RSS/IGAD Field Report Kuajok, 11-13 June, 2012

Ministry / Institution	Names of CSSOs Deployed	Function
Rumbek State Hospital MoH	1. JOSEPH NJOROGE KARANJA SILAS	Surgeon
	2. STEPHEN MURURU THIRINJA	Senior Nursing Officer
MoLPS&HRD	3. Wossen Shimelis	Labour Inspector

	Topic	Raised by	Issue	Recommendations	Responsible persons
1	Accommodation	Minister MoLPS&HRD	Since the arrival of the new State Minister for LPS&HRD there have been problems with the accommodation arrangements for the Wossen Shimelis. The Current Minister has refused to pay the hotel bills acquired from Jan-June 2012, which under the previous Minister was agreed to be covered by the Ministry. The Minister wants the CSSOs to settle his bill and "go back to Juba" since he feels the Ministry is unable to accommodate him. In my meeting with the Minister, I gave him a copy of the MoU and reminded him that it is the responsibility of the government to assist in identifying secure and suitable accommodation. We discussed the possibility of finding affordable accommodation for the CSSO through the Ministers network, to which he agreed. Kuajok is a small town with only 3 acceptable Hotels. The other two Kenyan CSSOs have been provided accommodation by the state Minister for Health who owns one of the 3 hotels. I also spoke to the latter and asked whether he could accommodate Wossen at a reasonable 'fixed term' rate. He agreed to	I received a copy of the bills for Wossen's accommodation between Jan-June (9000 SSP). We have to discuss with Angeth who will pay this bill.	Catherine / Angeth

			accommodate Wossen at **Half price.** He is currently planning to build a house which will accommodate them in the future.		
2	Manual for public service procedures	Minister MoLPS&HRD	Wossen has developed a manual on the general policy for public service delivery. The minister approves of this manual and would like to train staff in adopting its guidelines. However, implementation has not yet started as the manual has not been approved by the national MoLPS&HRD as well as the council of ministers.		
3	Transport	Minister MoLPS&HRD & CSSOs	The ministry does not have transport, Wossen walks to work. The minister claims that he doesn't have any transport either. He expects to get a pick-up truck from National Ministry and has asked me to follow up on this. The Minister claims other states did receive vehicles. The sisutaion will get worse for Wossen since they are relocating his office further away from the hotel in which he lives. The CSSOs at the MoH occasionally get transportation from friends working at WHO who stay in the same hotel. However, this is not always available. The MoH also has problems providing transport to the CSSOs.	Ask Angeth whether a vehicle was assigned to Kuajok MoLPS&HRD, and how we can resolve the transportation issue in Kuajok.	Catherine
4	Lack of Equipment at Ministries	Both Ministers	The ministries regularly face power outages and no running water. The situation at the MoLPS&HRD is considerably worse, and Wossen has never had power in his office since they deployed him there. The Minister for Health will be going to Juba on the week of 14th June 2012 to discuss the alarming conditions at the state hospital with the National Ministry of Health.		
5	Request for additional CSSOs	Minister of Health	The Minister indicated that he would like to request for 1 nurse, 1 midwife, 1 medical officer.		
6	Joint capacity building activities in the counties	Minister of Health	There are plans to conduct a joint needs assessment (capacity gap) of medical staff in the counties by UNICEF, WHO, UNFPA. The needs assessment will be followed up by training work-shops and rapid capacity surge initiatives. The minister would like to involve the IGAD CSSOs in the whole process. Partners will		

			provide the funds and CSSOs will provide the expertise together with other national doctors. He hopes to begin conducting the assessments in July/August.		
7	Coaching	CSSOs	There is a serious misunderstanding of the role of CSSOs by the national staff (only the Minister understands this properly). The CSSOs are mostly implementing work and filling in a human resource gap. Coaching is at a very low level, and hardly occurs. The CSSOs are seen as a workforce and not as coaches. The CSSOs face a real challenge in convincing national staff of the need for training. There is a general unwillingness to learn from the CSSOs amongst the national staff. At the MoLPS&HRD, twins regularly don't show up, or only show up around the time salaries are being paid. The CSSO finds himself completely idle without work. Little effort has been made by management to involve him in the work of the Ministry.	There is a need to sensitize national staff at implementing levels of the roles of CSSOs. Implementing staff and middle level managers need to be invited to the induction workshop during the last round. One from each institution would be advisable (i.e. 2 from each state = 18). Or alternatively, a separate workshop needs to be given to the latter people.	All
8	Quality of service delivery	CSSOs	There are two doctors at the hospital who don't have much practical experience, and haven't conducted an internship. They tend to stay away from the operating theatre and stick to the outpatient ward where they (unofficially) receive money for their services. The general level of expertise amongst the nurses is extremely low. One of the nurses was previously employed at the same		

			hospital as a casual laborer (gardener and handy man), he is illiterate and has no primary education, yet due to the lack of nurses, the hospital decided to hire him as a nurse instead of a casual laborer.		