



## EXPERIENCES FROM THE FIELD

### “BOMA HEALTH INITIATIVE” IN SOUTH SUDAN

The objective of the *Boma Health Initiative*: create a community health system to face the care and health needs of a fragile country without resources like South Sudan. Its implementation has moved forward through structural problems and future prospects to work towards, always centered on human resources – *the Boma Health Workers*.

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#### A HEALTH SYSTEM TO STRENGTHEN

South Sudan has one of the highest rates of maternal mortality in the world (789/100,000 live births), far above the maximum set as a sustainable development goal for 2030 (140/100,000). It is also one of the 12 countries with neonatal mortality above 30/1000 live births<sup>1</sup>. It lacks a health facility network able to provide emergency obstetric care. The government does not have the resources to make up for those shortfalls. It depends completely on its international partners, whose interventions, however, are often uncoordinated and limited in time and space, primarily for emergencies and lacking a planning vision.

Interventions of these kinds are particularly ill-suited to make up for the shortage of dedicated, prepared human resources. Only 15% of women give birth in the presence of qualified personnel with an average of 3.5 health professionals (doctors, nurses, and midwives) for every 10,000 population. South Sudan has little chance of reaching the ratio goal of 23 by 2030<sup>2</sup>, lacking long-term investments in professional training. The few qualified personnel are concentrated in the capital, preferring jobs in the private sector. Those who work in the rural government facilities lack skills and knowledge and are often little incentivized, underpaid, and not very present. This all has consequences on the services, which are discontinuous and deficient, and on-demand for them. The people are reluctant and discouraged from going to the health units and centers, which are often closed and do not meet patients' needs.

During the war years, with health care limited to the humanitarian sphere, NGOs trained different kinds of community health workers through very “hands-on” training courses. They then became the system's main workforce and also staffed health units and centers and sometimes hospitals. The South Sudanese Ministry of Health has begun to address the problem by aiming to replace community health workers with qualified personnel at the health facility level. The Ministry has abolished training courses, focusing on Health Sciences Institutes and qualifying courses of study, such as the diploma in midwifery or nursing. In addition, its human resource policy launched in 2019 limited these figures' presence in standard teams by level of care and disincentivized them by offering significantly lower compensa-

tion than in the past. It also set up an alternative placement for them within the system, creating a new policy for forming a community health system.

#### BOMA HEALTH INITIATIVE: FOR A COMMUNITY HEALTH SYSTEM

Creating a community health system is considered a key step to promoting access to basic health services by involving the people in supporting health starting on the family and village levels, or the BOMA, South Sudan's smallest administrative unit. This system's operational branches are the *Boma Health Workers*, paid village health workers, responsible for diagnosing and treating uncomplicated malaria/diarrhea/pneumonia in children under 5, educating the public about major health and nutritional issues, identifying and referring pregnant women and children under 2 who are not immunized or who have not yet completed the vaccination cycle. It was suggested that natural candidates for this role are those who, at the time of the policy's publication, were community health workers at government health facilities and hospitals or for one of the many NGOs in the country.

The Boma Health Initiative was launched as a way to reduce the gap between the population and basic preventive and treatment services, streamline access to health facilities, improve the quality of the care provided by the formal health system, encourage the replacement of auxiliary/unqualified personnel with professionals, ensure the acceptability of proposed reforms in formal health services, and bring all the community figures in the area under the aegis of the Ministry.

Reaching these objectives is proving more difficult and complex than imagined. Among the causes are the long time it takes to develop a sufficiently qualified workforce to replace the widespread presence of the formal health network of Community Health Workers and the high costs of implementing the *Boma Health Initiative* on a national scale, with resulting difficulties for the *Boma Health Workers* to give adequate coverage, poor levels of regulation, and a wide margin of action left to traditional figures. Additionally, when the *Boma Health Workers*

were chosen, the Community Health Workers were still supporting the work of health facilities and hospitals, which meant that Boma Health Workers were chosen from the area's population without previous experience and lacking any basic training with enormous gaps in training and skills. This is a still significant weak point considering the complexity and many-faceted nature of the tasks given them and that *Boma Health Workers* are involved in every new initiative concerning the health sector.

## CONTINUITY OF CARE AND TRAINING

Since the *Boma Health Initiative* was launched, there has been a notable, ongoing decline in outpatient visits at peripheral health facilities. This might mean that the Boma Health Workers are successfully serving as filters for the patient flow to the health units and centers and/or that their efforts on the side of health education are promoting good habits to reduce the incidence of the most common childhood diseases. However, there is a question of whether *Boma Health Workers* are intercepting the same peo-

ple who, without them, would have come to the health facilities, still leaving the most remote areas uncovered.

Furthermore, the funding of the *Boma Health Initiative* itself has taken resources from the health system, with 25% of the governmental facilities and all the state hospitals no longer receiving any external support since 2022, meaning they can no longer ensure continuous operation.

South Sudan's government has focused a great deal on the *Boma Health Initiative*. It can be considered one of the components of the health system. It might prove useful to improving the health of the population if only in terms of continuity of care between several levels, if supported by substantial investments including in training qualified health personnel, for whom the *Boma Health Workers* are meant to complement, not replace.

*Boma Health Workers* need to be trained and adequately supported to do the work assigned to them and avoid constant turnover and loss of experience, acquired knowledge, and relationships with the people. Their task must be commensurate with their skills, their number, the areas to be covered, and any increase in their duties must be balanced by a proportional increase in support.

## NOTES

**1** The sections refer to the Reproductive Health Policy 2020-2030 and the Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH and N) Strategic Plan 2020-2024 of the South Sudanese Ministry of Health

**2** Comprehensive Report and A Strategy for the Tracking, Deployment, and Retention of Human Resources for Health, with a specific focus on mapping those trained under the Strengthening Midwifery Services (SMSII Project), Ministry of Health, Government of South Sudan, Canada and Sweden cooperation, UNFPA (June 2018)