

Table 1. Demographic and reproductive health indicators, Sudan 1999–2008

Indicator	Parameter	Year
Total population	36 297 000	2006
Population growth rate	2.53	2004
Crude birth rate	37.8	2003
Crude death rate	11.5	2003
Urban to rural population, ratio	36.8	2004
Number of women of reproductive age (15–49 years)	9 074 000	2006
Total fertility rate	5.9	1999
Percentage of pregnant women attended by skilled personnel	69.6	2006
Number of facilities with functioning essential obstetric care per 500 000 persons	2	2005
Percentage of deliveries attended by skilled personnel (of all deliveries)	49.2	2006
Percentage of deliveries undertaken in health facilities	19.4	2006
Percentage of caesarean sections	4.5	2006
Percentage of pregnant women with anaemia	59	2005
Percentage of newborn infants with low birth weight (of all newborn infants)	N/A	
Maternal mortality per 100 000 live births	1107	2006
Perinatal mortality per 1000 births	N/A	
Neonatal mortality per 1000 live births	41	2006
Life expectancy at birth female, years	55	1993
Life expectancy at birth male, years	52	1993
Contraceptive prevalence rate among married women of reproductive age (15–49), all methods (%)	7.6	2006
<i>Traditional methods (all)</i>	1.9	2006
Withdrawal	0.1	
Rhythm	0.2	
Lactational amenorrhoea	1.6	2006
<i>Modern methods (all)</i>	5.7	2006
IUD	0.3	2006
Condom	0.3	2006
Pill	4.3	2006
Injectables	0.5	2006
Implants	-	
Female sterilization	0.3	2006
<i>Factors for not using modern methods among married women</i>	N/A	
Fear of side-effects	N/A	
Lack of knowledge	N/A	
Cost	N/A	
Lack of access	N/A	
Traditional misconceptions	N/A	
Partner opposes	N/A	
Unmet need for modern contraception (%)	5.7	2006
Receipt of postpartum care and family planning counselling	N/A	
Incidence of sexually transmitted infection (per 100 000)	-	
Syphilis	-	
Gonorrhoea	-	
Chlamydia	-	
Trichomoniasis	-	
HIV prevalence (adults aged 15–49 years) (%)	1.4 (1–2)*	2008
Number of verified HIV cases (estimated)	320 000 (220 000–440 000)*	2008

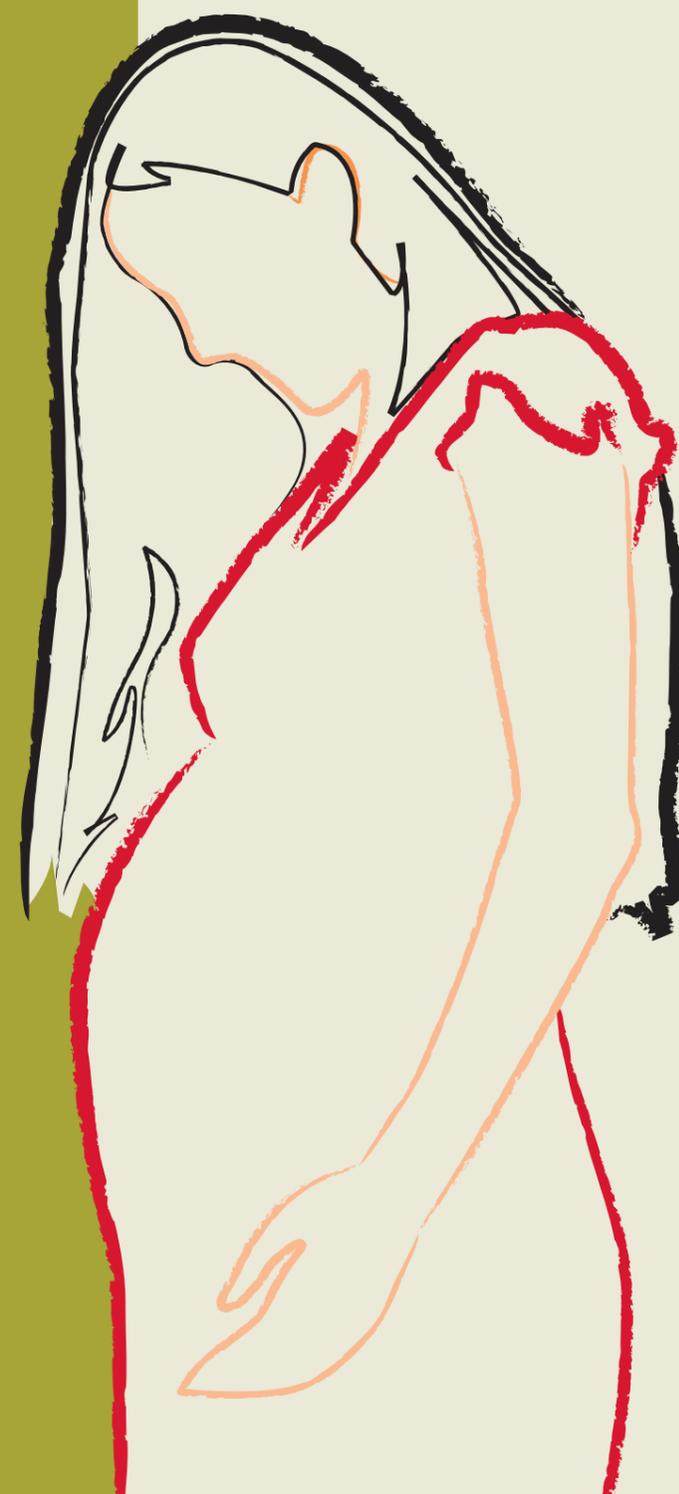
Source:

Sudan Household Health Survey, 2006
 *UNAIDS: Epidemiological Factsheet on HIV AIDS, 2008

Sudan

Reproductive health profile

2008



Health care system

In 1993 the introduction of federalism in Sudan fostered a three-layered health system structure; i.e. federal, state and local health system. The Federal Ministry of Health (FMOH) is responsible for policy-making, strategic planning and providing technical support and guidance for the states. The State Ministry of Health (SMOH) is directly responsible for the organization of health services within the state and supporting the local health system in the provision of services. The third layer in the health system structure is the local level, which emphasizes the principles of primary health care (PHC). However, continuous changes in the political and administrative systems have significantly impacted the health system within the social sector.

Health services are mainly provided through the public sector and less so through the private sector, although this has been growing recently. Services are also provided by a private mix, especially through nongovernmental organizations in conflict-affected areas. The largest network of health care facilities is under the PHC level, encompassing more than 6212 health facilities. However, a health facility survey in 2003 showed that 36% of health facilities were found to be non-functioning.

Overall, the coverage and utilization of health services is low. Basic health services need to be strengthened to address the main causes of morbidity and mortality. The MOH is faced with many problems; among them turnover of human resources, inadequate local resource allocations for health and inadequate technical capacities and logistics.

Reproductive health

The Government of Sudan is committed and will continue in its commitment to the regional and international mandates and agreements concerning maternal health and well-being. The Federal Ministry of Health envisaged these international mandates in its strategies and plans. Maternal health is well addressed in the MOH's 25-year strategy (2003–2027) and the 5-year strategy (2007–2011). In addition the Reproductive Health Directorate has its own endorsed 5-year reproductive health policy and strategy guiding documents.



In Sudan the maternal mortality ratio (MMR) stands at 1107 per 100 000 live births and the neonatal mortality rate is 41 per 1000 live births. Within the last seven years contraceptive prevalence has increased by a mere 0.6%. Antenatal care services are provided by 20.4% of facilities (Annual reproductive health report 2007), and 71% of women have access to antenatal care irrespective of the quality (Sudan Household Health Survey 2006). Home deliveries account for more than 80% of all pregnancies and the total coverage by trained midwives is still only 49.2%. Three new midwifery schools have been established to accelerate the achievement of the safe motherhood targets. With regard to emergency obstetric care, only 57% of hospitals are providing adequate comprehensive emergency obstetric care services with the issue of blood transfusion presenting a major challenge. Obstetric fistula is widely prevalent, especially in conflict-affected areas. Birth weight and gestational age are major determinants for neonatal survival, and the commonest prevailing problems include respiratory distress syndrome and hypoxic ischemic encephalopathy. The decrease in prevalence of female genital mutilation (now 69%) is one of the few achievements highlighted by the Sudan Household Health Survey.

Reproductive health programmes funded by international donors

Partnership with agencies working in reproductive health has been a main target for 2007, and the federal reproductive health programme has worked on strengthening these ties. The main partners are WHO, United Nations Population Fund (UNFPA) and UNICEF, in addition to other smaller organizations that provide services and capacity-building interventions for reproductive health staff. UNFPA provides support to

five states; UNICEF to three states and WHO provides support inclusive of all states. In addition, the World Bank is supporting health system strengthening in four states, thus contributing to improving reproductive health services in these states.

In November 2007, the national Reproductive Health Directorate organized a workshop for all partners working on reproductive health issues. The aim was to orientate all partners to the national priorities and strategic targets in order to streamline all efforts for better outcomes. The mandates and areas of work for each organization were reviewed, and national directives (reproductive health 5-year strategy, policy and standards) were distributed to provide guidance to implementation of the different reproductive health interventions.

