Coverage without continuity

Why aggregate gains in maternal healthcare may bypass the poorest women in fragile settings

Evidence from the 2025 South Sudan Multiple Indicator Cluster Survey

Mohammad Nahid Mia | United Nations Children's Fund (UNICEF)

Background

South Sudan has faced a prolonged humanitarian crisis driven by years of internal conflict. Insecurity, displacement and a weak health system continue to disrupt the continuum of maternal care, despite sustained investment by government and international partners.

Objective

To measure inequalities along the maternal care continuum, identify their socioeconomic and geographic drivers, and locate the largest gaps.

Methods

Data & sample

4,245

women aged 15–49 with a live birth in the past two years

2025 South Sudan MICS, the first nationally representative household survey since independence

Outcomes

- Full continuum of care (CoC, composite)
- 4+ antenatal care visits (ANC4+)
- Skilled birth attendance (SBA)
- Facility-based delivery
- Postnatal care (PNC) within 2 days

Analysis

- Multivariable logistic regression per outcome
- Adjusted for age, education, wealth, residence, functional difficulty and media exposure
- Adjusted odds ratios (AOR, 95% CI), survey-weighted

Results

25% of women completed the full continuum of care

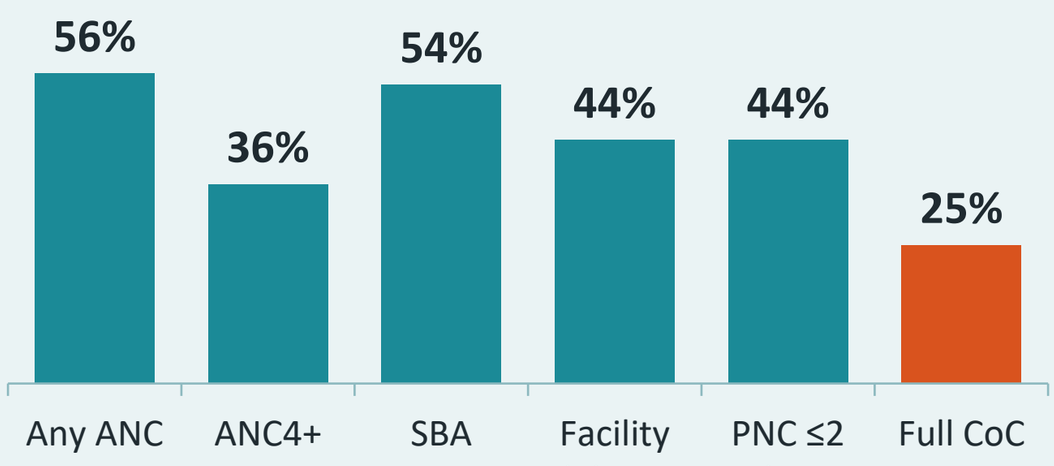
36% had 4+ ANC visits, although 56% made at least one contact

7.4× the odds of skilled birth attendance, richest vs. poorest

10 pts gap between skilled attendance (54%) and facility delivery (44%)

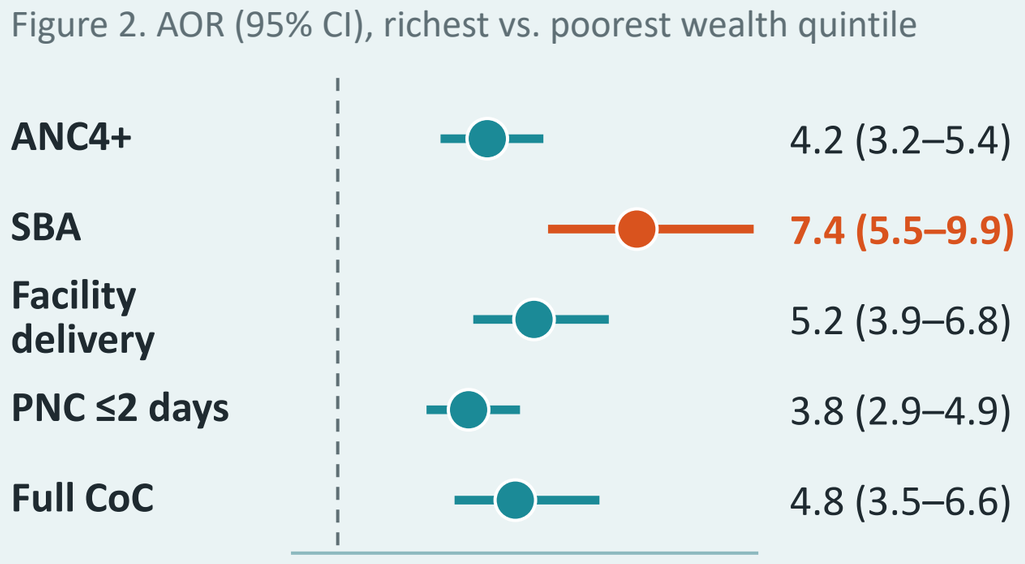
Only 1 in 4 women complete the full continuum of care

Figure 1. Coverage at each stage of care (% of women)



Wealth gaps widen from pregnancy to childbirth

Figure 2. AOR (95% CI), richest vs. poorest wealth quintile



Beyond wealth

Other predictors, AOR (95% CI)

Secondary+ education
Full CoC **2.3 (1.8–3.0)**
ANC4+ **2.0 (1.5–2.5)**
Facility delivery **3.1 (2.3–4.2)**

Urban residence
ANC4+ **1.9 (1.5–2.4)**
SBA **2.5 (1.9–3.3)**

Conclusions

Coverage is low and unequal. Contact with the health system does not translate into continuity, and steep wealth and education gradients mean raising coverage alone will not close the gaps.

What's needed

- Equity-focused outreach
- Stronger referral pathways
- Targeted action on geographic and financial barriers

…to improve continuity for the most disadvantaged women.

Data: 2025 South Sudan Multiple Indicator Cluster Survey (MICS), weighted estimates. All charts are the author's original analysis.