

## Annex F: Organizational Development Assessment (ODA) Tool Description

The Organizational Development Assessment (ODA) is a comprehensive capacity assessment tool with a focus on general organizational development areas. In this annex, you will find detailed guidance on the ODA tool, including an overview of the framework, the purpose of the assessment, and the tools, resources, and time required to complete the assessment. For ease of navigation, below is a linked list of the tools and illustrative examples included in this document.

1. [List of Illustrative Documents Recommended to Review](#)
2. [Interview Guide: NMCP Leadership and Unit Managers](#)
3. [Interview Guide: Regional Director/District Management Officer](#)
4. [Interview Guide: Regional Malaria Coordinator/District Focal Points](#)
5. [Interview Guide: NMCP Development Partners](#)
6. [Interview Guide: Ministry of Health Official](#)
7. [Interview Guide: Health Facility](#)
8. [Interview Guide: Community Based Organization](#)
9. [Employee Engagement Survey](#)
10. [Internal Communication Survey](#)
11. [Illustrative Preliminary Findings and Workshop Action Planning Tool](#)
12. [Illustrative Capacity Building Plan](#)

### ASSESSMENT TOOL OVERVIEW

The organizational development (OD) model and the theory of change used in the OD assessment (ODA) tool are based on two popular approaches to organizational assessment and improvement and reflect the assessment team's experience in public health and performance improvement. In developing this tool, the assessment team drew on the McKinsey 7S model. Originally developed in the 1980s by McKinsey consultants, the 7S model focuses on the human element of organizational development and change. The 7S model elevates the immaterial aspects of an organization (skills, style, staff) to the same level, if not higher, as material aspects (structure, systems, strategy). Shared culture or values are at the center of the 7S model, reflecting the interconnected nature of the immaterial and material components of an organization.

To add specificity to the 7S model, the assessment team drew on Burke and Lewin's theory of change (W Burke, G Lewin, 1992). Burke and Lewin's theory of change builds on the 7S model by recognizing the transformative elements (immaterial) of an organization, such as leadership and culture, as well as transactional elements (material), such as management and systems. Burke and Lewin's theory of change proposes 12 useful categories to guide organizational diagnosis and to plan for and manage organizational change.

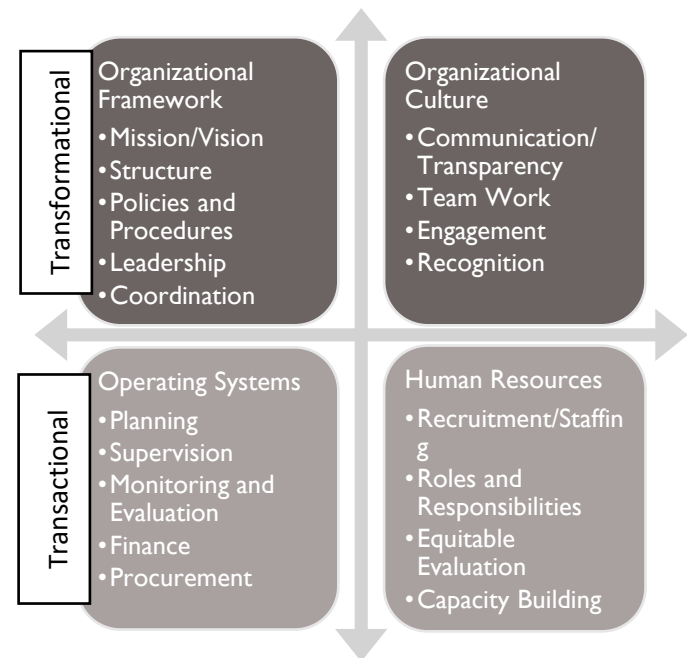
For this assessment, HRH2030 developed an OD model that reformulates the 12 categories of Burke and Lewin into four quadrants for more practical application (see Figure 1).

- 1) The **organizational framework** refers to the elements that shape an organization's overall vision and mission, as well as define the day-to-day norms and expectations for how the organization operates internally and externally, as defined by its leadership and policies and procedures.
- 2) **Organizational culture** considers the organizational environment with regards to communication and transparency, teamwork, engagement, and motivation (which ranges from employee recognition to the physical environment where people work).

- 3) The **operating systems** are critical for an organization to fulfill its mission by ensuring that the right resources are in the right place at the right time; management plays a crucial role in ensuring that these operating systems function as intended.
- 4) **Human resource systems** reinforce the importance of organizational systems to engage and strengthen human capital as a critical component of organizational capacity and development.

The top two quadrants represent **transformational** elements that can catalyze or influence change within an organization. In contrast, the bottom two quadrants are the **transactional** elements necessary to implement and sustain change. It is the interworking of these four quadrants that determines how well an organization is positioned to lead for change and achieve its desired impact. A shortcoming in any one of the quadrants can significantly hinder meaningful change. Although the assessment tool focuses on areas that are within the manageable control of the organization, the assessment team must consider external actors and factors (political, social, environmental, etc.) that can affect the success of an organization.

Figure 1: 7S and Burke and Lewin's theory of change model adapted for organizational assessment of NMCPs



HRH2030 conducted organizational development assessments using this tool in four countries: Niger, Cote d'Ivoire, Chad, and Togo from October 2018 through December 2019. While only implemented in Francophone West Africa and focused on malaria programs, the assessment approach and tools can easily be translated to other parts of sub-Saharan Africa and have applications beyond malaria programming.

## ASSESSMENT APPROACH AND TOOLS

**Resource requirements.** Three people are required to conduct the assessments, including the team leader. At least one team member should be local, bringing extensive knowledge of malaria and experience working with the NMCP in assessed countries. The embedded advisor will also work with the assessment team to provide input on tool adaptations and actively participating in interviews and workshops.

**Time required.** The assessment requires approximately six-to-eight weeks to complete, excluding the time taken to review and approve the final assessment reports.

Using the OD model mentioned above model as a guide and the tools referenced in the box at right, the assessment takes a mixed-methods approach across four phases. The subsections below describe each phase.

### Phase 1: Documentation Review

Review existing documentation to be fully informed of the NMCP's history, operating context, current statistics on malaria, and the environmental challenges before adopting the assessment tools to the country context. A standard list of documents recommended for review can be found in Tool 1, on page 5.

### Phase 2: In-Country Consultations

Conduct introductory meetings and engage NMCP and MOH leadership to encourage participation and honest contributions. The assessment team should also clearly define the purpose and scope of the organizational assessment during introductory meetings and present the objectives, methodology, and assessment tools.

The assessment team will gather necessary information using semi-structured interviews and surveys. Snapshot box I provides an overview of the seven semi-structured interview guides for consulting with the NMCP and other key stakeholders such as other MOH divisions, community organizations, and the Global Fund. The interview guides and surveys should be adapted or customized to align the language and style with the organizational culture and, where needed, to reflect current circumstances (e.g., key strategy changes, organizations merging, etc.). Adaptation helps to ensure that people responding to the interviews and surveys understand the questions and that the questions fit well with the purpose of doing the assessment.

The in-country consultation process should be scheduled over two weeks to minimize disruptions to the malaria program. The assessment is designed to be highly interactive with stakeholders to ensure they feel ownership of the assessment findings and results.

#### *Phase 3: Reflection Workshop*

Share the preliminary findings of the semi-structured interviews, the engagement survey, and the internal communication survey with the NMCP management team, and representatives from the MOH, decentralized units (provinces/district), and technical and financial partners through a two-day workshop. The findings should be supported by multiple data points from the interviews and surveys and highlight both strengths and opportunities for improvement. First, present the assessment methodology and the preliminary findings according to the four quadrants of the OD model, then facilitate group breakout sessions to discuss the results and identify possible solutions or actions. Provide instructions to prioritize the interventions based on what is within their manageable control, ones that need the help of the MOH, and those they felt needed external expertise and funding. Ask groups to discuss and describe the current state of the organizational structure and to specify and envision a revised structure. See Tool 11 for an illustrative table on how the assessment team presented and discussed preliminary findings in a workshop setting.

#### *Phase 4: Capacity Building Plan*

Following the reflection workshop, review and analyze the proposed solutions with stakeholders for clarity, feasibility, and relevance to strengthen organizational capacity. Compile and present final results and recommendations as a detailed capacity building plan (see Tool 12 for an illustrative capacity building plan). Facilitate discussions about the capacity building plan with NMCP leadership to reaffirm leaders' commitment to

### **Snapshot box I: Semi-Structured Interview Guides for Phase 2 In-country Consultations**

*Interview Guide No. 1* is for the NMCP leadership and unit managers. Questions focus on the four quadrants of the OD model, as well as questions regarding decision-making, management, communication, and collaboration with external partners.

*Interview Guide No. 2* is for the regional and departmental levels and focused on coordination with the central NMCP and the decentralized levels of the MOH. The main topics included supervision, data collection, M&E, and coordination of field activities with the NMCP.

*Interview Guide No. 3* is for the malaria focal points at the decentralized level and focuses on coordination with the central NMCP and the decentralized level of the MOH. The main topics of the interview include supervision, data collection, M&E, and coordination of field activities with the NMCP.

*Interview Guide No. 4* is for NMCP technical and financial partners and focused on collaboration, communication, and providing insight into the opportunities and challenges faced by the NMCP.

*Interview Guide No. 5* is for the relevant managers and officials at the MOH. It focuses on themes related to program management, collaboration, and communication, and interviewees' perspectives on the opportunities and challenges faced by the NMCP.

*Interview Guide No. 6* is for malaria focal points at health centers and focused on themes related to the availability of standard and guideline documents, and interviewees' perspectives on opportunities and challenges faced by the NMCP in terms of coordination and supervision.

*Interview Guide No. 7* is for community-based organizations and focuses on issues related to the challenges of coordinating community-based interventions and understanding interviewees' perspectives on the opportunities and challenges faced by the NMCP.

own and implement recommendations. Share the final report with the general directorate of the MOH and the technical and financial partners.

### **IMPLEMENTING THE FINDINGS OF THE ASSESSMENT THROUGH A CAPACITY BUILDING PLAN**

The recommended approach to develop the capacity building plan is to use a five-step process. Based on the assessment team's experience conducting the ODA in four countries, this approach increases the likelihood of sustainable organizational change by embedding a series of milestones in each step.

*Strategy for sustainable change and milestones.* As described in the methodology section, the OD model highlights the transformational elements – the organizational framework and culture – to initiate and influence the process of change, while improving transactional elements – the system and human resources – to implement and sustain change. It is the interworking of these four areas that determines how well an organization is positioned to lead for change and achieve the desired impact.

*Steps to develop the capacity building plan.* The five recommended steps to develop the capacity building plan reflect this change process and define a strategy for sustainability. The recommended steps are:

- 1) preparing for change, including establishing an internal task force to manage the change process and identifying priority areas for improvement;
- 2) launching the change process within NMCP by reviewing the mission and vision and establishing or affirming rules of engagement;
- 3) updating organizational charts to reflect structural changes, including reporting lines, to support the NMCP's vision;
- 4) aligning each department, unit, and individual's roles and responsibilities with the objectives of the organization; and
- 5) as the final step, the organizational change moves from the "transformational" to "transactional" whereby the NMCP defines a process that will begin to address managerial and staffing shortcomings in terms of culture and performance by improving management and central systems.

Each step has suggested milestones to guide the NMCP through the OD process. Milestones are assigned a priority level (high, medium or low), a schedule to start and finish the activity (short: 6 to 12 months; average: 1 to 2 years; long: 2 to 5 years), a party responsible for leading the improvement activity, an opportunity to identify whether assistance external to the NMCP is required, the possible funding sources, and the expected result. See Tool 12 for an illustrative capacity building plan and detailed descriptions for each step.

## Tool I: List of illustrative documents recommended to review

### 1. Organizational framework

#### Vision, mission, structure

- NMCP's creation decree or executive decision.
- NMCP organization chart
- Malaria control National Strategic Plan (NSP)

#### Policies, procedures

- Normative on malaria control documents : National malaria control policy, National Strategic Plan (NSP) for malaria control, Monitoring and Evaluation plan, Normative documents (relating to) case management, preventive care, supervisory care, training, malaria epidemics response, vector control, National Preventive Guidelines, National Guidelines for the Management of Malaria, National Malaria Monitoring and evaluation Guidelines, National malaria treatment guidelines, Training Guide for Medical and Paramedical Personnel, Learner's Manual, Training Module for Supervisors and Team Leaders on Indoor Residual Spraying, Vector Control Guidelines, Preparedness Plan for Response to Malaria Epidemics document, National Guidelines for implementing malaria prevention during pregnancy.
- Administrative, financial, procurement and accounting procedures, logistics guidelines.
- Standard and operational procedures for antimalarial products procurement and supply management.

### 2. System: *planning, supervision, monitoring and evaluation, finance*

- NMCP Annual Action Plan (AAP)
- NMCP coordination (monthly, quarterly, annual) reports
- Performance review reports, Malaria Program Review (MPR) report
- Report of the NMCP Program Annual Review
- Supervision visits reports (occasional or periodic site visits in collaboration with regions, districts and provincial delegations to address issues related to malaria key indicators)

### 3. Human resources

**Note:** These documents relate to recruitment, staffing and retention, roles and responsibilities, fair evaluation, recognition and consequences, and feedback and capacity building.

- Staff list
- Job descriptions
- Organizational chart
- Capacity building plan (when existing)

### 4. Organizational culture

If available, review documentation related to internal communication and transparency, teamwork, motivational factors (commitment), and the physical environment where people work, as well as performance evaluation documents if they exist.

### 5. Other documents

- Health system strategic documents and current regulations of the Ministry of Health (which governs the NMCP's day-to-day management): National Health Development Plan, National Health Policy, Biological Diagnosis, and management policy, etc.
- World Health Organization, Global Technical Strategy for Malaria Control 2016-2030 Roll Back Malaria Guidance
- NMCP Capacity Assessment Tool (CAT), LMG Project Report

**Tool 2: Interview Guide I: NMCP Leadership and Unit Managers**

Interview date	Names of Interviewers	Code
Name of Interviewee	Sex:	Organization/ Job Title:

**Instructions:**

This is a semi-structured interview guide. Please allow interviewee to speak as much as possible; encourage him/her to pursue additional topics/perspectives. It is advised that two people conduct each interview, one to ask questions and the second to record (take notes) the transcript as closely as possible.

**Introduction:**

Introduce yourselves and explain how and why you are conducting this assessment.  
*Thank you for giving us the time to speak with you today. As you are aware, your malarial portfolio is set to expand over the next several years, and USAID/PMI are very enthusiastic about NMCP's leadership role in expanding and leading this portfolio to the Global Funds stated objectives and results for the period of X [INSERT PMI COUNTRY GOALS/ INDICATORS].*

**PERSONAL INFORMATION**

- I. How long have you been working with NMCP?
  - a. Period
  - b. Duration
  - c. Continuously or discontinuously?
  - d. Intern / volunteer?
  - e. Contractual?
  - f. Official?
  
- 2. What are your basic qualification and skills?
  - a. Bac +
  - b. Training
  - c. Year of graduation
  - d. Duration
  - e. Other diplomas

3. What was your prior position before being at the NMCP?
  - a. Position held
  - b. Organization/NMCP
  - c. Period

## **Section A: ORGANIZATIONAL FRAMEWORK**

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### **MISSION/VISION**

1. What is your organization's current role in the 'fight to control malaria'?
2. Does the organization have a mission and vision on how it should fulfill this role?
  - a. If yes, can you tell me what it is?
  - b. If yes, can you please tell me how that mission and vision was developed?
  - c. Is the mission/vision visible (posted, in a public place) to staff or to others?
3. Please share with us your overall opinion on how NMCP is performing against that vision.
4. What do you consider the greatest strength of your organization?
5. What do you consider the greatest weakness?

### **STRUCTURE**

1. Does NMCP have an organizational chart?
  - a. If so, is it current? (Does it reflect the organization accurately?)
  - b. If not, why not?
  - c. Can you share a copy with us?
2. Is NMCP's current structure adequate or appropriate to perform its mandate?
  - a. How many staff work in your unit? (See NMCP Staffing Table)
  - b. Are they hired/employed by NMCP/MOH or by partner organizations?
  - c. Is your unit fully staffed?
3. Could you describe NMCP's decentralized structure: Could you describe the entities or people through which the NMCP coordinates the fight against malaria at regional / district / community level?
  - a. In how many regions/districts does NMCP work?
  - b. How are malaria activities/responsibilities designated to regions/districts/communities?
  - c. Who oversees the malaria activities in regions and districts?
  - d. Are malaria activities fully integrated into a broader health care package or are some activities managed vertically?
  - e. Is the structure adequate to achieve its current mission?

## **POLICIES/PROCEDURES**

4. Do you have a strategic plan for NMCP?
  - a. If so, how was it developed?
  - b. How often is it reviewed and updated? By whom?
5. Does NMCP have current policies and procedures that guide management and staff in the following areas?
  - a. Behavioral/organizational policies that articulate how managers and staff interact (make decisions, resolve problems)
  - b. Systems policies and procedures Standards, procedures, guidelines, and guide (Programs, M / E, finance, GAS, M&E, , HR)? Which ones?
  - c. If so, are NMCP staff familiar with them?

## **COLLABORATION WITH FINANCE AND ADMINISTRATIVE PARTNERS / OTHER ORGANIZATIONS**

1. With whom does NMCP currently collaborate to implement the national malaria program? (MOH, Global Fund, UNICEF, World Bank, Private/Public Organizations, Community Leaders/Organizations, etc.)
2. Could you briefly describe the roles of these organizations?
3. Do you have a formal collaboration framework that describes each partner organization's role and provides a timeline for meetings and communication?
4. How often do you meet with these collaborating partners?
5. How would you describe NMCPs relationship with its financial and administrative partners?
  - a. Open and trusting: we work closely and collaboratively to achieve our goals
  - b. Supportive but with limited ongoing communication
  - c. Generally fine but with occasional conflicts
  - d. Difficult with limited collaboration
  - e. Poor and lack of transparency
6. Do you feel that you receive adequate support /cooperation from these organizations?
7. If not, in which areas?
  - a. Financial: amount of funding, greater flexibility, financial procedures
  - b. Administrative: managerial, technical
  - c. Other:
8. What recommendations would you make to improve this collaboration?



9. Could you describe the place of the NMCP in the MOH organization chart and how it interacts with the different MSHP entities (management, service, programs, committees and others)
10. What recommendations would you make to improve this interaction of the NMCP with the other MOH entities?

## **Section B: SYSTEMS/MANAGEMENT**

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### **PLANNING / MONITORING PERFORMANCE/DATA FOR DECISION MAKING**

1. How do you conduct planning of activities? How do you carry out the consolidated planning of NMCP activities, including those financed by the government?
  - a. please describe of planning process
  - b. How often? (yearly, biannually, quarterly)
  - c. Who participates? (Districts, MOH, partners)
2. How do you and your team monitor the performance of activities?
  - a. How often do you meet with your staff to review progress against the activities articulated in the Annual Action Plan?
  - b. Can you describe any processes in place to analyze data to solve problems or to improve activities and outcomes?
3. What involvement do regional/district level malaria partners, including local NGOs and development partners, have in the planning and monitoring of activities?
4. Do you receive reports on the implementation of malaria related activities?
  - a. yes or no
  - b. If so, how often?
5. Do you share progress reports and data with partners?
  - a. yes or no
  - b. If so, with whom and how often?
6. Do you feel confident in the information and data provided in these reports/updates? yes or no if so explain
7. What is the process for analyzing the information you receive (how do you determine what the problems are and the possible solutions)?
  - a. Who is involved in this process? (unit, district/regional representatives, partners)
  - b. What kinds of actions are taken based on the results of this analysis?

## **SUPERVISION/INDIVIDUAL LEVEL**

1. Who is your supervisor?
2. How often do you meet your supervisor?
3. What is discussed at these meetings?
4. Do you think that you receive the support you need to implement the malaria activities within your scope?
  - a. If Yes, can you describe what kind of support?
  - b. If no, what do you lack?
5. How many people do you supervise?
6. How often do you meet your supervisees?
7. What is discussed at these meetings?

## **SUPERVISION/FIELD**

1. How is the supervision system structured? (How often visits are made, who conducts supervision)
2. How are regions and districts engaged in the supervision of malaria activities?
3. How do NMCP partners engage in supervision of malaria activities? Are supervision visits coordinated? If so, by whom?
4. What kind of supervision reports do you produce/receive from the field? Are you satisfied with the quality?
5. Does your team travel to districts to conduct supervision?
6. Have they had any training in supportive supervision?
7. Do supervisors and supervised staff have checklists and tools that allows them to follow up on the recommendations??

## **OPTIONAL, IF ASKED TO EXPLORE: FINANCE**

1. Can you describe the different methods of NMCP financing? From where does NMCP receive its majority of funding (MOH, Partner)?
  - a. Description
  - b. State funding: direct (subsidy) and / or indirect
  - c. Partner funding: direct (project) and / or indirect
  - d. Cost recovery
  - e. Other

2. Does the NMCP have bank accounts?
  - a. If yes how many ?
  - b. If more than one, are they dedicated?
2. Does NMCP have written financial procedures?
3. Are NMCP's financial procedures appropriately followed? If not, why not?
4. What other challenges does the organization confront regarding its financial systems?
  - a. Lack of funding
  - b. Complicated procedures
  - c. Lack of competent staff
  - d. Poor financial electronic system (database)

**OPTIONAL, IF ASKED TO EXPLORE: PROCUREMENT/SUPPLY CHAIN**

1. How would you describe the overall availability of malaria drugs and products (test kits, ITNs)?
2. Is there a written procedure for procurement and stock management?
3. Is the procurement process appropriately followed? If not, why not?
4. How are seasonal needs addressed? (i.e., peak malaria times)
5. Do partners or NGOs (national and regional) provide commodities?
6. Do they coordinate their supply chain process with the NMCP?
7. What is the quality of data provided on the use and inventory malaria drugs and products from health facilities?
8. Does NMCP have an adequate storage device for medical and / or pharmaceutical products
  - a. Does the NMCP have at least one resource person qualified in Purchasing and Stock Management?
  - b. Are the roles and responsibilities in terms of GAS / ToRs of the people involved in the GAS component clearly defined and documented?
9. Does NMCP have sufficient capacity for timely product distribution?
  - a. Does the NMCP have the capacity to quantify national needs in medical and / or pharmaceutical products?
  - b. Does the NMCP have tools for quantifying national / regional / local needs in medical and / or pharmaceutical products?
  - c. Does the NMCP have a supply plan (with planned dates for launching purchases / receiving products)?
  - d. Does the NMCP have inventory monitoring tools to avoid stock-outs?
  - e. Does the NMCP store certain antimalarial inputs? If yes which ones and why?

- f. If yes, does the NMCP have the required storage capacities / adequate stock management tools / product storage standards and procedure?

10. The NMCP has a logistics management information system

- a. Has a logistical data collection circuit been defined for the different types of inputs (drugs, reagents, condoms, etc.)? Is the logistics data collection circuit integrated into the patient data collection system?
- b. Does the NMCP regularly collect logistical data from the central level (stock status, distribution data, stock outs, expiry dates)?
- c. Does the NMCP regularly collect logistics data from peripheral levels (stock status, distribution data, stock outs, expiry dates)?
- d. Does the NMCP have an electronic logistic data compilation tool?
- e. Are logistics data checked and analyzed regularly (including comparison between quantities distributed and number of cases reported)?
- f. Are the results of these analyzes used for planning and decision-making?

11. The NMCP has sufficient capacity for timely distribution of products

- a. Does the NMCP distribute antimalarial drugs? If yes which ones and why?
- b. Does the NMCP have the necessary logistics for the distribution of antimalarial drugs?
- c. Does the NMCP have a drugs distribution network?
- d. Does the NMCP develop distribution plans for all / for certain antimalarial drugs? If yes on the basis of what information?
- e. If distribution via a pull system, Does the NMCP validate orders from peripheral sites? If yes on the basis of what information?

12. Supervision of PSM / Reporting activities

- a. Does the NMCP have a plan for supervising PSM activities? Is the supervision of PSM activities integrated into quarterly supervision?
- b. Is there follow-up on the implementation of the recommendations of the evaluations or supervision missions?

13. Does the NMCP regularly send reports to whom it may concern?

4. Does the NMCP send regular feedback to implementing partners?

15. Does the NMCP have an adequate budget allocated to PSM activities?

## **Section C: HUMAN RESOURCES/PERFORMANCE**

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### **RECRUITMENT/STAFFING**

1. How are staff recruited or identified? (MOH placement, partner staff)
2. Do you have job profiles/criteria for positions?
3. Are these job profiles respected when new staff are recruited?
4. Are you satisfied with the recruitment process?

### **ROLES & RESPONSIBILITIES**

1. Do you, and does your staff, have written roles and responsibilities?
2. Are the roles and responsibilities of your staff discussed and understood?
3. Do you have written job descriptions?
4. Does your staff have a written job description?

### **PERFORMANCE EVALUATION**

1. Is there a regular performance evaluation process for employees?
  - a. If so, how does it work?
  - b. If not, why not?
2. Are you/staff satisfied with the process?
3. How are staff rewarded if they perform their jobs well? If they perform poorly?
4. Do you feel that NMCP staff are motivated to achieve the objectives laid out in the NMSP?

### **COMPETENCY/SKILLS**

1. What is your opinion of the technical or clinical capability of your staff? (Malaria-specific: clinical, public health management, etc.)
2. Do your staff have the correct skills and experience to perform their roles well?

## **Section D: CULTURE**

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### **COMMUNICATION**

1. How would you describe NMCPs internal communication style? Why?
  - a. Transparent (People feel free to communicate honestly with supervisors and peers regarding challenges, questions, feedback)

- b. Guarded (People feel some anxiety when communicating with superiors when problems arise, but are able to approach some managers and peers)
  - c. Distrustful (People are afraid to communicate and fear recrimination if they do so)
- 2. Are there scheduled unit and staff meetings during which employees can engage management in discussing activities? If so, how often? (See Meeting Matrix)
- 3. How do staff learn about developments, achievements, or problems related to scheduled malaria activities?
- 4. When confronted with questions or problems, to whom do staff go for answers? (Direct supervisor, certain key managers, there is no one they can approach)?
- 5. Do staff have the opportunities to engage with each other to discuss professional activities?

## **TEAMWORK**

- 1. How would you describe the team environment at NMCP? Why?
  - a. Very team oriented (Units or departments work together on a regular basis to achieve results)
  - b. Occasional (On certain activities teams collaborate)
  - c. Not conducive (Staff rarely have the opportunity to work as a team)
- 2. Do Staff participate in team building activities or retreats
- 3. Do staff organize to celebrate Labor Day?
- 4. Do Staff indicate their support for individual events (birthday, birth, marriage, death, etc.)

## **ENGAGEMENT**

- 1. Do you think that staff generally believe in (are inspired by) their work and organization?
- 2. Do you feel that the NMCP can achieve its mission of combatting malaria?
  - a. Absolutely. I am confident that we can do it.
  - b. Sometimes I feel that we can, but we face a lot of challenges.
  - c. I'm pessimistic about it.
- 3. How do you think staff generally feel about it?
  - a. People are generally optimistic
  - b. People don't discuss it
  - c. People are pessimistic but continue their work
  - d. I don't know
- 4. How would you rate the general relations between colleagues and with supervisors?
  - a. Positive
  - b. Ambivalent

- c. Negative
  - d. I don't know
5. Are there opportunities or occasions for employees to receive recognition for positive achievements?  
(Awards, announcements, positive feedback)
  6. Do you feel that your colleagues or NMCP staff feel that they can influence decisions made within the organization? (At the team level, unit level, organizational level)

### **OTHER PERSPECTIVES**

We would like to hear from others on your staff about some of these issues. Can you recommend specific people that you consider to be best informed about how your organization works? Can we speak with that/those people?

### Tool 3: Interview Guide 2: Regional Director/District Management Officer

Interview date	Names of Interviewers	Code
Name of Interviewee	Sex:	Organization/Job Title:

#### Instructions:

This is a semi-structured interview guide. Please allow interviewee to speak as much as possible; encourage him/her to pursue additional topics/perspectives. It is advised that two people conduct each interview, one to ask questions and the second to record (take notes) the transcript as closely as possible.

#### Introduction:

*Thank you for giving us the time to speak with you today. The purpose of this interview is to improve our understanding of NMCP's strengths and challenges and to learn how to best support NMCP in strengthening its management and coordination capabilities.*

#### PERSONAL INFORMATION

1. How long have you been working with NMCP?
2. What was your prior position before this?

#### Section A: OVERALL PERSPECTIVE

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1. How does the Regional Directorate/ District Health Management Office collaborate with and support the activities of the NMCP?
2. Can you describe the NMCP's activities in this region/district?



## Section B: STRUCTURE

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1. Does this Region/District have an organizational chart?
  - a. If so, is it current? (Does it reflect the organization accurately?)
  - b. If not, why not?
  - c. Can you share a copy with us?
2. Is this current structure adequate or appropriate to perform its malaria activities?
3. How many staff work on malaria activities in this region/district? (See Staffing Table)
  - a. Are they hired/employed by NMCP/MOH or by partner organizations?
  - b. Could you describe how are staff assigned to work in this region/district?
  - c. Is the structure adequate to achieve its current mission?
4. Are you familiar with the strategic plan for NMCP?
  - a. What is your region's/district's role in implementing malaria activities according to this plan?
  - b. Were you or a representative involved in the development of this plan?
  - c. How often is it reviewed and updated? By whom?

## Section C: SYSTEMS

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From your perspective, can you comment on the strengths and weaknesses of the following capabilities of the NMCP:

### PLANNING / MONITORING PERFORMANCE

1. How do you conduct or engage in yearly planning of activities?
  - a. How often? (yearly, biannually, quarterly)
  - b. Who participates? (MOH, regions, districts, partners)
2. What involvement do regional/district level malaria partners, including local NGOs and development partners, have in the planning and monitoring of activities?
3. How does your region/district prioritize malaria activities?
4. How do you and your team monitor the performance of activities?
  - a. How often do you meet with your staff to review progress against the objectives articulated in the Annual Action Plan?

- b. Do you receive reports on the implementation of malaria related activities? If so, how often?
5. Are you satisfied with the information and data provided in these reports/updates?
  - a. What is the process for analyzing the information you receive (how do you determine what the problems are and the possible solutions)?
  - b. Who is involved in this process? (unit, district/regional representatives, partners)
6. Do you have a database of people trained on specific topics in the fight against malaria? if so, is it up to date?

## **SUPERVISION/FIELD**

1. How is the supervision system structured? (How often visits are made, who conducts supervision)
2. How are regions and districts engaged in the supervision of malaria activities?
3. What kind of supervision reports do you produce/receive from the field?
4. Are you satisfied with the quality of those reports?
5. Are supervisors that travel to districts trained in supportive supervision?
6. Do supervisors have checklists and tools that are specific to malaria? Are they specific to each level of the health system?

## **PROCUREMENT/SUPPLY CHAIN**

1. How would you describe the overall availability of malaria drugs and products (test kits, ITNs)?
  - a. Adequate
  - b. Inadequate
  - c. Unpredictable
  - d. Why?
2. Is there a written procedure and process for procurement, stock management, and supply? If so, please describe.
3. Who manages this procurement process within the region/district?
4. How are seasonal needs addressed? (i.e., peak malaria times)
5. Do partners or NGOs (national and regional) provide commodities in your region/district? If so, which organizations?

6. Do they coordinate their supply chain process with NMCP?
7. What is the quality of data provided on the use and inventory malaria drugs and products from health facilities? Who monitors/gathers that data?

## **Section D HUMAN RESOURCES/PERFORMANCE**

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### **ROLES AND RESPONSIBILITIES**

1. What are your overall responsibilities?
2. What are your responsibilities with regard to the malaria control program?
3. Do you have a written job description?
4. Do you think the roles and responsibilities (Malaria activities) of your staff are well defined?
5. Do you think that their responsibilities are manageable? If not, why not?

### **COMPETENCY/SKILLS**

1. What is your opinion of the technical or clinical capability of your staff? (Malaria-specific: clinical, public health management, etc.)
2. Do your staff have the correct skills and experience to perform their roles well?
3. Do you think you have the skills to do your job well?
4. Are there specific tasks in your role for which you would like to receive additional training?
5. If yes, what kind of training?
6. In summary, what recommendations would you make about the organizational capacity of the region/district with regard to its capacity to fight malaria?

## **Section E: CULTURE**

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### **COMMUNICATION**

1. How would you describe NMCPs communication and decision-making style? Please explain.
  - a. Open. NMCP central level communicates frequently and honestly with us regarding challenges, questions, feedback
  - b. Guarded. It is often difficult for us to maintain communication with NMCP
  - c. Dissatisfactory – we rarely receive communication and we are not actively engaged in decision making

2. Are there scheduled meetings during which regional and district representatives engage NMCP management to discuss activities? If so, how often?
3. How do you learn about developments, achievements, or problems related to scheduled malaria activities?
4. When confronted with questions or problems regarding malaria activities, to whom do you go for answers?
  - a. NMCP leadership
  - b. Supervisor
  - c. Other key people
  - d. No one, I draw my own conclusions

## **TEAMWORK**

5. How would you describe the team environment at NMCP? Why?
  - a. Very team oriented (We work together on a regular basis to achieve results)
  - b. Occasional (On certain activities, such as campaigns, we collaborate)
  - c. Not conducive (NMCP rarely engages us)

## **ENGAGEMENT**

6. Do you feel that the NMCP can achieve its mission of combatting malaria?
  - a. Absolutely. I am confident that we can do it.
  - b. Sometimes I feel that we can, but we face a lot of challenges.
  - c. I'm pessimistic about it.
7. How do you think NMCP staff generally feel about it?
  - a. People are generally optimistic
  - b. People don't discuss it
  - c. People are pessimistic but continue their work
  - d. I don't know
8. How would you rate the general relations between regional/district colleagues with NMCP?
  - a. Positive
  - b. Ambivalent
  - c. Negative

- d. I don't know
- 9. Are there opportunities or occasions for regional or district staff to receive recognition for positive achievements? (Awards, announcements, positive feedback)
- 10. Do you feel that you or your colleagues can influence decisions made by NMCP organization? (Activities, supervision, etc.)

## **Section F: COLLABORATION WITH NMCP AND OTHER ORGANIZATIONS**

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- 1. With whom do you currently collaborate in your region/district to implement the national malaria program? (local NGOs, partners, MOH)
- 2. Do you have a specific schedule to meet and communicate with these organizations and partners? If so, how often? Who sets the agenda for these meetings?
- 3. What other district or regional partners are present during these meetings?
- 4. Do you feel that this region/district receives adequate support /cooperation from the central level and from other organizations to succeed in implementing your activities?
- 5. Can you describe your current collaboration/relationship with NMCP?

## **Section G: SUGGESTIONS FOR IMPROVEMENT**

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As purpose of this assessment is to help NMCP improve its capability to fulfill its mandate, please comment on specific areas of improvement for NMCP.

- 1. In order to achieve your mission as NMCPs partner or collaborator, what would improve or facilitate your role in supporting NMCP?
- 2. What specific areas do you think NMCP needs to improve upon in order to achieve its objectives? Please prioritize what you think is most important or critical to its mission and to yours.

## Tool 4: Interview Guide 3: Regional Malaria Coordinator/District Focal Person for Malaria

Interview date	Names of Interviewers	Code
Name of Interviewee	Sex:	Organization/ Job Title:

### PERSONAL INFORMATION

1. How long have you been working at the regional/district level?
2. How long have you been working in your position?
3. What was your prior position before this?

### Instructions:

This is a semi-structured interview guide. Please allow interviewee to speak as much as possible; encourage him/her to pursue additional topics/perspectives. It is advised that two people conduct each interview, one to ask questions and the second to record (take notes) the transcript as closely as possible.

### Introduction:

*Thank you for giving us the time to speak with you today. The purpose of this interview is to improve our understanding of NMCP's strengths and challenges and to learn how to best support NMCP in strengthening its management and coordination capabilities.*

### Section A: OVERALL PERSPECTIVE

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1. What are this region/district's objectives regarding malaria control and prevention?
2. Can you describe your current role in the coordination and implementation of malaria activities?
3. With whom do you work or collaborate to implement these activities?

## Section B: SYSTEMS/MANAGEMENT

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### PLANNING / MONITORING PERFORMANCE

1. How do you conduct or engage in yearly planning of activities?
  - a. How often? (yearly, biannually, quarterly)
  - b. Who participates? (MOH, regions, districts, partners)
2. What involvement do regional/district level malaria partners, including local NGOs and development partners, have in the planning and monitoring of activities?
3. How does your district prioritize malaria activities?
4. How do you and your team monitor the performance of activities?
  - a. How often do you meet with your colleagues to review progress against the objectives articulated in the malaria strategic plan at the regional/district level?
  - b. Do you receive reports on the implementation of malaria related activities? If so, how often?
5. Are you satisfied with the information and data provided in these reports/updates?
  - a. What is the process for analyzing the information you receive (how do you determine what the problems are and the possible solutions)?
  - b. Who is involved in this process? (unit, district/regional representatives, partners)

### SUPERVISION/INDIVIDUAL LEVEL

1. Who is your supervisor?
2. How often do you meet your supervisor?
3. Do you think that you receive the support you need to implement the malaria activities in your district?
  - a. If yes, can you describe what kind of support?
  - b. If no, what are you lacking?

### PROCUREMENT/SUPPLY CHAIN

1. How would you describe the overall availability of malaria drugs and products (test kits, ITNs)?
  - a. Adequate
  - b. Inadequate
  - c. Unpredictable

- d. Why?
2. Is there a written procedure and process for procurement, stock management, and supply? If so, please describe.
3. Who manages the procurement process?
4. How are seasonal needs addressed? (i.e., peak malaria times)
5. Do partners or NGOs (national and regional) provide commodities? Do they coordinate their supply chain process with the NMCP?
6. What is the quality of data provided on the use and inventory malaria drugs and products from health facilities?

## **Section C: HUMAN RESOURCES/PERFORMANCE**

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### **ROLES AND RESPONSIBILITIES**

1. What are your overall responsibilities?
2. What are your responsibilities with regard to the malaria control program?
3. Do you have a written job description?
4. Do you think the roles and responsibilities (Malaria activities) for your position are well defined?
5. Do you think that the responsibilities are manageable? If not, why not?

### **PERFORMANCE EVALUATION**

1. Are you evaluated for your work performance?
  - a. If so, how does it work?
2. Are you satisfied with the process?
3. How are you rewarded if you perform your job well? If poorly?
4. Do you feel that you and your colleagues are generally motivated to achieve the objectives laid out in the NMSP?

### **COMPETENCY/SKILLS**

1. What is your opinion of the technical or clinical capacity of you and your colleagues to succeed at your work? (Malaria-specific: clinical, public health management, etc.)
2. Do you think you have the skills to do your job well?



3. Are there specific tasks in your role for which you would like to receive additional training?
4. If yes, what kind of training?

## **Section D: CULTURE**

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### **COMMUNICATION**

1. How would you describe NMCPs communication and decision-making style? Please explain.
  - a. Open - NMCP central level communicates frequently and honestly with us regarding challenges, questions, feedback
  - b. Guarded - It is often difficult for us to maintain communication with NMCP
  - c. Dissatisfactory – we rarely receive communication and we are not actively engaged in decision making
2. Are there scheduled meetings during which regional and district representatives engage NMCP management to discuss activities? If so, how often?
3. How do you learn about developments, achievements, or problems related to scheduled malaria activities?
4. When confronted with questions or problems regarding malaria activities, to whom do you go for answers?
  - a. NMCP leadership
  - b. Supervisor /Regional malaria coordinator
  - c. Other key people
  - d. No one, I draw my own conclusions

### **TEAMWORK**

1. How would you describe the teamwork environment of NMCP and of your colleagues working in malaria? Why?
  - a. Very team oriented (We work together on a regular basis to achieve results)
  - b. Occasional (On certain activities, such as campaigns, we collaborate)
  - c. Not conducive (NMCP rarely engages us)

## **ENGAGEMENT**

1. Do you feel that the NMCP can achieve its mission of combatting malaria?
  - a. Absolutely. I am confident that we can do it.
  - b. Sometimes I feel that we can, but we face a lot of challenges.
  - c. I'm pessimistic about it.
2. How do you think NMCP staff generally feel about it?
  - a. People are generally optimistic
  - b. People don't discuss it
  - c. People are pessimistic but continue their work
  - d. I don't know
3. How would you rate the general relations between regional and colleagues with NMCP?
  - a. Positive
  - b. Ambivalent
  - c. Negative
  - d. I don't know
4. Are there opportunities or occasions for regional or district staff to receive recognition for positive achievements? (Awards, announcements, positive feedback)
5. Do you feel that you or your colleagues can influence decisions made by NMCP organization? (Activities, supervision, etc.)

## **OTHER PERSPECTIVES FROM THE REGION/DISTRICT**

We would like to hear from others on your staff about some of these issues. Can you recommend specific people that you consider to be best informed about how your organization works? Can we speak with that/those people?

**Tool 5: Interview Guide 4: NMCP Development Partners**

Interview date	Names of Interviewers		Code
Name of Interviewee	Sex:	Organization/Job Title:	

**Instructions:**

This is a semi-structured interview guide. Please allow interviewee to speak as much as possible; encourage him/her to pursue additional topics/perspectives. It is advised that two people conduct each interview, one to ask questions and the second to record (take notes) the transcript as closely as possible.

**Introduction:**

*Thank you for giving us the time to speak with you today. Introduce yourselves and explain how and why you are conducting this assessment. The purpose of this interview is to gain understanding into how, as a partner of NMCP, you would suggest strengthening the management and coordination of NMCP and what strategies you might suggest would be most successful.*

*As you are aware, your malarial portfolio is set to expand over the next several years, and USAID/PMI are very enthusiastic about NMCP's leadership role in expanding and leading this portfolio to the Global Funds stated objectives and results for the period of 2017 - 2021, Niger should 'Reduce the incidents of malaria by at least 40% compared to 2015. To accomplish this goal, the NMCP's role is to (1) define the national malaria control policy, (2) develop appropriate strategic and operational plans, (3) develop a partnership for financial and social mobilization for malaria control, (4) oversee the program, coordinating activities and monitoring and evaluating implementation; and (5) carry out operational research in the field of malaria control in collaboration with research institutions, the university and certain technical partners.*

**PERSONAL INFORMATION**

1. How long have you been working with NMCP?
2. How long have you been working in your position?
3. What was your prior position before this and where?

## Section A: OVERALL PERSPECTIVE

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1. What is your organization's current role in the 'fight to control malaria'?
2. How does your organization collaborate with and or support the NMCP?
  - a. Financial
  - b. Administrative/Technical
  - c. Both
3. In which regions do you collaborate?
4. Please share with us your overall opinion of how NMCP is prepared to undertake a greater role in the management of the Malaria portfolio.
5. What are your thoughts about the strengths of the organization?
6. What are your thoughts about the greatest challenges the organization faces?

## Section B: SYSTEMS/MANAGEMENT

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From your perspective, can you comment on the following managerial and organizational capabilities of the NMCP?

### PLANNING / MONITORING PERFORMANCE

1. Yearly Planning, forecasting: How is your organization involved in planning for malaria activities?
  - a. How often? (yearly, biannually, quarterly)
  - b. Who participates? (MOH, regions, districts, partners)
2. When plans are made, are you satisfied that they are followed through?
3. Do you have any suggestions on how to improve the planning process?
4. How does your organization monitor the implementation of activities?
  - a. How often do you meet with NMCP to review progress against the objectives articulated in the malaria strategic plan?
  - b. Do you receive reports on the implementation of malaria related activities? If so, how often?
  - c. Do you feel confident in the information provided in these reports/updates?

## **SUPERVISION/INDIVIDUAL LEVEL**

1. Do you have staff seconded to the NMCP? *If no, skip to Field Supervision*
  - a. If yes, who supervises these individuals?
2. Are you confident that these staff are adequately supported in their daily activities?
3. Do you receive feedback from these individuals or their supervisors on their performance?

## **SUPERVISION/FIELD**

1. Is your organization involved in the supervision of field activities? If so, how? *If no, skip to Finance*
2. How often visits are made?
3. Who conducts supervision?
4. Are you satisfied with the quality of supervision by your team? By NMCP?
5. What kind of supervision reports do you produce/receive from the field?
6. Are you satisfied with the quality of those reports?
7. Do supervisors have checklists and tools that are specific to malaria? Are they specific to each level of the health system?

## **FINANCE**

1. Do you provide financial support to NMCP? *If no, skip to Procurement.*
2. Are NMCP's financial procedures clear and appropriately followed?
3. What challenges does the organization confront regarding its financial systems?
  - a. Lack of funding
  - b. Complicated procedures
  - c. Lack of competent staff
  - d. Poor financial electronic system (database)

## **PROCUREMENT/SUPPLY CHAIN**

1. Does your organization supply drugs or products to regions or districts for the fight against malaria? If so, what kinds of drugs or products? *If no, skip to Section C.*
2. How would you describe the overall availability of malaria drugs and products (test kits, ITNs)?
3. Is there a written procedure between your organization and NMCP on the process for procurement, stock management, and supply?

- a. If so, please describe.
  - b. If not, why not?
- 4. Who manages the procurement process?
- 5. What is the quality of data provided on the use and inventory malaria drugs and products from health facilities?
- 6. How would you describe the overall availability of malaria drugs and products (test kits, ITNs)?
  - a. Adequate
  - b. Inadequate
  - c. Unpredictable
  - d. Why?
- 7. Is there an agreed upon written procedure and process for procurement, stock management and supply between your organization and NMCP?
  - a. If yes, please describe.
  - b. If no, why not?
- 8. Who manages this procurement process within your organization?
- 9. Do you receive reports on inventory levels/stock outs in a timely fashion?
- 10. What is the quality of data provided on the use and inventory malaria drugs and products from NMCP?

## **Section C: HUMAN RESOURCES/PERFORMANCE**

*If no seconded staff to NMCP, skip to section D*

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### **RECRUITMENT/STAFFING**

- 1. What is the process to recruit/request staff if needed by NMCP?
- 2. Do you receive job profiles/criteria for open positions?
- 3. Are these job profiles respected when new staff are identified?
- 4. Are seconded staff evaluated on a regular basis on their job performance?
- 5. Are they supervised and supported by direct managers?
- 6. Are seconded staff satisfied with their work arrangements? If not, why not?

## **Section D: COLLABORATION WITH NMCP**

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We are interested in learning more about how your organization collaborates with NMCP.

1. Do you have a set schedule for meeting and communicating with NMCP? If so, how often?
2. Where do these meetings occur?
3. Who sets the agenda for these meetings?
4. What other partners are present during these meetings?
5. What is the stated objective of the meeting/s? Do you feel that you (your organization) benefits from this collaboration?
6. In order to achieve your mission as NMCPs partner or collaborator, what would improve or facilitate your role in supporting NMCP?

## **Section E: SUGGESTIONS FOR IMPROVEMENT**

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As purpose of this assessment is to help NMCP improve its capability to fulfill its mandate, please comment on specific areas of improvement for NMCP.

1. What specific areas do you think NMCP needs to improve that are priorities for achieving the objectives listed above? Please prioritize what you think is most important or critical to its mission and yours.

## Tool 6: Interview Guide 5: Ministry of Health Official

Interview date	Names of Interviewers	Code
Name of Interviewee	Sex:	Organization/Job Title:

### Instructions:

This is a semi-structured interview guide. Please allow interviewee to speak as much as possible; encourage him/her to pursue additional topics/perspectives. It is advised that two people conduct each interview, one to ask questions and the second to record (take notes) the transcript as closely as possible.

### Introduction:

*Thank you for giving us the time to speak with you today. Introduce yourselves and explain how and why you are conducting this assessment. The purpose of this interview is to gain understanding into how, as a partner of NMCP, you would suggest strengthening the management and coordination of NMCP and what strategies you might suggest would be most successful.*

### PERSONAL INFORMATION

1. How long have you been working with NMCP?
2. How long have you been working in your position?
3. What was your prior position before this and where?

### Section A: OVERALL PERSPECTIVE

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1. How does the Ministry of Health collaborate with and support the NMCP?
2. Where is does the NMCP positioned within the MOH? Who supervises its operations within the MOH?
3. Do you have an organizational chart that includes the NMCP?
  - a. If so, is it current? (Does it reflect the organization accurately?)
  - b. Can you share a copy with us?



4. Is the NMCPs current structure adequate or appropriate to perform its role?
5. Please share with us your overall opinion of how NMCP is prepared to undertake a greater role in the management of the Malaria portfolio.
6. What are your thoughts about the strengths of the organization?
7. What are your thoughts about the greatest challenges the organization faces?

## **Section B: SYSTEMS**

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From your perspective, can you rate and briefly comment on the following managerial and organizational capabilities of the NMCP: (Rating of Poor/Adequate/Strong)

1. Planning and management of activities

Poor            Adequate            Strong

Why?

2. Supervision

Poor            Adequate            Strong

Why?

3. Monitoring and Evaluation of project activities

Poor            Adequate            Strong

Why?

4. Availability and capacity of staff

Poor            Adequate            Strong

Why?

5. Engagement (teamwork, communication, motivation)

Poor            Adequate            Strong

Why?

### **Section C: COLLABORATION WITH NMCP**

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1. Do you have a set schedule for meeting and communicating with NMCP? If so, how often?
2. Where do these meetings occur?
3. Who sets the agenda for these meetings?
4. What other partners are present during these meetings?

### **Section D: SUGGESTIONS FOR IMPROVEMENT**

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As purpose of this assessment is to help NMCP improve its capability to fulfill its mandate, please comment on specific areas of improvement for NMCP.

1. What would you recommend to improve or facilitate your role in supporting NMCP?
  
2. What specific areas do you think NMCP needs to improve that are priorities for achieving the objectives listed above? Please prioritize what you think is most important or critical to its mission and yours.

## Tool 7: Interview Guide 6: Health facility

Interview date	Names of Interviewers	Code
Name of Interviewee	Sex:	Organization/Job Title:

### Instructions:

This is a semi-structured interview guide. Please allow interviewee to speak as much as possible; encourage him/her to pursue additional topics/perspectives. It is advised that two people conduct each interview, one to ask questions and the second to record (take notes) the transcript as closely as possible.

### Introduction:

*Thank you for giving us the time to speak with you today. Introduce yourselves and explain how and why you are conducting this assessment. The purpose of this interview is to gain understanding into how, as a partner of NMCP, you would suggest strengthening the management and coordination of NMCP and what strategies you might suggest would be most successful.*

### **PERSONAL INFORMATION**

1. How long have you been working with NMCP?
2. How long have you been working in your position?
3. What was your prior position before this and where?

### **Section A: OVERALL PERSPECTIVE**

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1. What is the current role of your health center in the "fight against malaria"?
2. How does your health facility collaborate with the NMCP?
  - a. Finance
  - b. Administrative
  - c. Technical
  - d. all

3. At what level of the health pyramid do you work?
  - a. At the national level?
  - b. At the regional level?
  - c. At the departmental level?
  - d. In which health regions / districts
4. Please give us your general opinion on the management of the malaria by the NMCP?
5. In your opinion, what are the strengths of the NMCP?
6. What do you think are the biggest challenges, weaknesses facing the NMCP?

### **Section B: SKILLS**

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1. What do you think of the technical or clinical capacity of your staff? (specific to malaria: clinic, prevention, etc.)
2. Do your staff have the skills and experience to fulfill their role in the fight against malaria?
3. Are there any specific tasks in your role for which you would like to receive additional training in malaria control?
4. If yes, what kind of training?
5. In summary, what recommendations would you make regarding the organizational capacity of your health center with regard to its capacity to fight malaria?

### **Section C: PROVISION OF CARE AND PREVENTION SERVICES AND TREATMENT OF MALARIA**

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1. Are the health care providers trained in the management and prevention of malaria cases?
2. Are there sufficient health personnel in the health facility to provide care and support for malaria cases?
3. Do you have NMCP guidelines for the prevention and management of malaria cases for adults, children, and pregnant women? if so, are they exposed and visible to everyone?
4. Is there a written procedure between your health center and the health district on the procurement, inventory management and procurement process?

## **Section D: SUPPLY CHAIN / SUPPLY**

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1. Does your health center receive drugs or products from the health district to fight against malaria? If yes, what types of drugs or products? Otherwise, go to section C.
2. How would you describe the overall availability of antimalarial drugs and products (CTA, IPT, LLIN, TDR)?
  - a. Adequate
  - b. Inadequate
  - c. Unpredictable
  - d. Why?
3. Who manages this procurement process within your health facility?
4. Do you provide timely reports on stock levels and shortages?
5. Is there a written procedure between your health center and the health district on the procurement, inventory management and procurement facility? If yes, please describe. If not, why?
6. What is the quality of the data provided on the use and inventory of antimalarial drugs and products from your health facility?

## **Section E: SUPERVISION / INDIVIDUAL LEVEL**

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1. Is your health center regularly supervised? If yes, how does supervision work?
2. Who provides supervision?
3. How often are the visits made?
4. Are there recommendations from supervision?
5. Are these recommendations implemented?
6. Are you satisfied with the quality of supervision provided by the health district?
7. What kind of supervision reports do you produce / receive from the field?
8. Are you satisfied with the quality of these reports?
9. Do supervisors have specific malaria supervision grids and tools? Are they specific to each level of the health system?

## **Section F: SUPERVISION / FIELD**

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1. Does your health center supervise? If yes, how does supervision work?
2. Who supervises and who do you supervise?
3. How often are the visits made?
4. Are there recommendations from supervision?
5. Are these recommendations implemented ?
6. Are you satisfied with the quality of supervision provided by the health district?
7. What kind of supervision reports do you produce?
8. Are you satisfied with the quality of these reports?
9. Do supervisors have malaria-specific supervisory tools and grids? Are they specific to each level of the health system?

## **Section G: SUGGESTIONS FOR IMPROVEMENT**

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What would be the recommendations at the operational level to improve the fight against malaria: in your opinion, what are the specific and priority areas that the NMCP must improve to achieve its objectives? Please prioritize what you think is most important or most essential to its mission and yours.

## Tool 8: Interview Guide 7: Community Based Organization

Interview date	Names of Interviewers	Code
Name of Interviewee	Sex:	Organization/Job Title:

### Instructions:

This is a semi-structured interview guide. Please allow interviewee to speak as much as possible; encourage him/her to pursue additional topics/perspectives. It is advised that two people conduct each interview, one to ask questions and the second to record (take notes) the transcript as closely as possible.

### Introduction:

*Thank you for giving us the time to speak with you today. Introduce yourselves and explain how and why you are conducting this assessment. The purpose of this interview is to gain understanding into how, as a partner of NMCP, you would suggest strengthening the management and coordination of NMCP and what strategies you might suggest would be most successful.*

### **PERSONAL INFORMATION**

1. How long have you been working with NMCP?
2. How long have you been working in your position?
3. What was your prior position before this and where?

### **Section A: OVERALL PERSPECTIVE**

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1. What is the current role of your organization in the "fight against malaria"?
2. How does your organization collaborate with the NMCP?
  - a. Finance
  - b. Administrative
  - c. Technical
  - d. all

3. At what level of the health pyramid do you work:
  - a. At the national level?
  - b. At the regional level?
  - c. At the departmental level?
  - d. In which health regions / districts
4. Please give us your general opinion on the management of the malaria by the NMCP?
5. In your opinion, what are the strengths of the NMCP?
6. What do you think are the biggest challenges, weaknesses facing the NMCP?

### **Section B: SKILLS**

---

1. What do you think of the technical or clinical capacity of your staff? (specific to malaria: clinic, prevention, etc.)
2. Do your staff have the skills and experience to fulfill their role in the fight against malaria?
3. Are there any specific tasks in your role for which you would like to receive additional training in malaria control?
4. If yes, what kind of training?
5. In summary, what recommendations would you make regarding the organizational capacity of your health center with regard to its capacity to fight malaria?

### **Section C: PROVISION OF CARE AND PREVENTION SERVICES AND TREATMENT OF MALARIA**

---

1. Are the health care providers trained in the management and prevention of malaria cases?
2. Are there sufficient health personnel in the health facility to provide care and support for malaria cases?
3. Do you have NMCP guidelines for the prevention and management of malaria cases for adults, children, and pregnant women? if so, are they exposed and visible to everyone?
4. Is there a written procedure between your health center and the health district on the procurement, inventory management and procurement process?



## **Section D: SUPPLY CHAIN / SUPPLY**

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1. Does your NGO receive drugs or products from the health district to fight against malaria? If yes, what types of drugs or products? Otherwise, go to section C.
2. How would you describe the overall availability of antimalarial drugs and products (CTA, IPT, LLIN, TDR)?
  - a. Adequate
  - b. Inadequate
  - c. Unpredictable
  - d. Why?
3. Who manages this procurement process within your NGO?
4. Do you provide timely reports on stock levels and shortages?
5. Is there a written procedure between your health center and the health district on the procurement, inventory management and procurement NGO?
  - a. If yes, please describe.
  - b. If not, why?
6. What is the quality of the data provided on the use and inventory of antimalarial drugs and products from your NGO?

## **Section E: SUPERVISION / INDIVIDUAL LEVEL**

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1. Is your NGO regularly supervised? If yes, how does supervision work?
2. Who provides supervision?
3. How often are the visits made?
4. Are there recommendations from supervision?
5. Are these recommendations implemented?
6. Are you satisfied with the quality of supervision provided by the health district?
7. What kind of supervision reports do you produce / receive from the field?
8. Are you satisfied with the quality of these reports?
9. Do supervisors have specific malaria supervision grids and tools? Are they specific to each level of the health system?

## **Section F: SUGGESTIONS FOR IMPROVEMENT**

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What would be the recommendations at the operational level to improve the fight against malaria: in your opinion, what are the specific and priority areas that the NMCP must improve to achieve its objectives? Please prioritize what you think is most important or most essential to its mission and yours.

## Tool 9: Employee Engagement Survey

### Engagement: What is it?

“Engagement” describes a state of mind when an employee is not only satisfied, but also motivated to do the work and committed to doing it well. Engagement is different from satisfaction, in that a moderately satisfied individual has most of their needs being met. Engagement, however, is an active concept; an engaged person might be considered to be ‘eager’ whereas a disengaged person would simply be ‘marking time’ until they can go home. Put simply, engagement is the extent to which people enjoy and believe in what they do and feel valued for doing it. Engagement is also a concept that is closely linked to high performance, problem-solving, and determination; none of those descriptions are used to describe a satisfied person. It is through this interpretive lens that engagement scores should be understood. (Source: Wellins et al. 2007; Gallup 1993-1998)

### Analyzing Engagement

#### *Engaged (Score of 4 to 5)*

These employees are loyal and psychologically committed to the organization. They are more productive, more likely to stay in their job, less likely to have accidents on the job, and less likely to be dishonest. These employees have most of their performance-related workplace needs met.

#### *Not Engaged (Score of 3 to 4)*

These employees may be productive, but they are not psychologically connected to their organization. They are more likely to miss workdays and more likely to leave their job. These employees have some of their performance-related workplace needs met but have many needs unmet.

#### *Actively Disengaged (Score of 2 or below)*

These employees are physically present but psychologically absent. They are unhappy with their work situation and insist on sharing that unhappiness with their colleagues. These employees have most of their performance-related workplace needs unmet.

## Employee Engagement Survey

**THIS SURVEY IS TOTALLY CONFIDENTIAL**

Code :.....

Number of months at NMCP .....

Post prior to NMCP :.....

<p><i>Instructions</i></p> <p><i>Please complete this survey by selecting one response for each statement that communicates how much you disagree or agree with the statement. Please respond honestly thinking about how you feel today about each item.</i></p> <p style="text-align: center;"><b>Choose only <u>one</u> response for each question</b></p>						
		<i>1. Strongly Disagree</i>	<i>2. Disagree</i>	<i>3. Neutral</i>	<i>4. Agree</i>	<i>5. Strongly Agree</i>
1.	I believe that the work I do is important.	1	2	3	4	5
2.	I know what is expected of me at work.	1	2	3	4	5
3.	I feel respected at work.	1	2	3	4	5
4.	I have the materials I need to do my job right.	1	2	3	4	5
5.	My supervisor or someone at work cares about me as a person.	1	2	3	4	5
6.	When I face problems at work, I am able to solve them with the help of others.	1	2	3	4	5
7.	I have a close friend at work with whom I can share my ideas or problems.	1	2	3	4	5
8.	At work my opinions seem to count.	1	2	3	4	5
9.	My supervisor or someone at work gives me feedback on my work.	1	2	3	4	5
10.	I have enough opportunities at my job to grow and develop.	1	2	3	4	5
11.	There is someone at work that encourages my development.	1	2	3	4	5
12.	In the last 7 days I have received recognition or praise for doing good work.	1	2	3	4	5

<p><i>Instructions</i></p> <p><i>Please complete this survey by selecting one response for each statement that communicates how much you disagree or agree with the statement. Please respond honestly thinking about how you feel today about each item.</i></p> <p style="text-align: center;"><b>Choose only <u>one</u> response for each question</b></p>						
		<i>1. Strongly Disagree</i>	<i>2. Disagree</i>	<i>3. Neutral</i>	<i>4. Agree</i>	<i>5. Strongly Agree</i>
13.	I believe that I am evaluated based on the quality of my work.	1	2	3	4	5
14.	My colleagues openly listen to my ideas and opinions	1	2	3	4	5
15.	I can make meaningful decision about how I do my job.	1	2	3	4	5
16.	I am proud to work at this organization.	1	2	3	4	5

#### ADDITIONAL OPEN QUESTIONS

- A1 How long do you envision remaining at NMCP?
- Currently looking for work because I am unhappy here
  - Not very long – maybe 6 months
  - 6 months to 1 year
  - I have no plans to leave because I am happy here
- A2 What would you say to the leadership team and NMCP if you could?
- A3 What do you think the greatest challenge for NMCP is to achieve its objectives?

## Tool 10: Internal Communication Survey

**Introduction:** This survey is confidential and is recommended to be administered in a group environment, such as a staff meeting, to ensure confidentiality. Its purpose is to assess relational communication, interviewing the staff of all NMCP services about their modes of communication and their relations with colleagues from other departments. The survey tool has been adapted to the context of countries' NMCPs. All items are measured on a scale of 1 to 5, with 1 being "Never" and 5 being "Always" or "Constantly." Each question has a matrix that is used to determine the scores between departments. In addition to a matrix for each component, an overall matrix determines the average scores of seven main themes, as follows: (i) precision/clarity of the communication; (ii) frequency of communication; (iii) problem-solving; (iv) shared goals; (v) knowledge-sharing; (vi) mutual respect; and (vii) timely (useful) communication). All matrix tables should be formatted using a heat map to highlight the strengths of the communication/relationship between the two departments and those still needing to be improved. See the example in Figure 1.

Figure 1: Inter-departmental communication and relationship survey results heat map

	Coordination relationnelle : Echelle comprise entre 1 et 5								
	Coordination	Administration Gestion	IEC/CCC	Laboratoire	Lutte Antivectorielle	Prise en charge	Gestion des Approvisionnements et des Stocks	Suivi-Evaluation	Surveillance Epidemiologique
Coordination	3,9	2,8	3,9	3,9	3,6	4,6	4,6	4,6	3,8
Administration-Gestion	3,6	3,9	1,8	1,7	1,9	2,0	1,9	2,0	2,0
IEC/CCC	3,0	3,0	2,4	3,1	3,1	3,1	3,1	3,1	3,1
Laboratoire	3,2	2,6	2,7	3,8	2,7	3,0	2,3	3,0	2,6
Lutte Antivectorielle	2,9	3,0	2,9	2,7	3,5	2,5	2,5	2,5	2,6
Prise en charge	3,1	3,0	2,9	2,4	2,6	4,5	2,7	3,1	2,6
Gestion des Approvisionnements et des Stocks	2,1	2,0	1,7	2,3	1,6	2,3	3,4	1,7	1,6
Suivi-Evaluation	2,6	2,5	2,5	2,7	2,3	3,0	2,6	4,0	2,4
Surveillance Epidemiologique	2,9	2,9	2,9	2,9	3,2	3,1	2,4	3,3	4,4

Regarding the open-ended question on suggestions to improve information exchange, responses should be coded into five categories: Answers related to (i) governance; (ii) capacity building issues; (iii) communication; (iv) relationship problems; and (v) answers that cannot be classified in any category. NMCP staff members who received this form should respond to the survey in a confidential and anonymous manner during the introductory meeting presenting the objectives, tools, and methodology. Qualitative responses should also be archived for further discussion with the NMCP.

### Instructions to participants:

This survey has ten questions and it measures seven dimensions in relation/communication to its conception in terms of information management. It takes approximately 10 minutes to complete the form. Please note your responses are anonymous and there are no negative or positive, or right or wrong answers. Please provide your honest opinion based on your experiences.

## SURVEY TOOL

**Please take the following observations into account:** It is an anonymous questionnaire; you just have to mark the section to which you belong. Please read each question carefully and answer spontaneously and sincerely. Each question requires an answer, in each area participating in the process (10 areas). There is no positive or negative answer, we want to know your opinion on the process.

### 1. Section

Section/unit	Please answer the section you belong to
Coordination (Coordinator and Deputy Coordinator)	
Finance and Administration section	
IEC/CCC section	
Section Laboratory	
Vector control section	
Case PEC and chemo prophylaxis section	
Purchasing and Stock Management (PSM) section	
Monitoring and evaluation section	
Surveillance and epidemiology section	
Training and research and development section	

### 2. How often do you communicate with these sections / units for data transmission, analysis and processing of information?

Unit/section	Never	Rarely	Occasionally	Often	Constantly
Coordination (Coordinator and Deputy Coordinator)					
Finance and Administration section					
IEC/CCC section					
Section Laboratory					
Vector control section					
Case PEC and chemo prophylaxis section					
Purchasing and Stock Management (PSM) section					
Monitoring and evaluation section					
Surveillance and epidemiology section					
Training and research and development section					

### 3. Do people in this section/unit communicate with you precisely (in clear) for data transmission, analysis, and information processing?

Unit/section	Never	Rarely	Occasionally	Often	Constantly
Coordination (Coordinator and Deputy Coordinator)					
Finance and Administration section					
IEC/CCC section					
Section Laboratory					
Vector control section					
Case PEC and chemo prophylaxis section					
Purchasing and Stock Management (PSM) section					
Monitoring and evaluation section					
Surveillance and epidemiology section					
Training and research and development section					

**4. When problems arise in the data transmission, analysis and information processing process, are these sections working with you to resolve the problem?**

Unit/section	Never	Rarely	Occasionally	Often	Constantly
Coordination (Coordinator and Deputy Coordinator)					
Finance and Administration section					
IEC/CCC section					
Section Laboratory					
Vector control section					
Case PEC and chemo prophylaxis section					
Purchasing and Stock Management (PSM) section					
Monitoring and evaluation section					
Surveillance and epidemiology section					
Training and research and development section					

**5. Do you know the work that the following sections do?**

Unit/section	Never	Rarely	Occasionally	Often	Constantly
Coordination (Coordinator and Deputy Coordinator)					
Finance and Administration section					
IEC/CCC section					
Section Laboratory					
Vector control section					
Case PEC and chemo prophylaxis section					
Purchasing and Stock Management (PSM) section					
Monitoring and evaluation section					
Surveillance and epidemiology section					
Training and research and development section					

**6. Do the people in these sections respect what you do in your work?**

Unit/section	Never	Rarely	Occasionally	Often	Constantly
Coordination (Coordinator and Deputy Coordinator)					
Finance and Administration section					
IEC/CCC section					
Section Laboratory					
Vector control section					
Case PEC and chemo prophylaxis section					
Purchasing and Stock Management (PSM) section					
Monitoring and evaluation section					
Surveillance and epidemiology section					
Training and research and development section					



**7. Do the people concerned by these sections share their objectives for the development of the data transmission, analysis, and information processing process?**

Unit/section	Never	Rarely	Occasionally	Often	Constantly
Coordination (Coordinator and Deputy Coordinator)					
Finance and Administration section					
IEC/CCC section					
Section Laboratory					
Vector control section					
Case PEC and chemo prophylaxis section					
Purchasing and Stock Management (PSM) section					
Monitoring and evaluation section					
Surveillance and epidemiology section					
Training and research and development section					

**8. Indicate, on a scale of 1 to 5 (the lowest score being 1 and 5 the highest), how much information you receive from the following sections for the information management process?**

Unit/section	1	2	3	4	5
Coordination (Coordinator and Deputy Coordinator)					
Finance and Administration section					
IEC/CCC section					
Section Laboratory					
Vector control section					
Case PEC and chemo prophylaxis section					
Purchasing and Stock Management (PSM) section					
Monitoring and evaluation section					
Surveillance and epidemiology section					
Training and research and development section					

**9. What are your observations with the intention of improving the information management process (data transmission, analysis and processing of information for strategic decision-making by interested parties)?**

## Tool 11: Illustrative Preliminary Findings and Workshop Action Planning Tool

### Section 1. Organizational Framework

Highlights	Improvement Areas	Recommendations	Improvement Solutions	Owner	Priority	Technical support?	Sources of Financing	Maturity		
								Short 2019-2020	Medium 2021-2022	Long 2022-2023
					Low					
					Medium					
					High					
<b>Mission and vision</b>										
Existence of a clearly defined mission and vision in the NSP aligned with the government's overall vision, to make "Chad an economically strong country where there is no risk of dying from malaria."	Mission and vision are not clearly known by half of those interviewed.	Clearly explain the vision and mission of the NMCP to the entire staff by improving visibility (display) and information sharing.	<ul style="list-style-type: none"> <li>Organize training for key NMCP staff in LMG (Leadership - Management - Governance).</li> <li>Develop a code of good conduct (document that aligns the actions and behavior of staff with legal requirements, defining the vision and common values).</li> </ul>	NMCP		TFP	State/TFP	X		
	The vision stated in the NSP 2019-2030 is not aligned to the 2016-2030 Global Malaria Eradication Strategy.	Define a vision of the NMCP aligned with the global vision of malaria eradication 2016-2030.	Define a vision of the NMCP aligned with the global vision of malaria eradication 2016-2030.	NMCP		TFP	State/TFP	X		

	The vision and mission stated in the NSP are not displayed in the offices or in a visible location.	Make visible the vision and mission of the NMCP.	<ul style="list-style-type: none"> <li>• Print the vision in large print on a support and display it in the halls and various offices of the NMCP.</li> <li>• Post the mission and vision in the offices and the lobby.</li> <li>• Place a totem of the Mission/Vision in front of the NMCP.</li> <li>• Fund the communication and visibility activities of the NMCP.</li> </ul>	NMCP	X	TFP	State/TFP	X		
<b>STRUCTURE</b>										
<b>Daily management</b>										
Existence of a decree creating, organizing and operating the program 1250/CAB/MIN/SP/008/1998 dated 07/22/1998. Existence of a regulation in force from the Ministry of Public Health.	Lack of statute/internal regulations and code of good conduct of the NMCP, aligned with the code of the public service and of the MOH.	Develop internal status/regulations and code of conduct documents specific to the NMCP.	Develop the following relating to the public service and MOPH code: <ul style="list-style-type: none"> <li>1. <u>Code of good conduct</u>: document that aligns the actions and behavior of staff with the legal requirements and defines a vision and common values.</li> <li>2. <u>Statutes and By-Laws</u> defining the structure of the organization and conferring certain specified rights, powers, privileges or functions.</li> </ul>	NMCP		GD/HRD/MOPH	State/TFP	X		
<b>Organizational chart</b>										
Existence of organization chart including job descriptions.	The 2016 NMCP organization chart is not up to date.	Update the organization chart according to the new organization.	<ul style="list-style-type: none"> <li>• Propose the org chart to leadership for approval and validation.</li> <li>• Update the decree establishing the NMCP's organization and operations.</li> </ul>	NMCP/HRD/MOPH			State/TFP	X		
	Lack of an organization chart at the provincial (regional) and departmental levels.	Establish an organization chart at the provincial and departmental level.	<ul style="list-style-type: none"> <li>• Establish an organization chart at the provincial and departmental level defining the roles and responsibilities of the malaria focal points.</li> <li>• Include the R&amp;R of the malaria focal points in the decree creating and operating the NMCP.</li> </ul>	MOPH/GD/DRG						

	The current organization is not appropriate to carry out its mission, the NMCP does not have all the staff and the departments/sub-departments necessary to carry out its mission.	Allocate/recruit the necessary human resources (refer to the report, Structure and organization chart section).	<ul style="list-style-type: none"> <li>• Advocate with the Human Resources Department/ MOPH to assign staff corresponding to the job profiles in the new organization chart (refer to the report, Structure and organization chart section).</li> <li>• Advocate with the TFP to recruit contractors for the positions not filled by the State.</li> </ul>	HRD/ MOPH		GD and HRD		X		
<b>Policies and Procedures (P&amp;P)</b>										
Existence of P&Ps guiding the implementation of malaria control interventions updated in 2018: national policy and guidelines on case management, preventive care, supervision, training, response plan and response to malaria epidemics, as well as vector control.	<ul style="list-style-type: none"> <li>• Lack of internal procedures for the day-to-day and human resources management of the NMCP: internal regulations, code of conduct.</li> <li>• Absence of a monitoring and evaluation manual.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop internal procedures for day-to-day and human resources management.</li> <li>• Develop a M&amp;E manual in relation to the 2019-2023 Monitoring and Evaluation Plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop internal regulations procedures, and a code of conduct aligned with the public service and MOPH code.</li> <li>• Organize a M&amp;E manual development workshop in connection with the 2019-2023 Monitoring and Evaluation Plan.</li> </ul>	NMCP/ M&E			State/TFP		X	
Existence of Standard Operating Procedures (SOPs) for procurement and supply management - 2018.	<ul style="list-style-type: none"> <li>• Manual of SOPs unsuitable for the NMCP's pharmaceutical management.</li> <li>• Lack of training for NMCP staff on the manual of pharmaceutical management standard operating procedures.</li> <li>• Lack of dissemination of the Standard Operating Procedures (SOPs) for procurement and supply management.</li> </ul>	<ul style="list-style-type: none"> <li>• Adapt and disseminate the standard operating procedures (SOPs) for procurement and supply management.</li> <li>• Build staff capacity in the use of Procurement and Supply Management SOPs.</li> </ul>	<ul style="list-style-type: none"> <li>• Organize a workshop to revise the NMCP manual of pharmaceutical management standard operating procedures.</li> <li>• Organize a training session on the use of the NMCP manual of pharmaceutical management standard operating procedures at all levels of the health pyramid.</li> </ul>	NMCP			State/TFP	X		

	Lack of compliance with the application of the partners' procurement procedures by the NMCP.	Build the capacity of administrative and financial staff to apply and comply with partners' procedures for procurement.	Organize capacity building sessions for administrative and financial staff to apply and comply with procedures for procurement based on the partners.	NMCP			State/TFP		X	
<u>Existence of standards and guidelines documents</u> on case management, preventive care, supervision, training, the response to malaria epidemics and on operational vector control.	Insufficient dissemination of guidance documents on case management, preventive care, supervision, training, and response to malaria epidemics, as well as vector control at the operational level.	Improve the dissemination and availability of documents for malaria control standards and directives at the operational level.	Make available malaria control standards and guidelines documents at the operational level during supervision missions and other events (meetings, workshops, etc.).	NMCP				X		
<b>Leadership</b>										
<ul style="list-style-type: none"> <li>• Dynamic and available NMCP coordination.</li> <li>• Openness of the coordination for change.</li> </ul>	Insufficient coordination of the partners to efficiently control malaria.	Strengthen the leadership of the program to establish effective coordination of the fight against malaria.	<p>Put in place a formal dialogue framework at all levels.</p> <p>Organize regular and periodic meetings with all stakeholders.</p>	NMCP		GD		X		
	Low productivity from weekly coordination meetings and department heads which does not allow evaluation of the program's performance.	Improve the productivity of weekly meetings through better monitoring of the performance of interventions.	Develop and monitor the consolidated action plan for all partner activities and the NMCP performance framework at the decentralized level.	NMCP		TFP		X		
Engagement at the highest state level in the fight against malaria, adherence to the resolutions and global initiatives to fight against malaria, free access to antimalarial products, Alma Prize awarded to the Head of State in 2014.	No monthly meetings with the entire NMCP team.	Formalize and schedule monthly meetings bringing together the entire NMCP team.	Formalize and schedule monthly meetings bringing together the entire NMCP team.	NMCP				X		

<b>Coordination/collaboration with partners</b>										
Existence of collaboration with several international and local technical and financial partners.	Insufficient communication and coordination of activities carried out by partners involved in the fight against malaria.	Improve coordination of malaria control activities with technical and financial partners.	<ul style="list-style-type: none"> <li>Put in place a coordination and dialogue framework for all partners.</li> <li>Hold semi-annual meetings to review malaria control projects.</li> <li>Develop an integrated and consolidated action plan for all interventions and all partners.</li> </ul>	NMCP		GD/ MOPH		X		
Existence of NMCP coordination meeting for activities related to SMC (Seasonal Malaria Chemoprevention).	Insufficient communication and coordination with some partners when it comes to activities carried out in certain health districts.	Improve communication with partners involved in the fight against malaria.	<ul style="list-style-type: none"> <li>Establish a formal coordination and dialogue framework.</li> <li>Hold regular and periodic meetings, consolidated work plan, joint planning of activities, etc.</li> <li>Strengthen the use of social networks to communicate in real time on the activities and implementation of the NMCP.</li> </ul>	NMCP		GD/ PMU		X		
	<ul style="list-style-type: none"> <li>Lack of formal meetings between the malaria TWGs and technical and financial partners (prevention technical group, patient care, etc.).</li> <li>Lack of Malaria Control National Committee meetings.</li> </ul>	Formalize thematic meetings of the NMCP with the technical partners (prevention, patient care technical working group, etc.).	<ul style="list-style-type: none"> <li>Finalize/update the decrees establishing technical groups.</li> <li>Hold quarterly technical group meetings.</li> <li>Hold quarterly/bi-annual meetings of the Malaria Control National Committee.</li> </ul>	NMCP				X		
<b>Visibility: Communication</b>										
Use media, social networks to communicate on activities: Facebook page; "Chad NMCP", Website: <a href="http://www.pnlp.td/">http://www.pnlp.td/</a> consulted by the public, as well as with administrative and governmental authorities.	Lack of communication and coordination of activities with certain partners in some health districts.	Increase NMCP visibility by communicating the achievements and their impact on malaria indicators in real time to partners, especially the Provincial Health Delegations (PHD) and health districts.	Revitalize and or create newsletters, websites, libraries, exchange platforms and use social networks (Instagram, Skype, WhatsApp).	NMCP			State/TFP	X		

Delegation of tasks									
	Insufficient monitoring of the delegation of tasks sometimes resulting in delays in carrying out certain activities.	Improve monitoring of tasks delegation.	Regularly follow up on the delegation of tasks through regular feedback and smooth communication in real time.	NMCP Coordination				X	
Staff participation in decision-making									
	Insufficient participation in decision-making. Sharing of opinion and information, freedom of expression, lack of consultation with the entire staff.	Improve participation in decision-making.	Organize and hold monthly meetings with the NMCP team to promote information sharing, freedom of expression, opinion sharing, consultation.	NMCP Coordination				X	
	Low involvement of other ministries in the fight against malaria although they are involved during certain activities (LLIN campaign as well as through the committee to fight epidemics).	Strengthen the involvement of other ministries in the fight against malaria:	Accelerate the process of <i>creating the Malaria Control National Committee and the coordinated technical advisory committees</i> by the NMCP through the signing of the ministerial order.	NMCP		GD		X	
<ul style="list-style-type: none"> <li>The NMCP is backed by a supporting body: GF Project Management Unit (PMU) and the NAC</li> <li>Existence of a monthly coordination meeting between the NMCP; PALAT and the PMU.</li> </ul>	Lack of collaboration framework between the PMU and the NMCP. Irregular monthly coordination meetings between the NMCP; PALAT and the PMU.	Establish a collaboration framework between the PMU and the NMCP including the meeting schedule and the collaboration procedures.	<ul style="list-style-type: none"> <li>Establish a framework for collaboration between the PMU and the NMCP.</li> <li>Schedule regular coordination meetings between the NMCP, MCSP and the PMU.</li> </ul>	NMCP/PMU		GD/PMU		X	
Regional Communication - Decentralization									
Existence of monthly governor-led health meetings (at the provincial level).	Insufficient communication between the NMCP and the decentralized level.	Communicate the achievements of the NMCP in real time and their impact on malaria indicators.	Use real-time communication, in particular with the PHDs and health districts: newsletters, website, library, exchange platform and social	NMCP	X		State/TFP	X	

			networks (Facebook, Instagram, Skype, WhatsApp).								
--	--	--	--	--	--	--	--	--	--	--	--



Section 2. Organizational Systems

Highlights	Improvement Areas	Recommendations	Improvement Solutions	Owner	Priority	Technical support?	Sources of Financing	Maturity		
					Low			Medium	High	Short 2019-2020
<b>Planning and Problem-Solving</b>										
<ul style="list-style-type: none"> <li>• Development of the NSP 2019-2023 in a participatory and inclusive manner.</li> <li>• Existence of an Annual Action Plan (AAP).</li> <li>• Existence of a GF Annual Action Plan.</li> <li>• Existence of State Annual Action Plan.</li> <li>• Evaluation of activities implementation (PUDR, rate of performance of activities).</li> <li>• Existence of a NMCP dashboard for programmatic</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of a consolidated operational action plan presenting holistically the activities of all partners, and the NMCP.</li> <li>• Lack of a NMCP dashboard for monitoring activities performance.</li> <li>• Absence of a problem-solving plan (for managing bottlenecks).</li> <li>• Lack of a data analysis process for problem-solving and decision-making at central and partner level.</li> </ul>	<p>Improve monthly, quarterly, semiannual and annual monitoring mechanism of program performance.</p>	<ul style="list-style-type: none"> <li>• Develop an operational integrated action plan presenting in a holistic and comprehensive way the annual budget and activities by category and by partner.</li> <li>• Develop a problem-solving plan (management of the bottlenecks).</li> <li>• Develop a dashboard for monitoring the performance of NMCP interventions.</li> <li>• Develop a problem-solving plan.</li> <li>• Organize and hold monthly team meetings on a regular and systematic basis.</li> </ul>	NMCP		TFP	State/TFP	X		

monitoring of activities. (Excel file)	<ul style="list-style-type: none"> <li>Lack of monthly, quarterly, semiannual and annual monitoring mechanism of program performance.</li> </ul>										
Existence of normative documents, policies, diagnostic and treatment guidelines, on service delivery sites.	<ul style="list-style-type: none"> <li>Lack of availability of national guidelines and other technical documents on service delivery sites (operational level).</li> <li>Compliance with national guidelines on antimalarial treatment</li> </ul>	<ul style="list-style-type: none"> <li>Disseminate the national malaria control guideline documents on service delivery sites.</li> <li>Strengthen formative supervision of healthcare providers at all levels.</li> </ul>	<ul style="list-style-type: none"> <li>Disseminate the national malaria control guideline documents to service delivery sites during formative supervisions.</li> <li>Organize formative supervision of healthcare providers at all levels.</li> </ul>	NMCP		TFP	State/TFP	X			
Existence of tools for inventory management, consultation records and tools for collecting and transmitting MMR and MAR data.	<ul style="list-style-type: none"> <li>Stock shortage of consultation records and tools for collecting and transmitting data.</li> <li>Shortcoming in the complete recording of patient data in source registers.</li> </ul>	<ul style="list-style-type: none"> <li>Make available consultation records and tools for collecting and transmitting data.</li> <li>Strengthen formative supervisions (M&amp;E).</li> </ul>		MOH NMCP		TFP	State/TFP	X			
	Absence or very poor conservation of archives at the central level.	Improve data archiving.	<ul style="list-style-type: none"> <li>Recruitment/assignment of an archivist and creation of physical and electronic archives.</li> </ul>	NMCP		GD/ HRD	State/TFP				
	Low data usage capabilities for decision making at the operational level.	Strengthen data usage capabilities for decision making at the operational level through the provision of the DHIS2.	<ul style="list-style-type: none"> <li>Organize capacity building sessions to use data for decision-making at the operational level.</li> </ul>	MOPH			State/TFP				
<b>Supervision of activities</b>											
<ul style="list-style-type: none"> <li>Existence of activity reports, integrated supervision tools (which have just been validated) at the</li> </ul>	Lack of dissemination of the new monitoring tools.	Disseminate monitoring tools.	<ul style="list-style-type: none"> <li>Make monitoring tools available and train the providers in charge of supervision in their use.</li> </ul>	NMCP/			State/TFP	X			

intermediate and peripheral levels. • Existence of guides and monitoring tools at all levels of the NMCP • Integrated formative supervision at the decentralized level.										
Existence of monitoring and supervision of interventions by the NMCP and partners at the decentralized level:	Insufficient formative supervision by the provincial delegation.	Strengthen formative supervision by the provincial delegation.	<ul style="list-style-type: none"> <li>Identify critical areas.</li> <li>Organize formative supervisions of providers from Provincial Delegations.</li> </ul>	NMCP		State/TFP		X		
	Poor accountability of Health Districts when it comes to malaria interventions.	Improve the accountability framework for health districts when it comes to malaria interventions.	<ul style="list-style-type: none"> <li>Identify critical areas through supervision visits, close monitoring of disaggregated performance frameworks by health districts.</li> <li>Train/retrain DMOs, Delegates, focal points on formative supervision.</li> <li>Implement a monitoring mechanism.</li> </ul>	NMCP		TFP	State/TFP	X	X	X
	Lack of uniformity with the interventions implemented by the different partners at the level of those zones having the same levels of transmission.	Strengthen the dialogue framework.	Organize regular meetings of partners involved in the fight against malaria.			TFP	State/TFP	X	X	X
<b>Monitoring and evaluation/oversight</b>										
Existence of collaboration with IESS, which makes it possible to monitor the evolution of malaria cases on a weekly basis.	Irregular participation of the NMCP at IESS meetings.	Increase participation of the NMCP in IESS meetings.	Regular and systematic participation of the NMCP at IESS meetings.	NMCP				X	X	X
Existence of a monitoring and evaluation plan.	Absence of staff for data management within the NMCP (Data Manager).	Strengthen the staff of the monitoring and evaluation department.	Recruit/assign a Data Manager within the NMCP.	NMCP		MOH/HRD	State/TFP	X		

Schedule quarterly and semi-annual data validation meetings.	Insufficient data quality.	Strengthen the NHIS.	Deploy DHIS2.	MOH/ NHIS				X	X	X
	Insufficient hardware at the peripheral level for data management.	Enhance NMCP's computer equipment (computer, server, router, hard drive).	Provide/obtain IT equipment for the NMCP.	NMCP		TFP	State/TFP			
	Insufficient monthly, quarterly and half-yearly monitoring mechanism for NMCP interventions.	Improve the monthly, quarterly and semi-annual monitoring mechanism.	Hold periodic and regular meetings and develop a consolidated annual work plan for all NMCP interventions.	NMCP						
<b>Administration and finance</b>										
Existence of several financial technical partners.	Low resource mobilization to cover the NSP: 59.6% funding gap of the 2014-2018 NSP.	Advocate for the mobilization of additional financial resources to cover all areas of the 2019-2023 NSP.	<ul style="list-style-type: none"> <li>Strengthen advocacy capacities for the mobilization of financial resources.</li> <li>Advocate for the allocation of resources to cover all the areas of the 2019-2023 NSP.</li> </ul>	NMCP		GD		X		
Regular completion of annual external audits.	Insufficient internal control and internal audit.	Strengthen the control and internal audit of the NMCP.	Periodically organize control missions and internal audit of the NMCP.	NMCP		GD	State/TFP	X	X	X
	Insufficient human resources for administrative and financial management.	Strengthen the staff of the financial department.	Recruit an internal auditor/controller, a financial expert, a procurement specialist.	MOPH/ NMCP		GD/ HRD	State/TFP	X		
<b>Supply chain/purchasing management</b>										
Existence of a PSM department and a PSM Manager.	Insufficient staffing within the PSM department (see HR section).	Strengthen the workforce of the PSM department.	Recruit or assign a Logistician/Data Manager.	MOPH/ NMCP				X		
Existence of a quality assurance plan.	Poor quality consumption data (discrepancy between consumption and quantities required). Anti-malaria inputs out of stock (LLINs, drugs and other consumables).	Improve the quality of consumption data.	Conduct evaluations and periodic monitoring (logistics data quality audit, EUV survey, ABC survey) of the supply chain.	NMCP		TFP	State/TFP	X	X	X

<ul style="list-style-type: none"> <li>• Scheduling of a monthly inventory reconciliation meeting, quarterly feedback workshop.</li> <li>• Existence of a drug supply meeting.</li> </ul>	<p>Shortcoming of the coordination and monitoring framework dedicated to the supply chain.</p>	<p>Improve coordination and monitoring of the supply chain through the development and regular monitoring of a common annual supply plan for all partners.</p>		<p>MOH/ NMCP</p>					<p>X</p>	
	<ul style="list-style-type: none"> <li>• Lack of planning and coordinated monitoring of supply chain inputs (lack of quantity control for inputs provided by partners and quantities available in the field from the NMCP).</li> <li>• Lack of a common annual supply plan for all partners.</li> </ul>	<p>Improve the coordination of the malaria control supply chain inputs (lack of control of the quantities of inputs provided by partners and quantities available on the field from the NMCP).</p>	<p>Develop and follow a common annual procurement plan for all partners involved in the fight against malaria in Chad.</p>	<p>NMCP</p>		<p>TFP</p>	<p>State/TFP</p>	<p>X</p>	<p>X</p>	<p>X</p>

Section 3. Human Resources of the Organization

Highlights	Improvement Areas	Recommendations	Improvement Solutions	Owner	Priority	Technical support?	Sources of Financing	Maturity		
					Low			Medium	High	Short 2019-2020
<b>Recruitment, staffing, and retention</b>										
<ul style="list-style-type: none"> <li>80% of civil servants assigned by the State.</li> <li>Takes into account the NMCP coordinator’s opinion during MOPH/HRD assignment proposals (since 2017).</li> <li>State contractors (3/46) according to specific needs.</li> <li>Global Fund contractors (4/46) specifically hired according to their skills and qualifications.</li> <li>Contractors for the partners (2/46)</li> </ul>	Insufficient staff in certain departments.	Strengthen the staff of the NMCP:	<u>Recruit/assign:</u> <ul style="list-style-type: none"> <li>1 logistician and 1 internal auditor, both attached to the coordination of the NMCP.</li> <li>One procurement specialist; one finance expert, one archivist.</li> <li>1 Entomologist.</li> <li>1 Data Manager (Biostatistician or Statistician Engineer).</li> <li>1 computer scientist (network and maintenance, web development and updating of the NMCP website, electronic archiving, etc.), recruit/assign 1 archivist.</li> <li>Recruit/assign the required staff in communication and partnership.</li> </ul>	NMCP		GD/HRD	State/TFP	X	X	

<b>Retention</b>										
	Low staff retention rate: (63%) of the staff wants to leave the NMCP.	Develop and put in place a policy of staff emulation and incentive.	Put in place a staff emulation and motivation policy (bonus based on the performance on the GF).	NMCP		GF/ TFP	TFP	X	X	
<b>Roles and responsibilities</b>										
Existence of job descriptions described in the NMCP org chart for the coordinator, assistant coordinator, department and sub-department heads.	<ul style="list-style-type: none"> <li>Lack of knowledge of the tasks contained in job descriptions.</li> <li>Roles and responsibilities are not clearly defined.</li> </ul>	Improve the understanding of the tasks described in the job descriptions as the roles and responsibilities of each of the NMCP agents.	<ul style="list-style-type: none"> <li>Define in a clear and precise way the R&amp;R (roles and responsibilities) of each NMCP agent using an R&amp;R definition matrix.</li> <li>Update job descriptions relative to the new organization chart.</li> <li>Periodically organize individual meetings and staff coaching to explain the job descriptions and the roles and responsibilities of each of the NMCP agents.</li> </ul>	NMCP		GD/ HRD	TFP/State	X	X	
<b>Fair evaluation, reward, and consequence</b>										
	Absence of an incentive mechanism linked to performance.	Develop an incentive procedure linked to performance.	Develop a performance framework tied to the job description or the PTA.	NMCP		TFP	GD/ HRD	X	X	
Congratulations and recognition of some successful districts in 2016 (congratulations certificate).	Absence of a staff incentive process at the central level (NMCP): individual incentives and congratulations during meetings from the DC and/or the hierarchy for	Create and organize opportunities and a framework to congratulate and encourage staff.	<ul style="list-style-type: none"> <li>Encourage/motivate staff using prizes, positive articles or feedback, or recognition on social networks like Facebook.</li> <li>Create a staff motivation framework based on performance.</li> </ul>	NMCP		TFP	State/TFP	X		

	each staff member who has taken positive action.		<ul style="list-style-type: none"> <li>Organize team building activities with the NMCP association at the end of the year (retreats, etc.).</li> </ul>							
	Absence of an annual staff evaluation mechanism.	Develop an annual staff evaluation mechanism.	Develop an annual staff evaluation mechanism.	HRD/MOPH		GD	State/TFP		X	
<b>Feedback and capacity building</b>										
	Build the capacity of existing staff.	Strengthen the capacities of the staff in specific areas as needed:	<ul style="list-style-type: none"> <li>Build staff capacity in advocacy/resource mobilization, leadership-management and governance, program/project management, malariology, oversight, monitoring and evaluation, PSM, operational research methodology, financial management, entomology, microscopy certification.</li> <li>Strengthen the decentralized teams at the regional level in terms of quantity and quality in order to better monitor the operational implementation of interventions.</li> <li>Train/retrain staff on patient care, epidemiological monitoring and vector resistance to insecticides.</li> </ul>	NMCP		TFP	State/TFP	X	X	X
Existence of a capacity building plan for MOPH/MCSP.	Absence of an integrated NMCP capacity building plan.	Develop an integrated staff capacity building plan.	Develop an integrated NMCP staff capacity building plan.	NMCP		TFP	State/TFP	X		



## Section 4. Organizational Culture

Highlights	Improvement Areas	Recommendations	Improvement Solutions	Owner	Priority	Technical support?	Sources of Financing	Maturity		
					Low Medium High			Short 2019-2020	Medium 2021-2022	Long 2022-2023
<b>Internal communication and transparency</b>										
<ul style="list-style-type: none"> <li>• Transparent communication style of the NMCP for half of the people interviewed (people do not hesitate to communicate honestly with supervisors and peers about the challenges, questions, feedback).</li> <li>• Existence of weekly management and department head meetings where staff discuss the activities.</li> <li>• The NMCP staff may approach department heads, colleagues, peers of department head,</li> </ul>	<ul style="list-style-type: none"> <li>• Internal communication is reserved for certain staff members.</li> <li>• Absence of monthly meetings with the entire staff.</li> <li>• Shortcoming when it comes to listening, getting feedback and the opinion of the staff.</li> </ul>	Improve internal communication of staff members	<ul style="list-style-type: none"> <li>• Organize monthly meetings with the entire staff.</li> <li>• Organize regular meetings between department heads and the staff.</li> <li>• Organize working sessions around RDTs and other activity reports.</li> <li>• Go over the missions during team meetings.</li> <li>• Take into account the opinions of the staff through active listening of everyone.</li> </ul>	NMCP and coordination		TFP	State	X	X	X

line management, or technical advisors for answers when confronted with questions or problems.										
<b>Teamwork</b>										
	The work environment at the NMCP is occasionally team oriented for certain activities (LLIN campaigns in 2017, JMLP in 2018, scientific conferences in April 2019).	Strengthen teamwork.	<ul style="list-style-type: none"> <li>• Hold monthly and periodic meetings with the entire staff.</li> <li>• Organize working sessions around RDTs and other activity reports.</li> <li>• Go over the missions during team meetings.</li> <li>• Organize team building activities (retreats, outings, meals, etc.).</li> <li>• Organize leadership, management, and governance training for key personnel.</li> </ul>	NMCP		TFP	State/TFP	X	X	X
<b>Physical working environment</b>										
Considerable effort has been made to improve working conditions in terms of infrastructure (new premises).	Shortage of computers and office equipment, Internet connections and transportation.	Improve working conditions with IT and office equipment, laboratory.	Equip the NMCP with Internet connections, transportation (motorbike and vehicles for field missions), hygiene products in the facilities.	NMCP		TFP	State/TFP	X		
<b>Motivational factors</b>										
<ul style="list-style-type: none"> <li>• Some employees believe in their work and their organization.</li> <li>• Relationships between colleagues and managers (supervisors) are partly positive.</li> </ul>	<ul style="list-style-type: none"> <li>• Discouragement of part of the staff.</li> <li>• No opportunity for employees to receive recognition for their positive achievements.</li> </ul>	Creating a framework to encourage, recognize the positive achievements of NMCP staff.	<ul style="list-style-type: none"> <li>• Identify/nominate agents for honorary distinctions based on performance evaluation.</li> <li>• Establish a framework for awarding honors, prizes, articles, public praise.</li> </ul>	NMCP		TFP	State/TFP	X		

**Staff engagement**

	<ul style="list-style-type: none"> <li>• The NMCP staff is not engaged: The average score for general engagement is 3.77/5. Pessimistic in 40% (4/10) of cases, optimistic in 20% (2/10) of cases, do not talk about it in 20% (2/10) of cases, and without opinion in 20% (2/10) of cases.</li> <li>• At the individual level, 11/30 people are engaged because they have a score between 4 and 5 versus 16/30 people not engaged (score between 3 and 4) and 3/30 strongly disengaged (score between 1 and 3).</li> </ul>	<p>Improve the level of staff engagement:</p>	<ul style="list-style-type: none"> <li>• Put in place a staff emulation, motivation, and retention policy (performance bonuses), incentive, articles, etc.</li> <li>• Carry out cohesion and team building activities (retreats, outings, meals, sports and team activities, etc.).</li> <li>• Organize staff training in leadership, management, and governance.</li> </ul>	<p>NMCP</p>		<p>TFP</p>	<p>State/TFP</p>	<p>X</p>		
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## Tool 12: Illustrative Capacity Building Plan

### Sustainable Change Strategy and Milestones

The OD model used for this assessment highlighted the *transformational* elements – **organizational framework** and **culture** – to initiate and influence the process of change, while improving the *transactional* elements – the **system and human resources** – to implement and sustain change. It is the interworking of these four areas that determines how well an organization is positioned to lead for change and achieve the desired impact. The five recommended steps reflect this change process and define a strategy for sustainable change. Under each step, milestones are suggested to guide the NMCP through the OD process. Milestones are assigned: A *priority* level (high, medium or low), a *schedule* to start and finish the activity, (short: 6 to 12 months; average: 1 to 2 years; long: 2 to 5 years), a *party responsible for leading the improvement activity*, an opportunity to identify whether an assistance external to the NMCP is required, the possible *funding source* and the *expected result*.

#### Step 1: Prepare for change

Evaluating readiness for change and preparing for the change process are two steps that will improve the chances of success. In carrying out this assessment, it is clear that all stakeholders, from the NMCP leaders to staff members, and from the partners to the MOPH, agree that the NMCP needs to implement both a structural and a systemic change to its human resources to achieve its objectives of moving towards malaria eradication. It is also clear that these parties are in full agreement on how the organization should change and that the NMCP is keen to embrace this change. The NMCP has demonstrated a high level of cooperation and commitment in this **assessment** process and has taken the initiative to make recommendations. Organizational change is difficult for any organization, change will occur when coordination further strengthens leadership, internal communication and teamwork. However, this is difficult and time consuming, and the NMCP should engage external experts in the area of organizational change and development for advice and support. Other key elements of successful change include the involvement of the coordination and staff in the development, communication and implementation of the road map. For this reason, we recommend creating a working group and developing a clear communication plan for change management, which identifies specific objectives, defines who will be involved and provides a timeline for achievements that can be communicated to the organization. This sends a clear signal that leadership is engaged in real change.

STEP 1: Prepare for change						
Priority	Schedule	Responsible party	Improvement activity	Support required	Sources of financing	Expected result
High	Short	NMCP leadership, department heads, HRH2030 STA	<p><b>Create an Organizational Development Working Group (ODWG) to organize and oversee the implementation of the change process.</b></p> <p><b>The working group</b> should include the members of the coordination team, the department heads, the HRH2030 technical advisers and the MOPH. The ODWG will be maintained for one calendar year, but members may change</p>	<p><b>Partner Assistance:</b> Identify external assistance with <i>organizational change management expertise</i> to manage the ODWG. This position is recommended as part of the structural reorganization, step 3.</p>	To be determined	<p><b>Outcome:</b> The ODWG is engaged in overseeing the change process</p>

## STEP 1: Prepare for change

Priority	Schedule	Responsible party	Improvement activity	Support required	Sources of financing	Expected result
			depending on the technical skills required. The role of this ODWG is to <i>steer</i> the <i>change</i> within the NMCP and to engage the MOPH and its partners throughout the process.			
High	Short	Organizational Development Working Group (ODWG)	<b>Develop a change management plan</b> that explains the objectives and timeline for organizational change and includes regular updates for the organization, the partners and the MOPH.	<b>Partner Assistance:</b> Organizational Change Management (OCM) Expertise	To be determined	<b>Outcome:</b> Change management plan with detailed schedule for implementation.
High	Short	NMCP ODWG	<b>Develop a communication plan for the change management plan</b> Develop an external communication and collaboration strategy to improve relationships with partners. Define a process that includes sharing and reviewing meeting notes, financial reports, and other progress reports. Present this plan at the partners coordination meeting	<b>Partner Assistance:</b>	To be determined	<b>Outcome:</b> Communication plan for the change management plan Available

## Step 2: Launch the change with rules of engagement

The NMCP does not have a vision aligned with the global vision of malaria eradication, as well as a mission aligned with the global eradication strategy that unifies the organization and drives it toward its objectives. In addition, the **assessment** team recommends that the NMCP also defines stated values and rules of engagement, which describe how it wishes to behave internally and externally as described in a code of conduct and internal statutes and regulations. Also, there is no incentive and reward framework, nor a mechanism for evaluating staff performance.

The staff engagement and internal communication survey confirmed that the staff is generally pessimistic and not committed to achieving its mission and vision. Many of the feelings expressed throughout the **assessment** revealed a mixed internal communication, sometimes transparent for some and sometimes reserved for other staff with a need for transparency and open communication. In addition, the need to strengthen team spirit, engagement, motivation and incentive of the staff, improvement of working conditions; performance evaluation were also expressed.

By defining a new vision for the NMCP that is aligned with the global vision of eradication, by setting common values and rules of engagement, by improving internal communication and team building, by establishing the way they expect to be motivated as individuals and as an organization to achieve their best performance, they can then initiate change in the *organizational culture*.

### STEP 2: Values and rules of engagement

Priority	Schedule	Responsible party	Improvement activity	Support required	Sources of financing	Expected result
High	Short	ODWG	<p><b>Redefining the vision of the NMCP in relation to the global vision of malaria eradication 2016-2030</b></p> <p>Develop a specific NMCP mission, to be reviewed and discussed with department heads and the entire staff.</p> <p>Describe how each department head, including employees, plans to contribute to the achievement of the organization's primary objective as described in the global vision. The process should include all employees from the various departments/units of the NMCP.</p>	<p><b>Partner Assistance:</b> Organizational Change Management Expertise</p>	To be determined	Alignment of the NMCP vision with the global vision of malaria eradication

			Engage as a department to fulfill the vision/mission of the NMCP.  <b>Make visible the vision and mission of the NMCP</b>			Visibility of the vision and mission of the NMCP to everyone
High	Short	ODWG	<b>Develop value statements and engagement principles</b> describing how employees, including managers, want to be treated and how they will behave within the organization. Examples could be: “Treat all employees with the same respect” and “Commit to a transparent communication”. The process should include all NMCP employees.  Commit as an organization to fulfill the vision/mission of the NMCP and to adhere to new engagement value and principle declarations.	Partner assistance: Organizational Change Management Expertise	To be determined	Dedication to the engagement values and principles within the organization, in support of the vision and mission of the NMCP. Display/communicate the statements visibly
What level of priority is this?		ODWG	<b>Motivation factor/Working environment</b>  Develop an incentive procedure linked to performance in the internal regulation or in the code of conduct in relation to the objectives, the job description, the annual work plan, etc.). Improve the material working conditions (computer equipment, office automation provision).	<b>Partner Assistance:</b> Organizational Change Management Expertise  <b>MOPH engagement</b>	To be determined  To be determined	The incentive procedure linked to performance is clearly defined for each individual  Provision of the NMCP in adequate equipment

### Step 3: Alignment of objectives and clarification of roles and responsibilities

Aligning objectives and clarifying roles and responsibilities is perhaps the most important step in this process. The alignment should answer the question “How does this department/unit/individual contribute to the objectives of this organization?” Specific roles and responsibilities should be defined for each level based on these contributions. Job descriptions, whether formal (through the MOPH) or informal (developed for the NMCP auspices), are based on these roles and responsibilities. The interviews revealed a lack of definition of the roles and responsibilities for each department/unit/individual and a lack of knowledge of the tasks contained in the job descriptions.

STEP 3: Alignment of the objectives - Roles and responsibilities						
Priority	Schedule	Responsible party	Improvement activity	Support required	Sources of financing	Expected result
High	Medium	ODWG with MOPH partners	<p><b>Develop specific Roles and Responsibilities (R&amp;R) for each department, unit*.</b> Each department/unit should be able to answer the question: “How does this department/unit contribute to the specific objectives of the NMCP?” These R&amp;Rs are not the generic descriptions that are part of the current “normative” documents (job descriptions), but specific and dynamic.</p> <p><b>Develop Roles and Responsibilities (R&amp;R) specific to each individual:</b> Each individual/agent should be able to answer the question: “Who is responsible of these tasks/activities, who decides, who validates the results or makes decisions in case of trouble, who has the expertise in the areas, who must be informed? Etc.)</p> <p>R&amp;Rs should include the HRH2030 Technical Advisors, Regional Technical Advisers, Malaria Focal Points in the regions and districts.</p> <p><b>Improve the knowledge of the tasks contained in job descriptions:</b> Organize annual staff induction sessions for a better understanding of</p>	<p><b>Partner Assistance:</b> <i>Expertise in human resources management</i></p> <p>Responsible to provide technical assistance in the medium term in the performance management of human resources.</p>	To be determined	A matrix describing the roles and responsibilities of the staff is available



STEP 3: Alignment of the objectives - Roles and responsibilities						
Priority	Schedule	Responsible party	Improvement activity	Support required	Sources of financing	Expected result
			<p>the roles of responsibility and tasks to be performed on the basis of job descriptions.</p> <p>Organize periodic evaluations based on job descriptions.</p>			
High	Medium	ODWG with MOPH partners	<p><b>Clarification of roles and responsibilities (R&amp;R).</b></p> <p>Each role and responsibility must be clearly defined and linked to the objectives and indicators set out in the NSP.</p> <p><b>Executive team.</b></p> <p>Develop R&amp;Rs for each individual, which correspond to the role of the department defined above.</p> <p>Focus on management responsibilities and communication.</p> <p><b>Management Team.</b></p> <p>Develop R&amp;Rs for each individual, which correspond to the role of the department/unit defined above</p> <p>Focus on <i>strategic thinking including its use for decision making, capacity building and reorganizing departments.</i></p> <p><b>Individuals:</b></p> <p><i>Develop R&amp;Rs for each position corresponding to the objectives and R&amp;Rs of the units/departments. Focus on program</i></p>	<p><b>Partner Assistance:</b></p> <p>expertise in human resources management and human resources performance management</p>	To be determined	Clear roles and responsibilities for each individual within the organization

STEP 3: Alignment of the objectives - Roles and responsibilities						
Priority	Schedule	Responsible party	Improvement activity	Support required	Sources of financing	Expected result
			<p><i>management, communication and team collaboration.</i></p> <p><b>Finalize the R&amp;Rs:</b> Human resources meet managers and individuals to refine them and accept them. Develop strategies for refresher training, accommodate individuals who do not meet the requirements. <i>Special attention on secretariat, M&amp;E, communication, administration and finance, procurement and supply management, prevention</i></p>			



## Step 4: Organizational and Structural Change

The organizational chart of the NMCP is not up to date, the NMCP has undergone structural changes that have not been reflected in the actual organization chart. In addition, the current organization is not appropriate, as the NMCP does not have all the staff and departments needed to carry out its vision and mission towards malaria eradication in relation to the vision and the global eradication strategy 2016-2030. The assessment team suggests the following changes: (1) Strengthening leadership to enable the coordination to fulfill its role effectively; (2) Creating/reorganizing certain departments/units related to the strategic directions and/or performance while taking into account the financial implications; (3) Recruiting or assigning of staff to certain key positions that can help improve internal and external functions; (4) Capacity building of existing staff to fill vacancy needs; (5) Redeploying internally to fill position gaps; and (6) Delegating responsibilities and increasing teamwork in all departments.

STEP 4: Organizational and structural change						
Priority	Schedule	Responsible party	Improvement activity	Support required	Sources of financing	Expected result
High	Medium to long	ODWG with MOPH and partners	<p><b>Reorganize the current NMCP structure</b> to meet the needs of the organization's mission and vision. <b><i>An organization chart is proposed in Chapter VI.</i></b></p> <p>Specific recommendations include:</p> <p>Add an Interim Human Resources/Organizational Development Advisor (1 to 2 years), he/she reports to the Coordinator, his/her role is to manage the ODWG, implement the recommended changes and coordinate with key stakeholders.</p> <p>Build the capacity of existing staff to fill vacancies</p> <p>Identify within the departments of the NMCP, the appropriate staff that can be <i>redeployed internally</i> to meet the needs to fill positions.</p> <p>Send a request to the MOPH to cover the unmet staff needs following the recruitments (permanent contract, fixed-term contract or</p>	<p><b>Partner Assistance:</b></p> <p>Organizational Change Management Expertise</p>	<p>To be determined</p> <p>To be determined</p>	<p><b>Reorganization of the NMCP structure</b></p>

## STEP 4: Organizational and structural change

Priority	Schedule	Responsible party	Improvement activity	Support required	Sources of financing	Expected result
			<p>consultancy) and the internal redeployment of the staff.</p> <p><b>Create/reorganize certain departments:</b></p> <p>Redefine the NMCP organization chart with the support of the GD to take into account all the departments and units adapted to achieve eradication.</p> <p>Establish a new NMCP organization adequate to carry out its mission:</p> <p>Reorganization of certain departments/sub-departments based on the strategic orientations (prevention, patient care, communication, research, oversight, M&amp;E, etc.) and/or performance, taking into account the financial implications and the recruitment for the following positions described as follows:</p> <p>Create a logistics department attached to the coordination</p> <p>Create an internal auditor position attached to the NMCP coordination</p> <p>Reorganize the Administration and Finance department: reorganize into 3 sub-departments:</p> <ol style="list-style-type: none"> <li>1) Finance and Accounting sub-department,</li> <li>2) Administration sub-department</li> <li>3) Contracting and Archiving sub-department;</li> </ol>			<p>Updated organization chart</p> <p>Capacity of existing staff strengthened</p> <p>The appropriate staff that can be redeployed internally to meet the needs to fill positions has been identified and redeployed.</p> <p>A request has been sent to the MOPH to cover the unmet staff needs following the recruitments (permanent contract, fixed-term contract or consultancy) and the internal redeployment of the staff.</p>

## STEP 4: Organizational and structural change

Priority	Schedule	Responsible party	Improvement activity	Support required	Sources of financing	Expected result
			<p>Reorganize the Care department: reorganize into 4 sub-departments:</p> <ol style="list-style-type: none"> <li>1) Clinical care sub-department</li> <li>2) Laboratory sub-department</li> <li>3) Community Level Intervention sub-department</li> <li>4) Training sub-department</li> </ol> <p>Create a Prevention department with 3 sub-departments:</p> <ol style="list-style-type: none"> <li>1) Vector Control sub-department (Entomology-IRS);</li> <li>2) Seasonal chemo-prophylaxis sub-department</li> <li>3) Pregnancy and Malaria sub-department (IPT - Intermittent Preventive Treatment);</li> </ol> <p>Reorganize the Monitoring/Evaluation department:</p> <p>and rename it “Control - Monitoring &amp; Evaluation and Operational Research” department: organized into 5 sub-departments:</p> <ol style="list-style-type: none"> <li>1) Planning sub-department</li> <li>2) Monitoring and Evaluation sub-department</li> <li>3) Operational Research sub-department;</li> <li>4) Epidemiological Monitoring sub-department</li> </ol>			

## STEP 4: Organizational and structural change

Priority	Schedule	Responsible party	Improvement activity	Support required	Sources of financing	Expected result
			<p>5) Epidemics Response sub-department</p> <p>Reorganize the IEC-SBCC department:</p> <p>Rename the IEC-SBCC department to Communication and Partnership, broken-down into two sub-departments:</p> <p>Communication sub-department and Partnership-Advocacy, Resource Mobilization sub-department;</p> <p>Reorganize the Drug Supply and Supply Management division: Strengthen the section with staff, organize into 2 sub-departments:</p> <p>1) Quantification and monitoring of malaria control inputs sub-department with central purchasing and the PSP</p> <p>2) Malaria control inputs management sub-department.</p> <p>Recruit/assign:</p> <p>1 logistician and 1 internal auditor, both attached to the coordination of the NMCP</p> <p>one Procurement Specialist; one Finance Expert, one Archivist</p> <p>1 entomologist</p> <p>1 Biostatistician Engineer or Statistician, 1 Computer Scientist (network and maintenance, animation development and update of the</p>			

## STEP 4: Organizational and structural change

Priority	Schedule	Responsible party	Improvement activity	Support required	Sources of financing	Expected result
			<p>NMCP website, electronic archiving, etc.), Recruit/Assign 1 Archivist,</p> <p>Recruit/assign the required staff in communication and partnership</p> <p>Fill vacancies in the organization chart according to the profile selected</p> <p>Request external national or international expertise</p>			
High	Short	NMCP MOPH	<p><b>Rules of engagement of the MOPH with the NMCP</b></p> <p>Advocate with the HRD/ MOPH to take into account the expectations and needs of the NMCP in terms of staffing.</p>	<p><b>MOPH Support:</b> GD/HRD</p>	non applicable	Agreement with the Ministry of Health to fill positions according to the clear needs of the NMCP



## Step 5: Improvement of management and central systems

This final step defines a process that will begin to address managerial and staffing shortcomings in terms of culture and performance by improving management and central systems. By developing policies and procedures that reflect the new organizational structure and reinforce defined roles and responsibilities.

With this last step, organizational change now shifts from “transformational” to “transactional” elements and we can expect improvement in the functional areas of the organization. The evaluation team made specific recommendations for the changes listed below. However, the NMCP may also identify specific changes in the list of solutions identified in the reflection workshop (Chapter VII), building on the organizational change process that has been put in place. At this point, the OD working group should include subject matter experts in each area targeted for improvement, recruited from within the NMCP or identified elsewhere. Assistance from partners and the Ministry of Health in this ongoing phase is essential.

### STEP 5: Improving management and central systems

Priority	Schedule	Responsible party	Improvement activity	Support required	Sources of financing	Expected result
High	Short	ODWG	<p><b>Improving day-to-day management of the activities</b>  <b>Develop a matrix for all internal meetings at all levels</b></p> <p>The matrix includes the objective, the frequency, the participants, the person in charge of the meeting (responsible for taking notes and distribute them, sending invitations, and facilitating the meeting). This responsibility should be transferred to the participants but supervised by the Management Consultant (and the Assistant Coordinator). Meetings should focus on the NSP activities, monitoring its achievements, indicators and, in particular obstacles and solutions to address them. Other types of meetings to be planned are those with all stakeholders, key program players (MOPH, NMCP, regions, districts, partners and civil society). Formalize and hold <i>monthly meetings bringing together the entire NMCP team</i>            Formalize and hold <i>formal technical meetings</i> of the NMCP with the technical partners (prevention, patient care technical working group, etc.)</p>	Engagement of NMCP managers and staff  STA HRH2030	Non applicable	<p>Protocol to improve management, communication and teamwork.</p> <p>Increased engagement of the staff to work toward common goals.</p> <p>Quality improvement and assurance through consistent and coherent opportunities for dialogue and problem solving.</p>

## STEP 5: Improving management and central systems

Priority	Schedule	Responsible party	Improvement activity	Support required	Sources of financing	Expected result
Average	Medium to long	ODWG NMCP	<b>Policies and Procedures:</b> Review and discuss existing policies and procedures. Identify systems without procedures such as an internal staff incentive policy, etc. Train all staff and managers on new policies and procedures including those of partners.	Engagement of NMCP managers and staff	To be determined	Management by policy and procedure. Greater staff efficiency and productivity. Increased engagement from the staff on how to do their work.
High	Medium	Partners MOPH NMCP	<b>Develop internal day-to-day management and human resources procedures:</b> Create program-specific documents to improve day-to-day management and staff management by instilling common vision and values Code of Conduct document that aligns the actions and behavior of the staff with the legal requirements Statutes and By-Laws defining the structure of the organization and conferring certain specified rights, powers, privileges or functions.	Engagement of NMCP managers and staff	To be determined	Internal procedures available for day-to-day and human resources management  Improvement of the daily management of human resources
High	Medium	Partners MOPH NMCP	Strengthen the capacities of the providers in charge of supervisions at the decentralized level through formative supervision and training in the use of new monitoring tools.	MOPH/NMCP	To be determined	Increase in the formative supervision capacity of the NMCP
High	Medium	Partners MOPH NMCP	Disseminate monitoring tools and provide training in their use for providers who are in charge of supervision. Strengthen the consultation framework through the regular convening of partners meetings.	MOPH	To be determined	Monitoring tools are available at service delivery sites and training in their use is performed by service providers.
High	Medium	Partners MOPH NMCP	<b>Monitoring and Evaluation Systems</b> Improve the monthly, quarterly and semi-annual monitoring mechanism through the scheduling of periodic and regular meetings, and the development of a consolidated annual work plan of all NMCP interventions.	Engagement of NMCP managers and staff	To be determined	Monthly, quarterly, and semi-annual monitoring mechanism is available through the scheduling of periodic and regular meetings and the development of a consolidated annual work plan
Average	Medium to long	ODWG NMCP	Communicate the achievements of the NMCP and their impact on malaria indicators through: Newsletters, website, library, exchange platform and social networks (Facebook, Instagram, Skype, WhatsApp) in real time between the NMCP and partners especially the Provincial Health Delegations (PHDs) and Health Districts and other partners.	Engagement of NMCP managers and staff	To be determined	Improved communication and visibility of the NMCP

## STEP 5: Improving management and central systems

Priority	Schedule	Responsible party	Improvement activity	Support required	Sources of financing	Expected result
High	Medium	NMCP MOPH Partner	<p><b>Supervision of field activities</b> <b>Improve supervision of field activities</b></p> <p>Improve coaching during formative supervision</p> <p>Train/retrain the players in the use of management and data collection tools, in the application of some malaria control guidelines.</p> <p>Strengthen the visits with the NMCP teams to monitor compliance with the guidelines and the resolution of problems with the players on the ground.</p> <p>Strengthen funding from allocated funds for formative supervision activities.</p> <p>Improve communication on budget orientations for the use of funds at peripheral level (PHD, DD) supervision by the central level.</p> <p>Strengthen training supervision teams by NMCP trained instructors at different levels of supervision.</p>	Engagement of NMCP managers and staff	To be determined	<p>Clear supervision guidelines for all personnel traveling to the field.</p> <p>Tools and supervisory models to be used by each level.</p> <p>Increase the formative supervision capacity of the NMCP.</p> <p>Regular supervision reports will be shared with partners and used to provide feedback on current performance and efficiency.</p>
High	Short	Partners MOPH Local and regional trainers	<p><b>Improve the skills of managers and staff</b></p> <p>Develop a capacity building plan through an ongoing in-service training program for managers and staff on current management techniques and methods through a continuing training program for staff: advocacy/resource mobilization; leadership, management, and governance; program/project management; malariology; oversight, monitoring, and evaluation; PSM; operational research methodology; financial management; entomology; and microscopy certification. This training can be subcontracted to a local or regional institution specialized in that content/field.</p> <p>Update the database for tracking trained providers (who were trained, how were they trained, when can they receive new training and in which area of expertise)</p>	Human resources and training capabilities to identify gaps and design targeted training plans	To be determined	<p>Better capacity for all managers and staff.</p> <p>Higher skill levels among the staff in areas currently identified as weak.</p> <p>Better performance and increased engagement of the staff.</p>

## STEP 5: Improving management and central systems

Priority	Schedule	Responsible party	Improvement activity	Support required	Sources of financing	Expected result
Average	Medium	Partners MOPH NMCP	<p><b>Supply Chain/Purchasing</b> Improve the quality of logistics data and reporting of malaria cases</p> <p>Train/retrain Health Center players on how to correctly fill out the primary data collection tools</p> <p>Organize formative supervision at the health center level on how to correctly fill out the primary tools.</p>	OD expertise	To be determined	Improved quality of logistical data and notification of malaria cases
Average	Medium	Partners MOPH NMCP	<p><b>Financial systems</b> <b>Increase the financial resources of the NMCP</b> Mobilize endogenous financial resources Advocate with the State to increase its financial participation Seek and capitalize on other sources and exogenous financial opportunities</p> <p><b>Put in place internal control and internal audit to improve the management of the NMCP</b> Train existing staff Improve transparency in the management and use of state funds. Train staff on procedures and mechanisms for the use of state funds</p>	Financial Expertise	To be determined	<p>Good financial coverage of the NSP</p> <p>More coherent and transparent financial system</p>