| UNITED NATIONS DEVELOPMENT PROGRAMME<br>**South Sudan** | | | **ONE PAGE MISSION REPORT SUMMARY**<br>**Date:** 11th June 2012 |
|---|---|---|---|
| **Name(s):**<br>1. David Maker<br>2. Denyjok Nyakot | **Group/Unit:**<br>Democratic Governance &<br>RSS MOLPS&HRD | **Tel No.:** 0956 397 100 | **Travel Authorization #:** |
| **Approved Mission Itinerary**:<br>Juba-Aweil-Juba | | **List of Annexes**:<br>See approved travel authorisation | |
| **(From) Inclusive Travel Dates (To)**<br>11th June 2012 13th June 2012 | | **Key counterpart (s) in each location:**<br>1. Bol Tong Tong, Minister for labour, Public Service( NBeGS)<br>2. Thomas Garang, Medical Director, Aweil Civil Hospital<br>3. Ngong Uguak, DG State Ministry of Labour, PS( NBeGS)<br>4. Civil Service Support Officers(CSSOs), NBeGS | |

**Purpose/Objective of Mission: ( not acceptable to write "see attached):**

1. To have one-on-one discussion with state institutions where Civil Service Support Officers (CSSOs) are placed and also with CSSOs on Progress made and challenges of IGAD Regional Initiative Project since inception.
2. Capture Project implementation aspects by way of questionnaire using supervisors, CSSOs and Twins as informants

The information so obtained will be used to inform new ways and approaches of implementating IGAD Project with notable lessons learned

**Brief Summary of Mission Findings: (not acceptable to write "see attached)**

**The main issues discussed in the meeting included:**

- Accommodation of CSSOs: Aweil CSSOs are accommodated in a UN Compound which is better secured
- The State Government( MoLP&HRD and Aweil Civil Hospital) strongly promised to look into the issue of CSSOs' transport to and from work
- Better coordination of CSSOs' work with Medicine Sans Frontiers (MSF) in Aweil Civil Hospital needed since MSF seemingly impeded CSSOs' work especially the one assigned to the Hospital as Anaesthetist.
- The state Government reiterated its commitment to providing office space to CSSOs for the convenience of their work.
- Language barrier( most hospital employees speak Arabic) is a big challenge facing Aweil CSSOs in their work—this is hindering mentoring and coaching process—twins there have limited skills in areas where they are working.
- The Medical Staff ( CSSOs) in Aweil Hospital are overwhelmed by the amount of work in the hospital aggravated by lack of facilities
- CSSOs have no access to policy documents in their endeavours to work out work plans with their twins.
- From the sidelines of Aweil visit, an impromptu meeting with a representative from the National Ministry of Health(Janet Michael) revealed that one of Wau Based CSSOs who has kept very long beard is said to be scary and hospital authorities there have requested that he be asked to shave( this is serious because mothers who visited the maternal ward have complained about that bitterly)

| **Recommendations/Actions to be Taken and by Whom:** | **Distribution: (Copies to)** |
|---|---|
| • Wide consultation needed among concerned stakeholders and Project Board to consider swapping Aweil based Anaesthetist with other IGAD medical expert from other location to put to full use services of the anaesthetist in question<br>• Encourage government institutions (state ministry of health and that of Labour and Public Service) to freely share policy documents etc. with CSSOs to allow CSSOs settle and integrate easily within government establishment.<br>• Additional CSSOs requested by Northern Bhar El Ghazal state authorities but this is not envisaged to materialise soon since no deployment of health personnel is planned—all 200 CSSOs earmarked for development to RSS institutions are fully deployed to institutions that requested them.<br>• IGAD PMU to consider the best way of encouraging Wau CSSO to shave to mitigate fears in the maternity ward or move him to less sensitive ward within Wau hospital. | Email circulation to IGAD PMU team |