Monitoring Mission Yambio, 21-23 May 2012

Issued raised during discussions with CSSOs, MoH & MoLPS&HRD:

Main challenges:

- Lack of equipment to carry out training and mentoring (cannot demonstrate proper skills to twins)
- Lack of Transport
- Accommodation issues
- Alarming personal problems amongst this CSSO group

1. Accommodation

- The CSSOs have been staying at Superstar hotel where they have received full board accommodation from December to April 2012. The hotel management refused to accept their money for meals as this was allegedly covered by the Ministry of Health & public service. However, upon receiving the bill (app. 200,000 SSP) the ministry decided to cancel the meals and only continue for accommodation & breakfast. The minister has discussed with the CSSOs possibilities for recovering that money. It is unclear at this point how this will be done.
- After speaking to the DG for State MoH, he asked for my advice on how to settle the hotel bill. Considering the lack of financial resources the ministry faces, I suggested it would be advisable if the CSSOs at least covered the costs for the meals they have had since January. The DG agreed, I drafted a letter on his behalf, addressed to Madam Angeth (MoLPS&HRD) and cc'd to National MoH and PMU. This letter requests the MoLPS&HRD to liaise with IGAD PMU on directing the CSSOs to cover the food expenses. The expenses for the meals are roughly 60,000 SSP, and hence would considerably reduce the financial strain on the State MoH. Keeping in mind that the CSSOs do not pay for accommodation, I thought it was profound that they expected the Ministry to also cover the costs of meals. Upon confronting the CSSOs with this they claimed that, had they known they were to bear these costs; they would have eaten elsewhere. I responded by reminding them that they receive two salaries, and that they know perfectly well that the Ministry is facing serious lack of funds (evident through the condition of the state hospital and low salaries). Personally, I expect them to pay this amount, and we should give them the option to pay in instalments or lump sum, provided the Hotel agrees.
- The CSSOs will be moved to another location outside of Yambio town, to a house owned by the Governors wife. The DG assured me in our discussion that the accommodation is safe; however transport will be an issue because the Ministry is already experiences fuel shortages.

Course of Actions:

- *UNDP to discuss with MoLPS&HRD the payment of meals by CSSOs.*
- *MoLPS&HRD to issue directives to all CSSOs that meals are to be covered at their own expense, and that this will be effected in retrospect where applicable.*

2. **Transport**

- There is hardly ever any transport to take the CSSOs to work at Yambio hospital. CSSOs use boda's and commute through walking between home and workplace. This is a real issue when it rains, and the worry is that when CSSOs are moved to the new location, this situation will worsen.
- The DG together with the Minister will look for extra funding from National MoH for fuel to cover travel costs for CSSOs. However, at this point the transport issue of concern to me. The CSSOs are already going to work on boda or by foot, as transport provided by the Ministry is inconsistent.

***Course of Action**:*

- *MolPS&HRD to lobby with National MoH the possibility of providing extra funds for fuel to ensure transportation of CSSOs to and from work.*

3. **Support to CSSOs from UNDP state coordinators**

CSSOs do not have a working relationship with UNDP staff. At best, the Ethiopians have become acquainted with one of the UNVs who is also Ethiopian. He helps them sporadically with basic things like printing. They would like to receive more support in administrative and logistical areas, e.g. when trying to contact PMU in Juba, when flying to Juba, drafting of invitation letters etc. internet is extremely slow and problematic in Yambio.

***Course of Action:** Henri to discuss with Catherine and Amanda a system for formal collaboration, by establishing a focal person (state coordinator) as well as a focal person amongst the CSSOs (Fred Aniku Uganda). Such a formal directive would ensure support when this is needed.*

4. **Lack of Facilities and Equipment**

There is a serious lack of office equipment at both the MoH and the MoLPS&HRD. CSSOs have to pay for printing documents at a local store (5SSP per page), which in their opinion greatly interferes with their coaching abilities, as it costs them money to prepare material for their twins.

Action: See point 3.

5. **Medical Insurance**

In Yambio UAP offers services in one clinic. The UAP doctor however, works part time in another private clinic, and therefore is rarely on duty. Instead the CSSOs are helped by a nurse, and feel the services available to them are inadequate.

***Course of Action**: Henri to send an email to UAP and raise these concerns. Ask if there is an alternative in Yambio. Also ask what the referral procedures are in Yambio.*

6. **Flights out of Yambio**

There are no commercial flights to and from Yambio, CSSOs need to take WFP flights, and need referral letters from PMU. More complaints about getting tickets in time have been expressed by CSSOs in the states and in Juba.

***Course of Action**: Henri to discuss with Catherine and Cabral how to develop a timely system for scheduling flights for people in the states.*

7. Mentoring and Coaching

- Poorly motivated twins, of which most of them are above 50 (in the health sector). Motivation is low due to low pay, no allowances, lack of promotion resulting in CSSOs performing the work instead of coaching and mentoring. There was a lot of resistance in the beginning from twins, gradually when they realised the CSSOs are not here to take their jobs, they turned it to a welfare matter: leaving the CSSOs to do most of the work as they are under paid. All but 2 CSSOs are happy with their twins. The rest complain that their twins are too old, and not willing to learn anything. However, the higher level, classified staff like doctors are more receptive to learning. Many of the unclassified staff that work alongside the nurses cannot read or write. CSSOs continually try to remind the staff of IGAD objectives, and their roles as coaches and mentors. After 6 months, there is a significant shift in attitude noticed amongst the twins. They are more positive and receptive.
- Lack of tools for mentoring: there are no printers, no projectors, where these are there; no toners, no drugs and medicines, lack of laboratory equipment. to help the CSSOs mentor and train their twins.

8. Alarming (personal) problems amongst this CSSO Group (Group Dynamics) & the Issue of Private Income generating Activities by CSSOs

- One of the CSSOs (Daniel Abebe, registered Nurse) passed by PMU early May, on his way back from annual leave and reported that Dr.Andale (CSSO Surgeon) was practicing surgery in a private clinic after working hours at the State public Hospital[1]. After investigating the issue and speaking to Dr.Andale, he claims that he only worked there occasionally in the first two months of employment (January-February). He was asked to do so by the Minister of Health, who sought treatment from Dr.Andale. The 'South Sudan'private clinic had more equipment at the time to perform his duties as a surgeon, and they referred patients from Yambio state hospital for operational procedures. Dr. Andale performed these duties outside of his official working time at the state hospital, which for your information closes daily at 14:00! After 14:00 the CSSOs spend most of their time at the hotel where they stay, only the surgeon is on call for emergencies. This time could be utilised for training, however, none of the national staff will show up unless they receive incentives.
- The private clinic has since closed down, and Dr. Andale has not worked there for the last three months. I spoke to the DG MoH about this issue, and he told me that Dr. Andale was indeed working in the private clinic. I asked him whether he thought Dr. Andale was receiving remuneration for this, and he was convinced that this was indeed the case. I personally adised all the CSSOs to refrain from conducting any
- I spoke to all of the CSSOs one by one as I realised there was a lot of tension in the group. Six out of eight CSSOs reported that Daniel is an unstable factor to the group. They questioned his professional abilities as a nurse, and felt that his attack on Dr. Andale was a means to cover up the fact that he is not a professional nurse. They say he is militant in his approach, and some even feel he has psychological issues.
- The personal problems between Daniel and Dr. Andale have got so out of hand that they have involved both the former State Minister for Health and the DG.
- Personally, I feel it would be best to transfer Daniel to another state. They will soon be moved to one house and the situation could escalate. Their personal disputes are getting out of hand, and are affecting the performance and moral of the group. Both Andale and Daniel have expressed that they cannot go on together, and have both asked to be transferred.

Course of Action:

- *Henri to discuss with Catherine and Madam Angeth the possibility of transferring Daniel to Aweil. The hospital in Yambio desperately needs an Anaesthetist to help in the Surgical Ward, whilst Nigat*

[1] See Minutes attached "Misconduct of CSSOs in Health sector Yambio, 11/05/2012"

(Anaesthetist in Aweil) has expressed dissatisfaction with her work, as they don't have the tools to perform anaesthetics; she therefore performs duties as a nurse in Aweil.

- *Madam Angeth to issue a Directive to CSSOs that it is prohibited to conduct private business or any other income generating activities in South Sudan whilst serving under the IGAD contract. That they are to abide by the ethical code of conduct of civil servants.*
- *Discuss possibility for CSSOS to conduct workshops or training in the afternoons when they are completely idle.*

9. <u>Sharing Work location with MSF</u>

- Both IGAD and MSF are supporting Yambio state hospital. In the beginning there was a large dispute between staff from MSF and IGAD. It escalated to the point that they were all called into the DG's office to settle the dispute. Comments such as "we are Africans, this is our home" were thrown across the room. The DG had to call the meeting to an end because the arguments got out of hand.
- The IGAD CSSOs claim that MSF staffs were very hostile towards their presence in the beginning. This was because they did not get informed of the IGAD purpose at the hospital.
- After being informed about the objectives of IGAD as a capacity building initiative, they became more welcoming to the CSSOs, as this does not interfere with MSF mandate which is to provide health care to marginalised people.
- I spoke to the MSF head of Mission and the regional project coordinator. We came to the conclusion that it would be beneficial if IGAD and MSF worked together where possible. The two initiatives could complement each other greatly, as one is focused on training and capacity building, whilst the other is focused on direct health care service provision. We agreed that in the case MSF would be providing training to national staff, that they could collaborate with IGAD staff to co-facilitate such training. I discussed this with the CSSOs, and they were happy to collaborate in that manner. The working relations between MSF and IGAD have improved over time, and collaboration on the grounds of capacity building is the way forward for both.

10. <u>Lack of Equipment and Facilities at state hospital and state MoLPS&HR</u>

- I talked to the state Minister for Health, and the DG for Health, the acting state minister for LPS&HRD, and various Directors with both Ministries. They repeatedly brought to my attention the lack of resources they have to function adequately. They pleaded with UNDP to provide financing for material such as office equipment (printers etc) and spare parts for generators. I clarified the fact that I am here on a monitoring mission for the IGAD project, and the funds for the IGAD project have been earmarked for capacity building activities only, and not for physical material or infrastructure.
- However, the lack of physical and financial resources creates such a barrier to the operational areas of both ministries that capacity building of the staff through IGAD has become problematic. CSSOs have no material to train with. Even printing isn't possible through the Ministries, and CSSOs have to pay for their own prints (5 SSP per page). In the hospital there is a serious lack of medical equipment to provide adequate training.
- The situation at the MoLPS&HRD is considerably worse; here there is no power daily as the generators are not working due to a lack of spare parts. There is no transport to conduct labour inspections, which is the primary activity of the labour department where the CSSO works.
- The CSSO together with his supervisor and twin have written a proposal to UNDP to support labour inspection in 10 counties of Yambio (total amount requested 20,000 USD). They submitted the proposal to George Conway, however have not received any response.
- I have brought a copy of this proposal.

- UNDP is currently building a Laboratory at Yambio State hospital that is to serve as the main Lab for the whole of WES. The main concern is what will happen after the structure is complete? Will UNDP provide laboratory equipment as well? UNICEF built a maternity ward at Yambio hospital, which is finished, however it is not being utilised because there is no equipment, no operational budget and not enough staff.

Course of Action:

- *Henri to discuss the labour inspection proposal with Lealem & Amanda.*
- *Henri to enquire about the follow up UNDP laboratory once the structure is finished.*