RSS/IGAD Field Report Wau 4-6 June, 2012

Ministry / Institution	Names of CSSOs Deployed	Function
MoLPS&HRD Directorate of Labour	1. Ayele Mekassa Zeru	Labour Inspector
MoH Wau Teaching Hospital	2. Seyfudin Amin Abrahim	Registered Midwife
	3. Tsega Argaw Birbo	Registered midwife
	4. Ahmed Ali Ahmed	Registered Nurse
	5. Beltu Tadesse Ayanu	Registered Nurse
	6. VIRGINIA WANJUGU THUITA	Senior Nursing Officer
	7. PURITY ANN WAITHIRA	Senior Nursing Officer
	8. ELIAS NYAGA MURIUKI	Surgeon
	9. LAWRENCE OWINO OKONG'O	Pediatrician
	10. SILVERNS ATER KAGOSE	Senior Nursing Officer

	Topic	Raised by	Issue	Recommendations	Responsible persons
1	Lack of Equipment and Resources MoH	DG for Health James Okello	The DG was very critical of the IGAD project. The fact that we brought in CSSOs without any equipment or physical resources needed for them to carry out training is like “sending a soldier to battle without arms” or, “sending a child to class without books or chalk to teach”. The DG feels UNDP should accompany the CSSOs with the necessary equipment, and that a proper needs assessment should have been made prior to deployment. He even went so far as to say that IGAD is a waste of resources because we are not accomplishing anything. The Hospital faces a serious lack of supplies and only has one fridge where they keep medical supplies and drinking water. There is no printing	Is there any way to support the Ministries with equipment, specifically equipment needed for training and demonstration of work by CSSOs.	

			paper, no printers. Infection prevention is extremely low; they sterilize surgical equipment with coal and boiling water.		
2	Twinning MoH	Twins	The CSSOs are working in teams rather than one-on-one supervision.		
3	Awareness IGAD objectives & lack of staff at Hospital	Twins	The local staff at the hospital were not aware of the IGAD objectives. They think the CSSOs are there as extra workforce in the hospital. The situation has become better over time, as CSSOs have repeatedly stressed their roles as mentors. However, due to the serious lack of qualified local staff, the CSSOs repeatedly find themselves conducting work rather than coaching and mentoring.	Communication between National and state level Ministries needs to be improved. State Ministries don't have a copy of MoUs or implementation modalities IGAD.	
4	Successful work relationship between twins and CSSOs MoH	Twins	8 twins mentioned that the working cooperation between CSSOs and themselves is very productive and good. The CSSOs have greatly improved the motivation of the twins, and they all claim to have learnt new skills as a result of the CSSOs. This has been evident in all the states I have been to. One successful aspect of the IGAD project is having the CSSOs on the ground for 2 years. Although there are language barriers, and cultural differences, there is a general high level of acceptance to the CSSOs.	English Language courses to improve the communication between CSSOs and twins.	
5	Sustainability of improvements brought by CSSOs MoH	Twins	One of the most visible improvements brought by the twins is improved sanitation of all the wards. Infection prevention was one of the primary focuses of the CSSOs. However, MSF also introduced sanitation methods a few years ago when they were operating in Wau Teaching hospital. After MSF left, the situation deteriorated. This is a concern because the same might happen once the IGAD CSSOs leave. However, seeing that they are placed for 2 years, we could assume that more persistent measures will be taken by the CSSOs to keep hygiene and sanitation measures in the daily work of local staff. **The local staff need constant supervision and strong management!**	It would be advisable if a system was put in place that trains specific Managers to control the quality of service provision, and the quality of work by hospital staff. This could be given in	

			Otherwise the quality of service runs the risk of deteriorating like it did when MSF left.	the form of ToTs to specific people that will remain with the hospital for some time. This will have to gain considerable support from Hospital supervision, in order to be effective. For example by assigning a person with the specific task of monitoring and ensuring 'sanitation' and 'infection prevention'.	
6	Recommendation for recruitment of new CSSOs MoH	Hospital Matron	Requests were made for: - Surgeon - Physicians		
7	MoLPS&HRD lack of resources and funds	Twins (Labour inspectors)	I spoke to 10 labour inspectors and their feedback was worrying. They mentioned that there is simply no budget to conduct any work for the Ministry. The ILO gave training to all the labour inspectors, but they don't have the material nor any other resources to carry out their work. The last time they conducted a labour inspection was in 2011. The ideal situation is that these are carried out 2 times a week in order to cover all the counties. If you look at the Ministry annual budget plans you will find that they have never included a post for labour inspections! Most of the CSSOs we have brought to the MoLPS&HRD have been	Can UNDP find additional funding for equipment (Office utensils), training resources for the IGAD project? Perhaps through partnerships.	

			assigned to the directorate of Labour. The main work for the directorate of labour is to conduct labour inspection and resolve labour disputes. I have found that in most of the states there is no budget to conduct any of these in a pro-active manner. Instead the directorate depends on laborers coming to their office to report any disputes or poor labour conditions. There is a serious problem because CSSOs don't actually conduct any work. Most of the CSSOs in the directorate of labour have composed a labour manual, but this is yet to be implemented by the Ministries. Twins don't show up for work on a regular basis, meaning they have no one to coach or mentor. There has been no power at the Ministry for 3 months now, and the CSSOs are left sitting idle with no one to coach. This problem is particularly bad at the MoLPS&HRD within the States.		
8	Continual medical Education MOH	CSSOs	In the medical sector standard practice provides doctors, Nurses etc with Continual Medical Education (CME) to ensure constant up to date knowledge of medical practices in their field. This information can be obtained through the use of internet, however in the states internet access is a huge problem. The CSSOs feel that their knowledge in the respective fields is decreasing rather than increasing. This could be a problem upon repatriation to their home countries because they will not be up to date.	Provide adequate internet access to CSSOs in the medical field?	
9.	Annual leave	CSSOs	The CSSOs have requested that the 45 days of annual leave be spread more evenly across the year. They propose leaving 3 times in the year for 15 days at a time. Extra costs for travel etc will be covered by the CSSOs. They feel that once every 6 months is causing serious mental fatigue and stress.	Discuss with U/S options for new annual leave schedules. The current one has some negative implications: 1) they all leave around the same time, 2) mental	

				stress and fatigue of CSSOs.	
10	Coordination of annual leave and transit	CSSOs	Some CSSOs have had to spend 10 days on transit in Juba. All paid for out of their own pocket. They have requested that we improve the coordination of annual leave and travel arrangements because the transit allowance of 100 USD (which they haven't received since December 2011) is not enough.	Develop a system for timely coordination of travel by CSSOs, especially when they are on transit. Discuss with PMU team what such a system should look like, and how we are to implement it.	
11	KCB bank	CSSOs	The Ethiopians who arrived in December 2011 are being charged an additional 'transfer fund' of 1% of their total allowance per month. KCB claims this transfer fund was not paid by UNDP, and hence is being charged to the CSSOs. From my understanding, UN staff with dollar accounts are not charged this additional fee.	Contact KCB and find out where these additional costs are coming from?	David
12	Refunds from PMU	CSSOs	3 CSSOs Berlatu, Tesege and Ayele had to buy their own tickets to Aweil from Juba upon return from annual leave in May. These tickets have not been refunded. Cabral should have these receipts. None of the transit allowances since December have been paid to CSSOs		Cabral