basis in order to assist in monitoring these trends.

Generally, there is a lack in the use of reproductive health services in Sudan (i.e., maternal healthcare, gynaecological healthcare, and contraceptive healthcare). There is some, very patchy information to show that pregnancy-related illnesses and severe maternal morbidity in Sudan is mainly due to prolonged and obstructed labour, haemorrhage, sepsis, hypertensive disorders, of pregnancy, and unsafe abortion and ectopic pregnancy (SMS,1999).

Maternal health has become an increasingly significant concern in Sudan in recent years, as high fertility, female genital cutting, sexual violence, malaria, and poor coverage of skilled care at childbirth in many areas (including poor pockets in urban areas) increases the risks of maternal morbidity and mortality. Large geographical disparities can be noted with respect to maternal care services and certainly the burden of maternal morbidity and mortality.

Fortunately, the Sudanese government (SG) recently gives high priority to improve maternal health through analysing the health system and identifying the obstacles that affect the performance of the system and the women's perinatal health seeking behaviour.

OBJECTIVES

This study aims to analyse the reproductive health system in order to understand better its drawbacks, particularly the poor performance of the health facilities and the perinatal services provided there, health providers and their capabilities and satisfaction whether working in the hospital facilities or in the communities. Moreover, this study identifies the cultural and women's factors that affect their decisions and constitute barriers to needy women to use perinatal services, thus exposing them to risk of maternal complications and potentially exacerbated morbidity.

DATA AND METHODOLOGY:

Both qualitative and quantitative data were used in the study. ***For the quantitative data,*** three data sets of nationally representative surveys have been used: Sudan Household Health Survey (SHHS) in 2006 and 2010 as well as Health Facility Mapping Survey in 2008. Two questionnaires were applied in both the SHHS2006 and SHHS2010 surveys. First, the household questionnaire consists of two parts: a household schedule which gathers data related to basic demographic information from all individuals included in the household, while the second part obtains information on characteristics of the physical and social environment of the household. Second, woman's questionnaire addressed twelve sections related to women's and children's health, contraception, social network and social services aspects. The Health Facility Mapping Survey (HFMS) was applied with both private and public health facilities that are providing primary and secondary health services. The HFMS questionnaire collects information regarding the health providers working there, services provided and description of the infrastructure of the health facility. Samples of sizes 6173 women and 6065 women aged 15 to 49 years, ever married in 2006 and 2010 respectively (SHHS) as well as 4745 health facilities (HFMS) are considered in the analysis.

For the qualitative data, 6 Focus Group Discussions (FGDs) with women have been conducted and 3 FGDs with village midwives as well as 17 in-depth interviews with decision makers and other stakeholders and 14 health providers in 5 primary health centres were considered in an

ethnographic survey that has been conducted between May and July in 2012. The survey investigates the obstacles related to reproductive health system in Sudan, quality of health services, obstacles facing health providers and affecting their performance or career development. Three essential and interrelated elements in the health system have been studied which are the referral system of the maternal complications, health providers, and maternal health services that are provided to women during the perinatal period.

Also, the survey investigate the challenges facing women who used the perinatal health services in the last pregnancies and to what extent their previous experiences will affect the utilization of perinatal services in the future as well as identifying the reasons for not using maternal services among nonusers.

The study developed a new conceptual framework that has been developed based on Anderson's behavioural model of the contextual and individual influences on health services use[1]. The framework contains three interrelated components which are environmental and human resources for health and women's characteristics; they represent the input of the model whereas maternal health services utilization constitutes the process of care. Also maternal health output, maternal health outcome, and health impact are the three other components that are included in the model. Each component contains a set of indicators that have been calculated based on the three data sets and the qualitative data.

PRELIMINARY FINDINGS OF THE QUALITATIVE RESEARCH

Preliminary findings of the qualitative survey are very consistent with the quantitative analysis of the Sudan Household Health Survey 2010 (SHHS) and explain some of its results. According to the analysis of the decision makers and stakeholders groups, framework analysis revealed that the health system in Sudan is facing crucial problems that influence its performance. Limited resources is the major challenge that has negative impact on the overall performance of the

[1] Andersen, R. 1995. "Revisiting the behavioral model and access to medical care: does it matter?". *Journal of Health and Social Behavior*, 36: 1-10.

elements of health system considered in the study. Although there are more than 70 donors working in the reproductive health field in Sudan, most of them come with their own agenda and regions of interest and they are not flexible enough to integrate with their counterparts or the Sudanese ministry of health with one exception in World Health Organization. However, government accepts donors' projects and includes them in the health ministry plan as ad hoc activities. UNFPA in collaboration with the Federal Ministry of Health (FMOH) developed mechanisms in order to guarantee an acceptable level of collaboration and integration among donors working in Sudan as well as between donors and FMOH in order to manage the donors' resources and efforts to maximize the benefits of them and also to work through an integrated approach; for instance, one of these mechanisms is a monthly meeting between all donors and State Ministries of Health (SMOH). However, there has not been considerable achievement gain up to now regarding the collaboration and integration. Therefore, the resources that have been invested in health projects are not used in an optimal way and need to be re allocated and re-managed based on one national health plan and one integrated donors' agenda. Another overall challenge that all participants agreed upon, is lack of accurate and precise databases although there are many national health surveys conducted periodically. The Majority of decision makers reported that they are facing a challenge when they develop the plan of the ministry due to the lack of the data needed for the planning and their poor quality. Therefore, unfortunately, the health plans are not developed based on the actual health needs.

Looking at the quality and availability of the services as the first element of the health system that has been investigated in the research project, the majority of the village midwives (VMWs) reported that one of the main challenges faced in the work is the insufficient consumable and

medical supplies that they receive annually from the health ministry. Due to that fact that the medical supplies are very expensive in the market as compared to their income, the majority of the VMWs cannot provide good quality of services under the limited consumable and medical supplies. Indeed, many of them reported that they assist in deliveries without wearing gloves, which is considered a major public health problem because of the infection of communicable diseases particularly AIDS and other STDs. Also, although some guidelines to guarantee a standard level of maternal health services are found in the federal ministry of health, health providers except doctors reported that they are not aware that there are guidelines for the services or they do not follow any standards. Indeed, all participants mentioned that some areas more than others bear the burden/inequality in lacking the right numbers of health workers in the right places to carry out essential health interventions, such as skilled attendance at delivery. Therefore accessing health care is not available to all women everywhere in Sudan. It is only provided in a certain areas mainly in Khartoum whereas many places are deprived from getting access to any kind of conventional health services.

The second element of the health system considered in the research project is the referral system. Decision makers admitted that there is a plan (one of the Decision makers group mentioned that it is implemented) to develop a referral system in Sudan although there are a draft developed a few years ago plan but it hasn't been implemented yet and some interviewees from decision makers group seem quite unaware of it. It was developed by "foreign" expert using an award came for this purpose. Also, the challenge they face in applying such system is the resources and required infrastructures such as ambulances or other vehicles. The other problem stated is the nature of Sudan where people living in scattered areas with very poor roads; thus applying this

system required a large number of ambulances or vehicles to cover all this areas. However, Decision maker group mentioned that the ambulances or other vehicles are available in Khartoum and accessible whereas other states lack this service.

On the other hand, health providers in health centres and village midwifes in Khartoum reported that there is no referral guideline; it is one of the major challenges they face in the work whenever there is a need to transfer woman in need. One doctor mentioned that she transferred a woman has sever complication during labour by her car because she was dying and could not get any other mean of transportation; similarly many midwifes mentioned that they do not find ambulances or vehicles; thus they usually call police in order to help them in transferring the emergency cases. Indeed, difficulties appeared in remote and poor areas in Khartoum whereas riche areas they access the limited number of ambulances. Outside Khartoum is worst according to the decision makers says particularly in the autumn season where some of these remote areas are becoming isolated from any health care services.

The last element of the health system considered in the research project is health providers. Poor working conditions and remuneration are the major challenges that push health staff out of Sudan and/or keep them in Khartoum state rather than working in the remote and/or deprived areas where working conditions are poor. Nevertheless, there is virtual consensus among study participants (i.e., doctors, nurses, VMWs) that even working in Khartoum where the working conditions and availability of training are much better, is not making them fully satisfied. Indeed, this attitude constitutes a real challenge among the decision makers because there are many deprived places in Sudan suffering from shortage of health providers.

In conclusion, data gathered from Sudan looks very interesting and include many details that will help very much to understand comprehensively the women's health behaviours and how the health

system perform in Sudan. Many alternative solutions that are better fitted with poor conditions and limited resources will be included in the thesis.

The prize covered part from the expenses of the field work in Sudan in collecting 10 in-depth interviews with village midwives and 4 FGDs with women. The other 22 in-depth interviews and 4 FGDs were covered by Public health institute in Sudan. The results mentioned above are preliminary analysis. Still data is under analysed. Framework analysis will be applied using both qualitative and quantitative data. The final results will be published in my PhD thesis by the end of 2013.