

# Boma Health Committees in Mayendit County

*A personal comment from Toumzghi Sengal who recently did a consultancy in Bentiu*

The Community Based Health Care Project in Mayendit County, Unity State, started with a pilot phase in 2008-2010 with a target population of 116,000 inhabitants. The overall objective was to improve access to quality basic health services for a rural population with a special focus on vulnerable groups. Included among the major activities was the establishment and training of Boma Health Committees (BHCs) (1).

It was for this reason that in June 2011 I went to Bentiu on a Swiss Red Cross-funded mission to train 14 trainers (TOT) who, in turn, will carry out the establishment and training of BHCs within Mayendit County. This was followed by a training of some BHC members (18 participants from newly established BHCs in Rub Diem, Dhoryiel and Lum).

During my trip I discovered that there were lower level community volunteers who had been trained under the Sudan Red Crescent (now the South Sudan Red Cross). There were also different health committees (e.g. water and sanitation committee, and other non-specific committees at Payam level). I also sensed poor linkages between committees and the health facilities. I feel that establishing and training the BHCs is an important step and that these committees should be given the responsibility to monitor all health and health related issues at Boma level including water and sanitation and that they be closely linked to health facilities. The strategy in the Comprehensive Primary Health Care system should avoid duplicating committees and pursue an integrated approach to the development of community health agents. Especially nowadays, when some other states are also establishing Boma Health Committees.

I also noticed that Community Health Workers (CHWs) are the main staff of the PHC-Units. Many of the first CHWs were trained by Professor Dan Kaseje (now the Vice Chancellor of the University of Kisumu, Kenya and a well known advocate of Primary Health Care before the Comprehensive Peace Agreement (using the 9 month course). I feel that if CHWs are to continue to play this role their training should last longer. However, I believe that it is planned that more Clinical Officers will manage PHCCs and PHCUs in future.

Traditional Birth Attendants (TBAs) still assist at most births and their training needs to be continued and improved until there are enough midwives. This process

has already begun as is described in another article in this journal (2).

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## References

1. Sengal T. 2011 Consultant's Report on the Training of Trainers (ToTs) and Boma Health Committees (BHC) Training in the CBHC project Mayendit County, Unity State, RoSS.
2. Nelson B, Fehling M, Eckardt MJ, et al 2011 Innovative package for frontline maternal, newborn and child health workers in South Sudan. *South Sudan Medical Journal* 4(4).

## REGISTRATION WITH THE REPUBLIC OF SOUTH SUDAN MEDICAL AND DENTAL COUNCIL

With immediate effect, all Medical and Dental Practitioners wishing to work in the South Sudan in a hospital, community setting, a clinic or private set-up are required to register with the South Sudan Medical and Dental Council. The documents required in original form, or certified copies by the South Sudan Mission in the United Kingdom, are:

- Degree Certificates.
- Certificate of Registration with the Medical Council or Board of the country of origin.
- A letter of good standing from the Medical Council or Board in the country of origin to ensure that there are no unspent criminal offences or pending disciplinary procedures that may deter the applicant from working in South Sudan.
- Letter of reference from the current/last employer.

Details of application for registration will be found on the South Sudan Medical Journal in the near future.

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