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South Sudan

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Project Title: RSS/IGAD Regional Initiative for Capacity Enhancement in South Sudan	**Project ID:** 00081054 **Award ID:** 00064174
1. Places visited: Unity State, Bentiu State Hospital - IGAD Civil Service Support Officer(CSSOs) are deployed at Bentiu State Hospital where they are offering their expertise in support of state Government - There are 6 such officers all in medical field and are placed within Hospital Departments(Maternity ward, Antenatal section, Nutrition department and in operations Theatre)	**Counter parts discussed with:** RSS/IGAD Project monitoring team met with the following counterparts in the state; -Medical Director, Bentiu State Hospital -IGAD Civil Service Support Officers(6) The state Medical Director was very upbeat about medical officers deployed there. According to the information the team obtained, there was initial shortage of nurses and/or midwives in the hospital prior to the arrival of IGAD experts. The discussion with the Medical Director and CSSOs was one to one (in separate sittings) where issues to do with the management of CSSOs and their experiences with the work since deployment were discussed. On the part of CSSOs they gave general statements about their experiences in various departments within the hospital, details of which are found in their quarterly reports.

2. Objectives of Mission:

The overall objective of the mission was to assess the impact of the CSSOs support on the delivery of public services. Since the inception of the IGAD project in mid 2011, the project team need to ascertain how successful delivery of public services to the people of South Sudan by IGAD Experts in their respective fields of Deployment

The most explicit one is the review of progress towards results as stated in the IGAD project work plan. The information from this exercise will inform and support decision-making in the course of implementation by the Project Management Unit, the Project Board as well as the entire UNDP and RSS circles.

Already, there are some problems(e.g., IGAD project negative publicity, language barriers , lack of will to implement on the part of Receiving institutions among other problems) encountered in the wake of project implementation and a field mission like this one aim to address just that.

With this mission, the team aim to solicit beneficiaries' satisfaction and feedback from the IGAD Initiative and at the same time observe and learn from the field experiences of all stakeholders involved.

3. Outcome of the monitoring visit: Brief Summary

Stated under are some of the issues that came out of the discussions both with the hospital management and the Civil Service Support Officers, which of are of great concern

- Since the arrival of the CSSOs, there has been notable change among local staff as seen in improved care accorded to the patients
- The surgeon(deployed by IGAD to the hospital) has helped turned things around especially in the area of operation—specialized or complicated operations are now carried out as opposed to previous instances where only minor operations were undertaken
- CSSOs have gone extra miles and are helping in management and administration issues and in this case they are seen to be offering solutions and advice to the hospital as part of their coaching and mentoring tasks.
- Having noted valuable contributions the CSSOs are making and have made, the hospital management is considering putting them on emergency team to handle casualties(it has been planned)
- Bentiu based CSSOs have no problems related to accommodation and transport. They are hosted at a reasonable distance (walking distance) from the hospital facility and this makes them work with a lot of ease. Their security is good too with the exception of aerial bombings that took place in May 2012 in the state which was considered as an isolated case affecting the whole state.
- IGAD CSSOs in Unity state find individual mentoring a bit difficult and have since resorted to group and team skills transfer, normally done between free times at the hospital
- Management and coordination at the hospital is somehow complicated. No nurse has control over nurses (this is due to lack of experience, language) as the only channel is through the medical Director. This has negative effect on coaching and mentoring because most mentees are greenhorn and are not so much involved.
- Middle level managers need to be made aware of IGAD project implementation as only the top and lower levels seem to be aware.
- Proper human Resource management to be considered seriously—both trainer and trainee need to be all motivated. Motivation of national staff should be

prioritized so that they appreciate skills being given and hence reduce resistance. In this case twins should be given 'appreciation certificates' to encourage those being targeted for coaching and mentoring.

4. Key challenges

- At Bentiu state Hospital, most nurses and /or midwives are not educated; a big challenge indeed since no written instructions could be relied upon—this further hinder the twinning process because twins are not benefitting from the skills transfer being given by the CSSOs. In light of this, the overall concept of coaching and mentoring is at risk.
- Language barrier (communication) was another notable challenge being faced by the Bentiu CSSOs. The local staff members (twins) are only conversant with Arabic and local Languages (Nuer and Dinka). The immediate effect of this is that CSSOs themselves end up doing the tasks themselves since sign language cannot help things out. IGAD experts are not intended to do the job themselves but act as mentors and coaches to the South Sudanese civil servants such that skills transferred become part of them and are able to use it when IGAD experts return to their home countries at the expiry of 2 years of their service with RSS.
- Communication problem: the flow of information between the national Ministry of Labour, PMU and the states is not smooth as reported by receiving institutions in the field—this is hindering work as needed information does not reach in good time; it would be appreciated if IGAD PMU and MoLPS&HRD can do something to correct this. There should be clear connection between Juba and states
- CSSOs reported that there is no focal points(that is, from either UNDP and State Ministry of Health) at the state level to check on them regularly—this challenge is surmountable only if the state Ministry of Health and Bentiu state Hospital become aware of their roles and responsibilities as host institutions in the state.
- CSSOs' supervision: cases of CSSOs (nurses) who are more experienced being supervised by nurses with no skills and little experience is a big challenge for Unity state CSSOs. CSSOs then become cornered in their coaching and their roles as advisors become compromised. They do not understand CSSOs' work.
- Skills transfer: both practical and theoretical transfer of skills needs facilities which are not available at the hospital—what happen is what the CSSOs called 'voice training'.

5. Lesson Learned

- Twinning process: this has been greatly affected and care should be taken with regards to instances where those with parallel skills and less experienced are put to supervise CSSOs. This is an upside down practice because no skill is expected to be realized at the end of two years period.
- Communication: This barrier is a big negative contributor as far as mentoring and coaching process is concerned.
- Team coaching as opposed to individual coaching—this has really worked well in the hospital as a bigger number of staff is targeted in coaching and skills transfer.
- CSSOs finding time in between busy schedules to give coaching and mentoring lessons, this help in achieving two things: carry on with routine work and at the same time undertake coaching and mentoring.
- It has been observed that capacity assessment needs to have been conducted prior to deployment of CSSOs to RSS institutions. Critical equipments are not in place and this hinders progress at the health facility. Additional resources should have been mobilized to aid IGAD experts in their work especially at the hospital.

6. Recommendations

The monitoring team can recommend the following as pressing issues that need further attention where possible

- The hospital management has requested the project to support training its staff in administration; this is one area that they say needs serious improvement for efficient running of hospital affairs

- In order to bring to minimal standard the level of hospital staff command of English language, the hospital has proposed 'English language consolidation workshop' which they think IGAD project can support—some of these recommendations may not fall under IGAD project mandate, but they are reported as they are with regards to their correlation with the project implementation.

- The states (or receiving institutions at state level) need to be provided with relevant documents on IGAD project implementation to clarify some of the issues. The documents in question may include the MOU between sending and receiving countries.

- Going by the experiences of first and second batch CSSOs, proper introduction of CSSOs to the receiving institutions by the National Ministry of Health need to be improved (CSSOs faced some initial problems at the beginning of their services in the institution because of this). RSS institutions receiving CSSOs should be given insights on what is expected of IGAD CSSOs and their roles.

- One joint meeting with management of institutions hosting CSSOs and CSSOs should be held to reduce suspicion(that is after holding separate meetings)

- Since resources may not allow physical movement from one state to another, monitoring and Evaluation tools to be designed and given to supervisors on the ground, if at all those supervisors can be trusted with the task(trust level to be assessed)

- If resources allow, a workshop for all DGs of institutions that have received CSSOs should be convened in Juba for them to take charge and own the initiative

7. Issues that concern CSSOs Administration

- Transit delay in Juba(for those travelling from the states) need improvement as unnecessary high costs is incurred against very meagre transit allowance

- Logistics(Movement)—CSSOs at the states level talk of not being facilitated to move around in towns of their deployment

- Refund for excess baggage and other reimbursement takes very long time and need to be expedited.

- Working hours: there is need to review the contract or MOU to consider those in health profession. This can be looked into in terms of extra holidays approved by the supervisors to compensate extra hours of work, night calls etc…

- Work Permits: the process of having them issued should be expedited to protect CSSOs who may get some difficulties at the state level.

- UAP insurance : the clinic(Chinese Clinic) that was recommended for CSSOs in Unity state has closed down leaving CSSOs with no option since no alternate health facility was named as replacement—this need s to be brought to the attention of UAP Insurance company.