

LETTER TO THE EDITOR

Note: Opinions expressed in correspondence do not necessarily reflect the opinions of the Editorial Board.

Why the high mortality rate of mothers and babies will not end soon in South Sudan

In various parts of the South Sudan health service, especially in refugee camps, INGOs (International Non Governmental Organisations) seem to be employing poor people from Northern Uganda or the Congo (DRC) – sometimes with forged South Sudan nationality, instead of qualified South Sudanese health personnel. Some INGOs in the north appear to be training refugees and employing them as mid-wives on the assumption that certified midwives and other South Sudanese health staff are not available.

Some INGOs employ qualified South Sudanese at the same position scale/category as foreigners but may pay them less. I would like to finish by posing some questions:

1. Why are poor people being imported to South Sudan when local staff need capacity building from well qualified health personal from more-developed countries?
2. Are the certificates of these imported workers properly vetted to ensure that they are not forged?
3. Why are trainings being conducted that do not use the RSS MOH national training guidelines?
4. Why are there different salaries structures for South Sudanese and workers from neighbouring African countries?
5. Why are Traditional Birth Attendants (TBAs)/ Community Health workers(CHWs)being employed at County Primary Health Care Centres(PHCCs)/ Primary Health Care Units(PHCUs) while there are qualified but unemployed South Sudanese clinical officers, certificated nurses, medical officers, and community midwives available? Assuming that there are no qualified, certificated, nurses, midwives, clinical officers, medical doctors, and laboratory staff, it would be logical to employ these people but make provision to train South Sudanese to take over from them.
6. Why engage in uncertified training in camps when this should be properly carried out in existing centres such Juba College of Nursing and Midwifery, Maridi Health Training Centre, Rumbek Nursing school etc...?
7. How can the high maternal and neonatal mortality rate be reduced if these practices continue? How can we eliminate this discrimination between Healthcare workers from neighbouring countries and local South Sudanese, while the educated youth in this country are being ignored?

South Sudanese health services providers are facing serious job discrimination. I feel we are being disregarded and are being exploited by unqualified foreign health workers.

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