RSS/IGAD Field Report Malakal, 29th-31st May 2012

Ministry / Institution	Names of CSSOs Deployed	Function
Malakal Teaching Hospital MoH	1. Margaret Olupot Mukula	Registered Midwife
	2. Gideon Mungura Mburu	Surgeon
	3. Alemu Abagero Abachibsa	Registered Nurse
	4. Mebirathu G/egzaber w/mariam	Registered Nurse
	5. Yeshi Assefa kursa	Registered Midwife
	6. Melike Gebiyaw yehualeshet	Laboratory Technician
	7. Mane muon kuyok	Registered Nurse
	8. Tesfayee Endris Ali	Laboratory Technician
	9. Fantahun Mesele Berhe	Medical Officer
	10. Dr. Demu Tesfaye Mideksa	Medical officer
	11. Caren Akinyi Ombewa	Senior Nursing Officer
	12. Edijiah Wambui Irungu	Senior Nursing Officer
	13. Fayo Galgalo Habane	Laboratory Technician
	14. Francis Sammy Muvea	Senior Nursing Officer
Directorate of Labour MoLPS&HRD	15. Fesseha Tsehaye Gezahign	Labour Inspector

	Topic	Raised by	Issue	Recommended course of Action	Responsible Persons
1	Annual Leave & Well-being of CSSOs	CSSOs	The working environment for CSSOs is extremely difficult. CSSOs work tirelessly for 6 months without leave. In all of the states I have been so far, CSSOs stressed this point and claim that the working conditions, being away from families together with the difficult environment are leading to depression, burn outs, illnesses and a general lack of motivation. They plead with PMU and MoLPS&HRD to revise the annual leave structure by spreading out the 45 days they are entitled to: 10 days leave every 3 months for the first 9 months, and 15 days on the 12th month. PMU provides 2 tickets a year; the CSSOs will be responsible for the payments of the other two tickets within that year, they ask only that we help them in arranging invitation letters for the domestic flights.	Personally I have seen the conditions in which they work, and would advise if possible to spread the annual gradually throughout the year. I feel this would improve the output and well-being of CSSOs, whilst reducing the cases of 'sneaking out' and sick leaves.	Catherine to discuss with U/S and Amanda, since this would imply changing the agreement in the MOU.
2	Administrative support to CSSOs	CSSOs	The CSSOs receive very little feedback on the progress of their leave applications, refunds etc. Currently the administrative system is causing a lot of frustration and inconvenience. When Cabral was on leave for example, Amstrong did not book the transfer domestic flights for some of the CSSOs travelling to Wau. Two of them were stuck in Juba for 10 days, and the 100 USD transfer money did not cover this cost. There should be system in place that ensure connecting flights, invitation letters and most importantly communication to the CSSOs in a timely manner.	Discuss a more effective system for administration issues of CSSOs as well as a feed-back mechanism to inform CSSOs of progress and important information.	Cabral, Catherine, David, Henri.
3	Quality of service at Upper Nile Medical Clinic under	CSSOs	The quality of service in Malakal is extremely poor. There is one doctor, who most of the time works privately in other clinics. The work is then left to a nurse, who the CSSOs feel is unqualified. They have	Discuss poor service with UAP Juba whether there are any alternatives for	Henri, David

	UAP insurance		reported false results from tests, while the drug inventory is very limited. I visited the facility myself and confirm that the conditions are of extremely poor quality. Furthermore, in February and March 2012, the CSSOs had to pay for medication and service provided by Upper Nile Clinic. Charging for services has since stopped.	medical facilities in Malakal, and refunds for Feb/March upon receiving of receipts from CSSOs.	
4	KCB Bank and technical Allowances	CSSOs	KCB in Malakal does not issue CSSOs the full amount of their technical allowances. The Bank instead gives the option to CSSOs to take pounds, or a limited amount of dollars (500 perp person per month). On top of that the Bank personnel in Malakal is very unfriendly and unprofessional towards the CSSOs. One of the CSSOs, Tesfaye, has not received his TA since March. This problem exists in other states as well. Technically there should be no reason why the money is not granted, since it has been deposited to these accounts.	Discuss the issue with KCB management in Juba, ensuring that they provide TAs to CSSOs in full in all States.	Catherine and David
5	Lack of Basic Office Material for CSSOs (printing paper and cartridges) & Operational budget for Government activities	Medical Director Yambio Hospital, Minister for MoLPS & CSSOs	For both State hospital and MoLPS&HRD there is a lack of budget for resources. Basic office material such as paper and cartridges for printing are not available. The Ministries don't have the funds to purchase fuel, and repair generators and vehicles. These challenges greatly impede the ability for CSSOs to conduct their work. All government officials and CSSOs that I have spoken to have requested that UNDP provide basic material for the IGAD project: paper and cartridges and internet.	See whether it would be possible to provide paper and cartridges for printing to CSSOs periodically through UNDP field staff. Discuss the possibilities/limitations of procuring equipment for IGAD personnel in order to carry out their work more effectively.	Catherine to discuss with Amanda. Cabral & David to coordinate procurement and dispatch of material.
6	Transport	CSSO Ministry of Labour	The one CSSO working for the Ministry of Labour does not have any transport to and from work. He has been walking daily since the beginning of his assignment. He	Contact Minister State minister for Labour to ensure transport for	Catherine to discuss with U/S and David to

			is the only CSSO experiencing this problem	CSSO is arranged	follow up.
7	Information and communication to State Ministries / Institutions	DG Malakal Teaching Hospital (Dr. John Chuor) & State Minister for Labour, PS&HRD	The DG has not been briefed adequately on the objectives of IGAD. He never received a copy of the MoU, nor did he receive a copy of the contracts of CSSOs. This is a problem in all of the states I have been to. All the government officials in state ministries do not understand that IGAD is a capacity building project that does not cater for infrastructure needs and equipment for Government. I was repeatedly asked for assistance for medical equipment, fuel, generators, cars, motorbikes and office stationeries. There is a critical assumption that IGAD project should also provide material necessary to build capacity within the RSS government institutions. (Also CSSO work plans all include some form of material support in order to achieve objectives). Introduction of the IGAD project to the MoLPS&HRD was done through the state governer, which seems to have been a good method of introduction. However, even at this ministry the technicalities of the project are not familiar to the Ministry officials. (responsibilities, roles, goals etc).	Provide State ministries with IGAD information brochures, MoU and CSSO contracts. **Ensure DG's and implementing staff are invited to the next induction workshop in Juba.** If the process is to be owned by the institutions then their involvement from the start is very critical to the success of the project. Establish an effective communication mechanism for IGAD through MoLPS&HRD	Henri, Catherine & U/S.
9	Request for new CSSOs amongst last batch	Medical Director Malakal Teaching Hospital	The Hospital is need of: - (one) Radiologist - (multiple) Midwives		Catherine, David & U/S