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ASSESSMENT | NOVEMBER 15, 2019

Assessment of the Organizational Capacity of the National Malaria Control Program in Côte d'Ivoire (NMCP)

U.S. President's Malaria Initiative

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Acronyms/abbreviations

AAP	Annual Action Plan
CCM	Country Coordination Mechanism
CD	Coordinating Director
CM	Case Management
DCT	Decentralized Territorial Communities
DD	Departmental Director
DDPHH	Departmental Directorate of Public Health and Hygiene
DDR	deputy regional directors
DGS	*Direction Générale de Santé* (General Directorate of Health)
DHMT	District Health Management Team
DR	*Directeurs Regionaux* (Regional Directors)
EPI	Expanded Program on Immunization
FP	Focal Point
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GF UCP	Program Coordination Unit (of the Global Fund)
GOCI	Government of Côte d'Ivoire
GSA	*Groupe Scientifique d'Appui* (Scientific Advisory Council)
HDD	Health Departmental Director
HRH2030	Human resources for Health in 2030
IDE	State Registered Nurse
IRS	Indoor Residual Spraying (IRS)
LLIN	Long-lasting, Insecticide-Treated Mosquito Nets
M&E	Monitoring and Evaluation
MSHP	*Ministère de la Santé Publique et de l'Hygiène Publique* (Ministry of Health and Public Hygiene)
NCDQS	National Commission for Drug Quantification and Supply
NFM	New Funding Model
NGO	Non-Governmental Organization
NHDP	National Health Development Plan
NMCP	National Malaria Control Program in Côte d'Ivoire
NPSP	*Nouvelle Pharmacie de Santé Publique* (Central Medical Store)
NSP	National Malaria Strategic Plan
OAP	Operational Actoin Plan
OD	Organizational development
PHF	Primary Health Facilities
PMI	U.S. President's Malaria Initiative
PNDAP	*Programme National de Développement de l'activité Pharmaceutique* (National Pharmaceutical Agency)
PR	Principal Recipient of the Global Fund
RBM	RBM (Roll Back Malaria) Partnership to End Malaria
RDHPH	Regional Directorate for Health and Public Hygiene
RDT	Rapid Diagnostic Test
RFP	Regional Focal Point
RHD	Regional Health Director
R&R	Roles and Responsibilities
RTA	Regional Technical Advisor
SIGL	Integrated Health Product Logistics Management System of Côte d'Ivoire
SNIS	*Système national d'information sanitaire* (National Health Information System)
TB	Tuberculosis
TFP	Technical and Financial Partners
ToR	Terms of reference
TWG	Technical Working Group
UHC	Urban Health Centre
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

Executive Summary

The purpose of this evaluation was to assess the organizational capacity of Côte d'Ivoire's National Malaria Control Program (NMCP) to fulfil its management role and coordinate the implementation and monitoring of its National Strategic Plan (NSP) to achieve the expected results as stated in the 2016-2020 NSP for malaria control. The action plan and recommendations developed will provide the NMCP with a roadmap to improve its organizational mandate and strengthen the implementation, monitoring, and coordination of malaria control strategies in accordance with the NSP.

The assessment team used the organizational development (OD) model defined by Burke and Lewin (W Burke, G Lewin, 1992) to evaluate the NMCP. This theory of change model, defined in four quadrants, focuses on the human element of organizational development derived in part from McKinsey's 7S framework on the transformative elements of an organization, such as mission and vision, and leadership and material elements, such as structure, management practices, and systems. Quadrant 1 defines the organizational framework; quadrant 2, the system; quadrant 3, the human resources; and quadrant 4, the culture. The first and fourth quadrants represent transformational elements that can catalyze or influence change within an organization, while the second and third quadrants are the transactional elements necessary to implement and sustain change.

Using the same OD model used by CBM in Niger, adapted to the context of Côte d'Ivoire, the assessment team conducted a rapid organizational assessment of the NMCP, consisting of a mixed approach that included reviewing key documentation; conducting semi-structured interviews with key informants; conducting a survey on staff engagement with the NMCP; and holding an organizational reflection workshop with the Director-Coordinator and Deputy Director-Coordinator of the NMCP, NMCP department heads, the Scientific Support Group (GSA), representatives of the regional and departmental levels, and the PMI/ USAID team.

Preliminary results of the semi-structured interviews with the NMCP, the Ministry of Health and Public Hygiene (MSHP), and partners, as well as the engagement survey, were shared with members of the NMCP management and leadership team and health region and health district representatives from the MSHP during a two-day workshop; the action plan for the workshop was developed and adapted according to the four quadrants of the OD model. The assessment team facilitated group sessions over the two days to discuss the assessment results and identify possible solutions.

The results of the NMCP assessment strongly suggest an alignment of vision and mission, reorganization of services, capacity building of existing staff, and continuous improvement of systems and processes to improve malaria control outcomes. An action plan for sustainable organizational change has been developed, which includes a five-step strategy. It is accompanied by a series of recommendations on key steps to advance the organizational development of the NMCP at each stage.

The assessment team also proposed changes to the NMCP organization chart based on identified staffing and service needs.

By building the capacity of existing human resources, reorganizing services, strengthening the financial and accounting management system, and improving the use of data for decision-making, the NMCP can make significant progress towards achieving its objectives. Stakeholders believe that through the NMCP's leadership and dynamic determination, as well as its employees' willingness and desire to do a good job, the NMCP can overcome organizational obstacles and play its role as a leader in malaria control in Côte d'Ivoire and a guide to its partners.

I. NMCP Context

In Côte d'Ivoire, malaria is the leading cause of morbidity, accounting for 43% of consultations in the country's health facilities, an incidence rate of 155 per 1,000 in the general population and 292 per 1,000 among children under 5 years of age (RASS 2015). Children under 5 years of age and pregnant women are the most vulnerable populations. Decree 371/MSHP/CAB of 4 October 2007 sets out the organization and functioning of the NMCP. The General Directorate of Health (DGS) coordinates programmatic activities, including those of the NMCP. The 2007 decree amending decree n° 170 MSHP/CAB of 21 June 2007, on the organization and functioning of the NMCP, states that the NMCP is headed by a Director Coordinator assisted by a Deputy Director Coordinator. They are assisted by six (6) Research Managers who are responsible for the following services: Case Management Services; Communication and Partnership Services; Prevention Services; Epidemiology, Monitoring and Assessment Services; Research Services; and Administrative and Financial Services. The NMCP is also assisted by an expert group constituted as a *Groupe Scientifique d'Appui* (GSA) and a steering committee whose mission is to support the implementation of malaria control activities.

The NMCP Coordination Directorate works closely with regions and health districts to implement malaria control activities at the operational level. NMCP officers have been seconded and appointed regional technical advisers for decentralization for close monitoring of activities. In its mission, the NMCP Coordination Directorate is responsible for proposing and adopting policy and guideline documents, monitoring the implementation of directives, planning and monitoring the implementation of annual action plans, mobilizing resources, leading the coordination framework for interventions and periodically reporting to the DGS on the progress of the implementation of the program. (Source NSP 2016-2020, p. 18)

The NMCP is not an implementing body. The role of the NMCP is to:

- Define national antimalarial policy;
- Develop appropriate strategic and operational plans;
- Develop a partnership for financial and social mobilization for malaria control;
- Organize the fight, coordinate activities, monitor and evaluate the plans implemented;
- Conduct, in collaboration with research institutes and selected technical partners, operational research in the field of malaria control.

The implementation of antimalarial strategies is the responsibility of the districts, as part of an integrated package of preventive and curative health services. These strategies include curative treatment of malaria, vector control, and prevention of malaria in pregnant women. To ensure that the policies and strategies defined by the NMCP are implemented in the field, the NMCP has regional malaria technical advisors, under the supervision of the Regional Director of Health and Public Hygiene (RDHPH). Regional technical advisors work closely with regional malaria focal points and district malaria focal points who are supervised by the District Health Management Teams (DHMTs). Each regional technical advisor and focal point is integrated into their respective management teams. The NMCP creation order does not define the actual roles and responsibilities related to malaria for these two positions. As a government entity, the NMCP receives funds from the Ministry of Finance, although most of its funds for activities come from external partners. The NMCP is supported by several multilateral and bilateral donors/partners, including the Global Fund TO Fight AIDS, Tuberculosis and Malaria (GFATM), the U.S. President's Malaria Initiative (PMI), UNICEF, and the World Health Organization (WHO), among others. Partners provide support through various mechanisms, including technical assistance for malaria control coordination and implementation, development of normative documents (such as the NSP), funding of activities in annual work plans, support for implementation of activities at the district level, and secondment or integration of technical staff. NGOs also play an important role in helping districts implement malaria control strategies in the community. Over the past decade, GFATM has become the main development partner in malaria control. In Côte d'Ivoire, the position of Principal Recipient (PR) of the Global Fund for the public component is currently held

by the NMCP for the NFM Malaria 2018-2020 grant. The NMCP has assumed this role as a public PR since Côte d'Ivoire obtained the Round 6 Malaria grant in 2006. In 2017, PMI—having chosen Côte d'Ivoire as a new beneficiary country—became another important NMCP partner. The Global Fund, PMI, UNICEF, and WHO are working with the NMCP to strengthen its institutional and managerial capacity to fulfill its role in achieving key malaria control objectives in Côte d'Ivoire.

II. Assessment Goals and Objectives

The purpose of this assessment was to assess the organizational capacity of the NMCP to fulfill its management role and coordinate the implementation and monitoring of its NSP to achieve the expected results as outlined in the 2016-2020 NSP for malaria control.

The objectives were carried out through an operational action plan to: (a) identify gaps and clear priorities for improvement; (b) establish concrete actions and interventions that can help the NMCP to address its institutional weaknesses and capitalize on its strengths. The action plan and resulting recommendations will provide the NMCP with a roadmap to improve its mandate to coordinate malaria strategies at the national level. The specific areas of assessment indicated in the terms of reference (ToR) include:

1. NMCP organizational dynamics, including strategic thinking and teamwork;
2. NMCP processes and functions, including organizational structure and staffing;
3. Operational challenges facing the NMCP in terms of achieving the NSP objectives;
4. Coordination and communication mechanisms: internal and external partners.
5. Opportunities for decentralization and promotion of bottom-up planning; responsibility of key actors to improve the supply chain.

According to the ToR, the assessment should be "rapid"—data collection should not take more than four weeks. Data collection and analysis were conducted from May 21 to June 19, 2019. The rapid assessment was supported by PMI as part of USAID's HRH2030 program. The complete ToRs can be found in Annex 5.

Reference 1. National Malaria Goals and Objectives

Goals:
Contribute to improving the health status of the general population by significantly reducing the burden of malaria by 2020.

Objectives:
1. Reduce malaria incidence by at least 40% by 2020 compared to 2015.
2. Reduce malaria mortality by at least 40% by 2020 compared to 2015.

Expected Results:
1. At least 80% of the general population sleeps under an insecticide-treated net;
2. At least 80% of children under 5 years of age sleep under an insecticide-treated net;
3. At least 80% of pregnant women sleep under an insecticide-treated net;
4. At least 80% of the population in the target areas is protected by indoor residual spraying in the last 12 months;
5. At least 80% of pregnant women have received at least three doses of intermittent preventive treatment during prenatal care;
6. At least 90% of suspected malaria cases have been subjected to parasitological testing (RDT, microscopy);
7. At least 90% of confirmed cases of simple malaria in health facilities have received proper antimalarial treatment in accordance with national guidelines;
8. At least 90% of confirmed severe malaria cases in health facilities have received proper antimalarial treatment in accordance with national guidelines;
9. At least 90% of simple malaria cases confirmed by community health workers have received proper antimalarial treatment within 24 hours in accordance with national guidelines;
10. At least 80% of the population is aware of the major signs and national malaria prevention measures;
11. At least 80% of the expected health facility reports were received at the national level (SNIS report recovery rate).

Source: *NSP (2016-2020)*

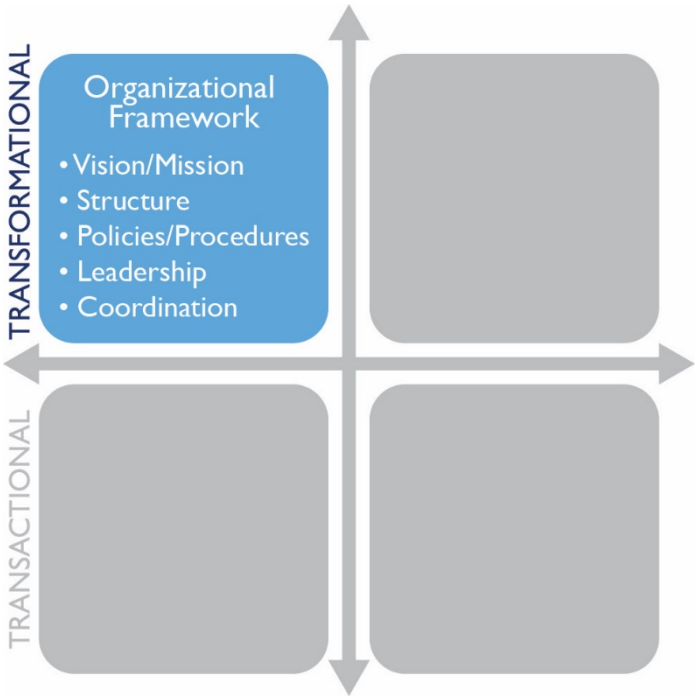
III. Assessment Method

The assessment was conducted by a team of three people based in Abidjan, including a team leader in country with expertise in public health and monitoring and assessment, and two consultants: a public health specialist with expertise in health program management and another with experience in malaria control in Côte d'Ivoire, and West and Central Africa. The assessment team drew on decades of experience in Côte d'Ivoire's public health system, with a focus on systems improvement and organizational development, to design the organizational development model and methodology for conducting the rapid assessment (see Annex 10).

IV. Observations and Conclusions

Section 1 – Organizational Framework

Figure 1: Organizational Framework



The assessment findings are presented by thematic area, as defined by the OD model. Conclusions were drawn from the semi-structured interviews and the engagement survey (developed in the culture section) with the NMCP, MSHP, and partners (see list of interviewees in Annex 7), as well as relevant points from the engagement survey.

The organizational framework (Figure 1) refers to the general organization through five (5) elements: vision and mission; structure, in terms of organizational structure and decentralization; policies and procedures; leadership; and coordination and external communication. At the end of the semi-structured interviews with the partners, the following results emerged:

(a) Vision and Mission

A vision and mission for malaria control in Côte d'Ivoire is outlined in the NSP for Malaria Control (2016-2020) (see reference 2). This vision and mission were developed by the NMCP, in a participatory manner with all stakeholders, for the National Health Development Plan (NHDP) 2016-2020. The NSP describes Côte d'Ivoire's overall objectives for malaria prevention and *control* and its vision of an "*emerging and prosperous Côte d'Ivoire without malaria.*" This vision is aligned with the vision stated in the WHO Global Technical Strategy for Malaria Control 2016-2030, *"a malaria-free world."*

The NMCP's mission is to "ensure that populations at risk of malaria have universal and equitable access to malaria control interventions."

During the interviews, the vision and mission statements were explicitly and clearly mentioned by all interviewees.

The NMCP also has its own vision: *"A prosperous Côte d'Ivoire without malaria-related deaths,"* as well as its own mission, as stated in the NMCP Code of Conduct, known to all staff interviewed. It should be noted that NMCP staff has good experience and knowledge of the NMCP and its strategic challenges in malaria control (the average staff duration is eight years within the organization with a range of 6 to 12 years).

Reference 2. NMCP Vision and Mission

Vision: The 2016-2020 Strategic Plan for Malaria Control in Côte d'Ivoire is firmly oriented towards accelerating the fight against malaria in order to contribute to the achievement of the vision of an "emerging and prosperous Côte d'Ivoire without malaria".

Mission: To achieve the sustainable development goals within the framework of its 2016-2020 strategic plan, the NMCP will work to ensure that populations at risk of malaria have universal and equitable access to malaria control interventions in accordance with the 2016-2020 National Health Development Plan and the WHO strategic framework.

***Source**: NSP, 2016- 2020*

However, the literature review revealed that the vision set out in the NSP and that set out in the NMCP Code of Conduct are not aligned. In addition, the mission of the NMCP described in the decree on the organization and functioning of the NMCP is not aligned with the global technical strategy for malaria elimination 2016-2030. Hence the need for the NMCP to align its own vision (set out in its code of conduct) with that stated in the NSP, as well as redefining its mission in line with the global strategy for malaria elimination.

(b) Structure

The NMCP has a code of conduct adopted in 2015 that aligns the actions and behavior of staff with legal requirements and a *document of statutes and internal regulations* defining the structure of the organization by conferring certain specified rights, powers, privileges or functions. In addition, staff signed a declaration of non-conflict of interest.

The 2007 decree, establishing, organizing and operating the NMCP in Côte d'Ivoire, describes organizational structures and functions, including roles and responsibilities for the various services and staffing.

The organizational chart showing the organization and functioning of the NMCP, in n° 311 MSHP October 4th, 2007, amends Order n° 70 MSHP DC /DSC, drafted in 2007 when the Order was published. Since then, the NMCP has undergone structural changes that have not been reflected in the official organizational chart. For example, the position of internal auditor at the Administrative and Financial Service level has been abolished in favor of the GF UCP (*Unité de Coordination des Projets subventionnés par le Fonds Mondial*). The organizational chart at the regional and departmental level is not up to date (does not show the existence of the Regional Technical Advisor post.)

The assessment also found that the organization of the NMCP secretariat is inadequate (professionalism of staff, premises, facilities, equipment; no switchboard unit exists).

The current organization is not appropriate. The NMCP does not have all the staff and services necessary to carry out its mission. This therefore requires the creation/reorganization of certain services/units in line with strategic orientations (prevention, management, communication, research, monitoring) and/or performance while considering the financial implications and recruitment for the following positions described as follows:

1. Build the capacity of existing staff to fill vacancy needs
2. Reorganize the secretariat: by separating the tasks of the management assistant (attached to the coordination), the secretary in charge of reception and switchboard, and the secretary in charge of mail management
3. Create a *logistics unit* attached to the Coordination Directorate comprising a logistician and a pharmaceutical logistics assistant for the NMCP logistics unit
4. Assign/recruit an internal auditor and a management controller attached to the NMCP Coordination Directorate
5. Reorganize the prevention service into a vector control unit in charge of LLINs, an entomology unit (IRS), and a chemo-prevention unit (Pregnancy and Malaria)
6. Recruit a consulting *socio-anthropologist* (due to the scarcity of this resource in the country) to support the NMCP in terms of communication and prevention services according to the needs required
7. Recruit an experienced entomologist (head of unit) and two junior entomologists for the entomology unit in the prevention department

8. Reorganize and split the case management service/PSM with the creation of two separate services, one for care and the other for supply management of drug stocks and antimalarial inputs
9. Assign/recruit for the Monitoring, Planning and Assessment service: a data manager, a biostatistician or statistician engineer, an archivist and a computer scientist (network and maintenance, development for the animation and updating of the NMCP website, electronic archiving)
10. For the drug supply management and antimalarial input supply management department, recruit two pharmacists, two pharmacy managers, and a data manager
11. Assign/recruit for the communication service - partnership and social mobilization: a communicator journalist and a sociologist
12. Assign/recruit for the administrative and financial department: an accountant and a procurement specialist.

(c) Policies and Procedures

Interviewees stated that the existing policies and procedures was a strength of the NMCP. Most of them concern organizational policies and procedures (charter, internal regulations), financial management (financial and accounting management manual), prescriptive documents (national malaria control policy, strategic malaria control plan, monitoring and assessment plan, etc.), technical documents on malaria reduction, case management, preventive care, behavior change communication and communication strategies, and vector control. All these policies and procedures support the day-to-day management and human resources of the NMCP. There is also an existing mechanism for the systemic dissemination of these prescriptive documents by the NMCP to partners and actors at the operational level (distribution after production from a mailing list communicated to the printer or at the task force meeting).

One of the strong points noted is the existence of an integrated operational action plan presenting in a holistic and comprehensive manner the annual budget and activities by heading and partner, thus ensuring better visibility.

Despite the existence of these policies and procedures documents, however, it should be noted that there is no internal procedure manual to formalize supply management by the Case Management (CM)/PSM department. In addition, the CM/PSM is to be split into two separate supply management and management services.

The assessment also noted a lack of dissemination and knowledge of the State Financial and Accounting Management Manual by the majority of NMCP staff and managers (procedures for mobilization, disbursement, expenditure, and justification of financial resources). This constitutes a risk of discontinuity in management in the event of the absence or departure of the three NMCP resource persons. Similarly, it was noted that there is no capacity building plan (training, seminar, etc.) for NMCP staff in relation to the NSP objectives.

(d) Leadership

Interviews with external stakeholders and within the NMCP unanimously acknowledged the leadership and openness of the CD.

External Advocacy

Most interviewees commented on the Coordinating Director's *success in ensuring good visibility of the NMCP* outside the organization and agreed that the NMCP has gained positive visibility within the Ministry of Health and among partners, largely due to the advocacy and negotiation capacity of the NMCP CD. This positive commitment led Government of Côte d'Ivoire to adopt a budget line to support the concept note NFM1/ FM2014-2017, as well as State financial support for a budget line for three years for the acquisition of a building to house the NMCP, as well as the mobilization of financial resources from several technical and financial partners (Global Fund, the State of Côte d'Ivoire and PMI/USAID, UNICEF, WHO). It should also be noted that the Coordinating Director is able to mobilize partners and Regional and Departmental Directors during the various NMCP activities.

When asked about some of the organizational strengths:

> *"People are generally optimistic; in 2008 nobody was in charge of the NMCP, but this has changed because of many advances in the struggle we are seeing. Indoor Residual Spraying (IRS) will be implemented in 2020 and private sector integration is progressing."*

Serve as a Model

Directors are also expected to serve as role models for the NMCP, providing organizational leadership through their example. Interviewees cited the strong leadership and commitment of the Coordinating Director to ensure the success of the NMCP.

> *"The CD is a true leader, by motivating and inspiring us daily… (if one does not pay much attention, they will not be able to distinguish who the leader is), he respects us." (Interviewee)*

Despite this strong NMCP leadership, the State *representation* of Côte d'Ivoire at the highest level (Presidency, Prime Minister, First Lady) during malaria control activities (launch of the LLIN distribution campaign, World Malaria Day) should be strengthened.

(e) Coordination

With Partners

The NMCP works with a wide range of international and local partners. A key strength acknowledged by all interviewees was the existence of a *coordination framework* involving all partners involved in the malaria control activities. Collaboration also includes counterparts at the decentralized level, through *regular and periodic coordination meetings* (quarterly meetings, biannual task force meetings bringing together all regions and partners, the annual review meeting). These meetings take place in a context of a frank dialogue, openness, and routine information from the field, according to the interviewees.

However, the assessment noted the lack of documentation formalizing the national task force meeting, as well as a lack of promptness in responding to the various requests or need for clarifications from partners. This inadequacy is reflected in a short time frame for disseminating information and inviting partners to participate in the various activities of the NMCP. In addition, the assessment found that there is no real-time exchange platform (social networks: Facebook, Instagram, Skype, WhatsApp...) between the NMCP, the partners, the deputy regional directors, (DDRs), and regional directors (DRs).

Internal Communication within the NMCP

Staff members meet with their supervisors in groups, individually, or in units once a week or as requested to review progress against planned activities, exchange information and evaluate the unit's performance. This communication strength at the individual or unit level allows staff to be guided, and to address their problems and questions to appropriate people such as HRH2030 technical advisors or the coordinating director. However, this internal communication needs to be strengthened in order to achieve the global vision of malaria elimination 2016-2030.

Supporting Bodies

The NMCP is supported by a support body through the GF UCP and the CCM; and to implement its programs through the steering committee *and the Scientific Advisory Council* (GSA).

Regional Communication-Decentralization

The interviews conducted at the regional management level visited revealed a lack of understanding of the roles and responsibilities of the Regional Technical Advisers (RTAs) in their strategic support mission to the RDHPH. To address this deficiency, the NMCP plans to organize a meeting so that the Regional and District Framework Teams can better understand and take ownership of the roles and responsibilities of the RTAs.

It was also reported that despite the existence of occasional collaboration between the NMCP and Decentralized Territorial Communities (DTC)(town halls, general councils, etc.) during certain activities (LLIN mass distribution campaigns, the inter-school project against malaria "little by little", celebration of the World Malaria Day), financial support and the contribution (material, logistical and human support) of the DTCs are not clearly defined or visible. Similarly, the visibility of the contribution of companies to malaria control activities (Corporate Social Responsibility, CSR) is insufficiently shared (study of the contribution of the private sector in the fight against malaria).

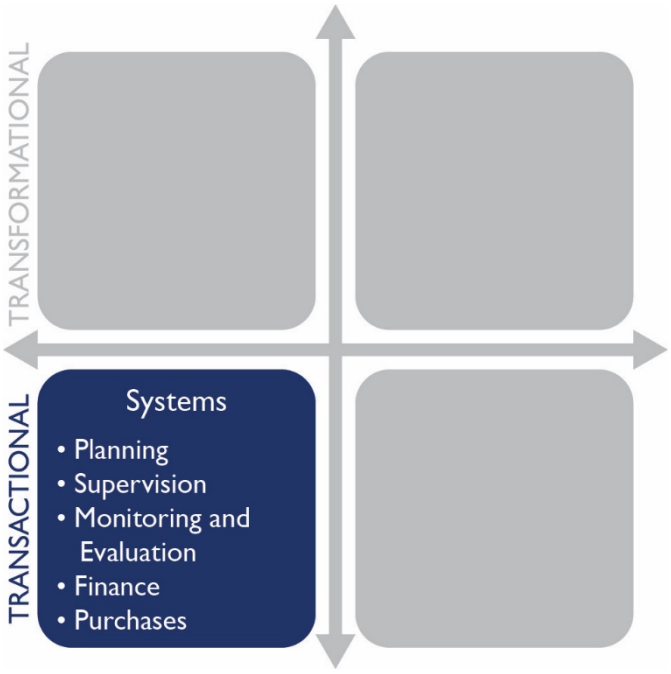
Delegation Tasks: The NMCP has designated focal points who are responsible for day-to-day management and communication with the various implementing and financial partners to facilitate coordination and implementation of activities.

Another priority will be to *strengthen multisectorality through the involvement of other ministries in the fight against malaria* (Ministry of Health and Sanitation, Infrastructure, Defense, Security, Construction, Agriculture, etc.) although multisectoral efforts already take place during certain activities (such as the mass distribution campaign with the Ministry of Defense, mosquito control with the Ministry of Sanitation, and during World Malaria Day).

The acceleration of the *national vector control committee creating process* (entomologist, epidemiologist, environmentalist, planner) coordinated by the NMCP through the signing of the ministerial order is also a major challenge for the NMCP.

Section 2 – Systems

Figure 2: Systems



The second quadrant of the OD model examines the transactional systems required to implement and support organizational change.

The many comments received throughout the assessment indicate that partners recognize many of the NMCP's strengths and achievements in terms of overall systems (planning, monitoring/evaluation, supervision, finance, procurement, inventory and supply management, etc.).

However, there are still areas for improvement in the planning cycle with the Regional Directorates of Public Health and Hygiene (RDHPH) and the Departmental Directorates of Public Health and Hygiene (DDPHH). Furthermore, the assessment identified a need to strengthen monitoring and evaluation of the staff (data manager, statistical engineer). Staff expressed the need for guidance on managing policies and procedures for the management of government grants. This guidance is part of the solutions addressing these shortcomings identified during the workshop.

(a) Planning and Problem Solving

Planning Process

As an entity of the MSHP overseen by the DGSHP (per the NSP 2016-2020 organization chart), the NMCP follows an annual planning cycle based on a top-down approach that is in place throughout the health system. The NMCP develops its operational action plan (OAP) at the beginning of the year with all external stakeholders, including RDHPHs and DDPHHs responsible for the implementation of activities at the peripheral level, after having reviewed the activities of the past year and considering the 2016-2020 NSP. This consolidated operational action plan integrates the activities of all stakeholders (GFATM, PMI/USAID, UNICEF, WHO, etc.) in a holistic and comprehensive way with the annual budget and activities by heading and partner, ensuring better visibility of activities by stakeholder, and a related dashboard available at the NMCP level. This annual planning activity involves all entities implementing regional, district and community activities, including financial and technical partners such as the Global Fund, PMI and others. Technical partners and NGOs working in specific districts also collaborate by taking responsibility for supporting decentralized activities, such as supervision, prevention activities and training for volunteers and community workers.

RDHPH and DDPHH develop their OAPs considering the key activities of the NMCP; however, the current

planning process results in a delay in the inclusion of these activities in the OAP of RDHPH and DDPHH which is done very early in the year and creates difficulties in the implementation of the activities.

Also, the early sharing of key malaria elements at the RDHPH and DDPHH and/or their participation in planning activities needs to be improved.

The 2016-2020 NSP was developed in a participatory and inclusive manner with all stakeholders, at the initiative of the NMCP, with the support of WHO, RBM, and other technical and financial partners (UNICEF, PMI/USAID, RBM) in alignment with the 2016-2020 PNDS.

> *"The NMCP has involved all stakeholders in the process of revising the former 2012-2015 NSP and developing the 2016-2020 NSP." (Interviewee)*

There is good collaboration and many existing functional meeting frameworks between the NMCP and technical and financial partners, implementing agencies, as well as RDHPH and DDPHH that result in meetings such as the Annual Review meeting, the annual OAP development meeting, the biannual Task Force meeting with all stakeholders, monthly meeting with PMI agencies, and the PMI/USAID CI mission and the quarterly meeting with the PR community component and SRs of the NFM-2018-2020 grant.

> *"We are developing our action plan with the NMCP. We hold several meetings to plan and organize activities with NMCP service managers and this is validated with the CD-NMCP." (Interviewee)*

> *"The NMCP does its Business Planning after reviewing the activities of the past year. All the key actors in the malaria control program are involved in this activity in order to develop the Malaria OAP, WHO, UNICEF, PMI; PMI, PR, and SR agencies of the community." (Interviewees)*

Monitoring Progress

Progress monitoring is organized by the NMCP and/or DGSHP through the following activities:

1. Holding internal NMCP meetings for weekly and monthly follow-up with each department to review activities and reschedule them if necessary, identify difficulties arising from reports and develop a problem resolution plan that is implemented
2. Holding quarterly external monitoring meetings with technical and financial partners and implementing organizations (PMI/USAID and PMI agencies, Global Fund, PR Community Component, WHO, UNICEF)
3. Holding an annual review meeting prior to the OAP development workshop with all stakeholders, and technical and financial implementation partners
4. Supervision visits from the central level once every six months to the regional directorates organized by the DGS with the GF UCP's financial support.
5. Quarterly district supervision visits organized by the regions with the financial support of the GF UCP
6. Visits by district health management teams (DHMTs) to supervise Primary Health Facilities (PHFs) once a quarter.
7. Ad hoc or periodic field visits in collaboration with districts and regions to address issues related to malaria key indicators.

Progress at the NMCP level is also monitored through the following points:

1. Monthly, quarterly, semi-annual, and annual monitoring mechanisms for program performance through the *monitoring of a dashboard.*
2. Data analysis process for problem solving and decision-making at central level and at the level of the implementing agencies PMI
3. An implemented Problem Resolution Plan (e.g., ad hoc field visits to solve problems)

The NMCP holds a regular weekly staff meeting between management and department heads to review and discuss activities, and also to share and review reports. This allows problems to be identified and analyzed, and solutions to be identified through a problem resolution plan that is implemented and monitored. Each department has a dashboard and uses it to review progress and reschedule outstanding or delayed activities in conjunction with the monitoring/

evaluation department based on the OAP review and the national performance framework (based on key targets and indicators) and analysis of reports. Once the difficulties have been identified, solutions are developed and contained in a problem-solving plan that addresses the difficulties that have occurred for each intervention.

NMCP senior managers consider all these elements (report analysis, supervision visits, dashboard reviews) as crucial to facilitate the continuous monitoring of activities and the reprogramming/ rescheduling of activities at their level and with implementing partners.

The NMCP's weekly, monthly and quarterly meetings with PMI agencies as well as with UNICEF, WHO, GFATM and other stakeholders are part of the progress monitoring.

The national performance framework has been disaggregated at the RDHPH and DDPHH level and made available to them to monitor indicators and activities at the peripheral level.

Other, more critical comments note that there is *insufficient use of data to inform decision-making at the peripheral level* and in the implementation of

> *"Problems are identified on the analysis of reports and data from the field by the monitoring and evaluation department in conjunction with other NMCP services and according to the performance framework and the OAP. We discuss them and decisions and recommendations are made to address each issue according to a plan and implemented with the support of program management, e.g., occasional field visits to ensure compliance with diagnostic and treatment guidelines, or correct filling of tools in districts and PHFs." (Interviewees)*

interventions at the national level.

> *"Annual planning is systematic and considers the strengths and improvements resulting from the review meeting. We monitor weekly, monthly, and quarterly review of DTP activities that lead to monthly and quarterly re-planning." (Interviewees)*

> *"We re-plan our activities after an OAP review (weekly, monthly, quarterly) of the performance framework that is analyzed with the monitoring/ evaluation department." (Interviewees)*

Strategic thinking

NMCP stakeholders were asked how they conduct their strategic thinking and problem solving. Responses included: annual planning meetings; during the annual review meeting or program review held during the 2016-2020 review; during development of the malaria NSP with technical and financial partners; during follow-up of ALMA/WHO score activities; and when sharing RBM recommendations made by technical advisors and CD-NMCP after international malaria meetings with PMI and Global Fund. Thus, in addition to the annual planning meeting and regular review meetings with the DGS, there are several strategic thinking and problem-solving frameworks. It is clear to all interviewees that opportunities for strategic thinking and problem solving are present and should be leveraged.

(b) Supervision of Activities

The ability to plan and implement activities ultimately depends on positive change in the implementation of antimalarial strategies at the decentralized level.

The DGS has the lead and is responsible for malaria-related supervision; regional supervision is organized by the DGS with a multidisciplinary team at the central level (DGS, Global Fund PRs, including NMCP, EPI, PNN, Mother and Child Health) in an integrated manner on a semi-annual basis; HDDs are supervised by the regions by regional management teams once a quarter; HDDs (DHMTs) supervise PHFs once a quarter and ESPCs supervise health areas every two months. The head of the health area supervises the community actors once a month. The NMCP provides monitoring missions for compliance with the guidelines and data validation in coordination with the regional director, the regional focal point, and the regional technical advisor (RTA). The RHD and HDD are responsible for the guidance and monitoring of activities at the peripheral level and as such carry out supervision. The GF UCP monitors the coordination and supervision activities of the three programs (HIV, Malaria, TB)

financed by the Global Fund. At the beginning of the year, the NMCP communicates with all DDs and RDs for the implementation of the performance frameworks and provides them with an update (every six months).

Supervision of field activities is one of the most critical management practices on the NMCP. When a central NMCP supervision team goes to the field, it coordinates its activities with the RD, the Regional FP, and the RTA, who in turn contact the Departmental Director. Comments received from interviewees noted that there are supervision grids, a specific supervision framework at each level, with people trained in supportive supervision at the NMCP level and in the system. However, difficulties have been reported in integrated district and ESPC supervision (related to the completion of data collection and management tools, the application of malaria control guidelines). The assessment found that existing monitoring tools are not adequate to monitor some important aspects of malaria control such as quality of service, quality of logistics management, etc. There is a risk of insufficient in-depth review and resolution of difficulties related to NMCP activities without efficient supervision through an integrated approach; this makes monitoring visits by NMCP teams even more essential for compliance with guidelines and problem solving with field actors.

> *"When the NMCP sent money to the RHDs and DDS for supervision activities, there were fewer problems related to the quality of supervision, compliance with the framework and supervision grids. Since the change, it is the UCP that sends the money, organizes the supervision of the 3 programs funded by the Global Fund and receives reports from the RHD and HDD that then shares. As a result, the NMCP no longer has direct links and/or means of coercion on RDs and DDs and this results in a delay in the transmission of reports to the NMCP and a decrease in the quality of supervision with insufficient follow-up of recommendations in the field." (Interviewee, partner)*

Some complaints from interviewees were raised about the inadequacy of funds allocated for activities as well as the inadequacy of communication on the budgetary guidelines for the use of these funds at the peripheral level (RD; DD) by the central level.

> *"The budget for malaria activities currently at district and regional level is not received on time and is insufficient. This leads to difficulties in carrying out activities." (Interviewees, Agboville)*

(c) Monitoring and Evaluation

The monitoring and evaluation system is one of the most critical operational systems. It provides the data needed for planning, decision-making and problem solving, as well as reporting to financial and technical partners. The malaria monitoring and evaluation system is part of the National Health Information System (NHIS) and, consequently, the NMCP, like all programs, suffers from the difficulties encountered by the NHIS (completeness, promptness and accuracy, etc.). Despite these constraints, the NMCP has developed mechanisms to limit these deficiencies (data validation in the regional health directorates, monitoring of the Regional Director and Departmental Director performance frameworks, field visits, coordination/ monitoring meeting, identification of focal points in the NMCP for each region, enhanced communication and feedback on data with RD and DD), collecting and reporting data to donors in connection with the national system. The scaling up of DHIS 2 in the health districts is in progress with the deployment of the computer system and the training of actors at the peripheral level in its use in order to ensure that this evolution of the SNIS (National Health Information System) is adopted at the peripheral level (RD and DD). Data are collected by health facilities, health workers and NGO/CBO community workers in each health area for all health services. Specific malaria indicators are included in the SNIS and focal point (Epidemiologic Surveillance Center) health districts are responsible for collecting and capturing, reviewing, and consolidating ESPC data before sending them to RDHPH in a timely manner for review, analysis and consolidation of data from each DDPHH and RDHPH, and transmission of malaria data to NMCP.

Malaria indicators are included in the national database; there is an M&E service dedicated to the NMCP with

trained but insufficient staff (absence of statistician, data manager); and data are discussed at weekly service meetings for the regular review of the AAP, the review of the national performance framework for indicator monitoring. The NMCP is *assisted by an HRH2030-CBM Technical Advisor* who supports the existing staff at the central level for monitoring, follow-up/evaluation. Recently, there has been the establishment of Technical Advisors (RTAs) at the regional level, where one of their mission is to provide support for monitoring/ assessment. The performance of the ESPCs is reviewed at the DHMT meetings led by the DD and that of the HDD is reviewed at the quarterly coordination meetings at the RHD level by the ECRs (Regional Executive Teams). The NMCP organizes quarterly coordination meetings to monitor activities and indicators and the Task Force meeting with technical partners, RHD and HDD partly focus on reviewing the performance framework of RHD and HDD that benefit from feedback from the NMCP, however data analysis is not always systematic at the level of ESPCs that are subject to HDD recalls. There is a monitoring and

> *"Some ESPC officers have not received training on management tools and not all ESPCs have computers. This situation leads to delays in data reporting, errors, or inconsistencies such as the number of suspected cases exceeding the number of consultants, or poor and incorrect completion of tools. We provide feedback to the concerned ESPCs who correct the errors." (Interviewees)*

> *"The monitoring and assessment system present reporting problems at the ESPCs level. This is being overtaken by the results of the HDs." (Interviewees)*

assessment manual in the NMCP to guide the implementation of monitoring and assessment activities.

(d) Finance

The NMCP Funding (Funding table): The health budget share allocated to the malaria control program has increased from 24 billion (6.85%) CFA francs in 2012 to 55 billion (12.72%) CFA francs in 2015 (PNDS 2012-2015, page 58). The implementation of malaria control interventions benefits from the direct financial support of several partners. However, this contribution was mainly based on the state and the GFATM, with 9% and 68% respectively. The NSP funding analysis reveals a 43% gap corresponding to a low level of resource mobilization.

The NMCP receives substantial funding from its partners and would prefer to be less dependent on them. According to a recent estimate in the latest annual action plan (AAP), the NMCP receives more than *60%* of its budget from the Global Fund, while PMI contributes nearly *22%* of the funding for malaria control. The Ministry of Health has a budget per line for malaria, but it represents only slightly more than 9% (see Table 1 below).

Table 1

DONORS	FUNDING AMOUNT	PERCENTAGE %
GLOBAL FUND	37 907 084 390	68.48
PMI	11 962 212 240	21.61
UNICEF	60 000 000	0.10
GVT (IC STATUS)	5 375 741 592	9.71
WHO	44 946 379	0.08
TOTAL	55 349 984 601	100

One of the most important operational areas for any organization is its financial system. For the NMCP, it is complex, as it receives funds from both the state and multiple international donors (GFATM, PMI, UNICEF). Other private partners provide some small logistical support for the control, namely: MTN, SANOFI, and BICICI. The GFATM management letters and the comments of the interviewees showed the efforts made by the NMCP to improve financial and accounting management, and to make procedures and mechanisms more efficient and effective (use of credit card payment systems for missions, risk management plan with its financial component, money handling reduction systems, etc.) and financial forms used for the implementation of activities on the basis of the GFATM management manuals and the SIGFIP (Integrated Public Financial Management System) document in conjunction with the

DAAF of the MHSP. There is a progressively increasing mobilization of funding dedicated to the fight against malaria both at the State level and from financial technical partners according to the NSP 2016-2020 and the grant documents (NFM1 2015-2017, NFM2 2018-2020 and PMI MOP 2018, Payment for the state's willingness to pay).

Government funds are managed by the MHSP DAAF and are used in accordance with administrative procedures related to SIGFIP before being made available to the NMCP. The PMI grant is directly managed by the PMI Agencies. Since last year, the Program Coordination Unit (UCP) was set up to monitor the management of the 3 programs and the awarding of contracts on the NFM-2 2018-2020 grant.

Many comments also reported frustration with the current procurement process and its impact on the day-to-day operations of the NMCP at the central and peripheral levels (RHD, HDD).

> *"Compared to other years, there is a delay in the implementation of activities due to the administrative burden related to their funding and procurement since the establishment of the UCP, which is in charge of monitoring and contracting and monitoring the management of the 3 PRGs." (Interviewees)*

> *"The NMCP is not autonomous in the use of state funds and does not have a dedicated account. Only the MHSP DAAF has the authority to move this account at the MHSP level to make funds available to the NMCP to carry out the activities." (Interviewees)*

The task of completing the supporting documents is the responsibility of the regional and district financial officers, who may not have the necessary budgetary guidance and training to complete and submit the supporting documents and budget requests with the support of their superiors (DR, HDD). This results in errors and/or losses, delays in the collection and submission of appropriate supporting documents. If budget requests in a district are not completed correctly or on time, funds are not released for other activities, penalizing districts that submit supporting documents correctly.

At central level, the finance department has a qualified and trained staff, although not enough (need for 1 internal auditor, 1 management controller), who is overworked and has contributed to the conduct of annual external audits in recent years (2016 to 2018). Given the increasing volume of funds managed by the NMCP, Principal Recipient of the public component of the FM/NFM2-2018-2020 malaria grant and the related challenges, *it is important to strengthen internal control and internal audit* to strengthen continuous improvement in the management of the NMCP. The finance department benefits from the Global Fund accounting staff to strengthen its capacity and address some of the financial management concerns. Comments received indicated that there is a shortage of staff and that it is essential to be able to provide ongoing staff training and sufficient funds to ensure that all activities under the NSP 2016-2020 are carried out. It also appeared necessary to improve transparency in the management and use of government funds. Indeed, the evaluation found that there was insufficient dissemination of the state's financial and accounting management manual (procedures for mobilizing, disbursing and justifying state financial resources) to the majority of NMCP staff and managers, with the risk of management discontinuity in the event of the absence or departure of the three key NMCP resource persons.

> *"The staff is insufficient in relation to the needs, the is a lack of resources for the continuous training of the staff present." (Interviewees)*

> *"Donor dependency creates a situation in which all NMCPs focus on donors." (Interviewees)*

When asked which are the weaknesses or challenges that the NMCP will face in achieving its objectives:

(e) Supply Chain/ Purchase Management

The success of malaria control programs requires a range and volume of products; the actors involved in managing these products and the challenges in NMCP

supply chain management are considerable. Many comments were received regarding the good overall availability of drugs and inputs at the central and regional level (MHSP, GFATM, PMI) with less availability at the peripheral level as well as weaknesses in stock management at the district and ESPC levels (lack of visibility on stock levels, and incorrect filling of stock tools).

There is an agreement between the NPSP (New Public Health Pharmacy) and the NMCP for the reception, storage, and distribution of inputs at the peripheral level for products purchased by the State and by the GFATM. There is an agreement between the MSHP and USAID for the acquisition, storage and delivery of antimalarial inputs. The NMCP has good relations with the NPSP and benefits from the technical assistance of a HRH2030-CBM Technical Advisor for the supply chain. According to interviewees, there is a standardized process for the management of commodities and antimalarial drugs and the following supply chain mechanisms:

1. The NCDQS (National Commission for Drug Quantification and Supply)
2. Monthly meeting to reconcile program stocks and update the supply plan (adjustment based on stock levels)
3. The quarterly feedback workshop with the support of some donors with all the key players in the supply chain (peripheral structure, PMO, Program), the only platform for consumption data, quantification, stock levels at the periphery with the e-SIGL (logistics management information system).

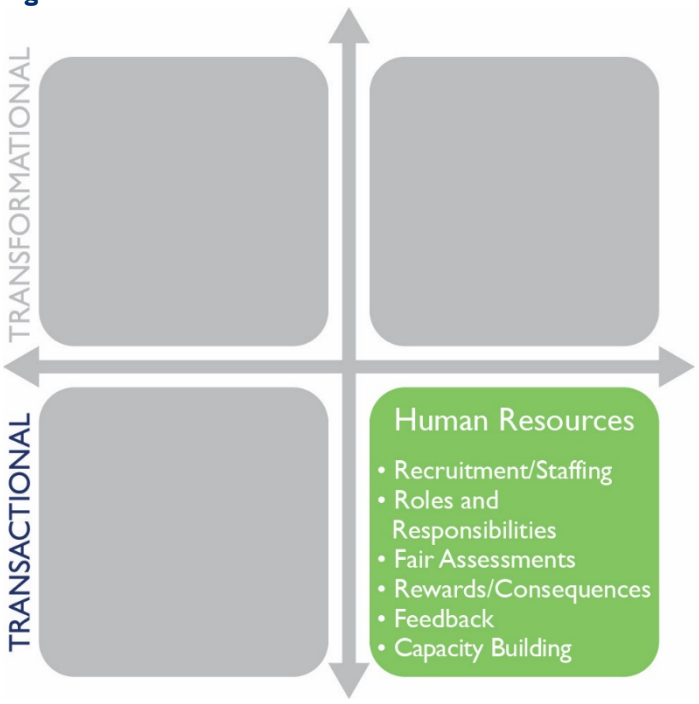
The assessment found that supply chain studies have been carried out (Logistics Data Quality Audit, EUV Survey for End-Use Verification, ABC Survey).

All these mechanisms and studies aim to coordinate the quantification and monitoring of antimalarial input management (with the various stakeholders: NCDQS, NPSP, NMCP, PNDAP, TWG) in order to ensure the availability and proper stock management in the DDPHH and ESPC.

The DDPHH Malaria Focal Point is responsible for supervising antimalarial activities within an integrated package of services. RHD and HDD pharmacists and pharmacy management compounders are responsible for ensuring that ESPCs have LLINs, RDTs and antimalarial drugs in conjunction with Regional Malaria Focal Points and District Malaria Focal Points. They are in charge of managing stock management tools and collecting antimalarial input data and completing reports/orders submitted to the NPSP and shared with the NMCP(CM) based on the quantities consumed versus stocks provided.

Section 3 – Human resources

Figure 3: Human Resources



The third quadrant of the OD model is transactional and essential to the implementation of sustainable change. Human Resources includes: (a) recruitment and staffing; (b) roles and responsibilities; (c) fair assessment; (d) reward and consequences; (e) feedback; and (f) capacity building. In addition to relying on interviews, this section is largely based on the results of the engagement survey.

(a) Recruitment, staffing and retention

Recruitment

There are four types of recruitment to the NMCP:

1. ***The recruitment of civil servant staff assigned by the State (37/56 or 66% of the staff):***

Requests for recruitment and staffing within the NMCP are made through the Ministry of Health. Persons are sent, whether they meet the criteria for potential candidates or not. As most interviewees describe it, staff recruited by the Ministry of Health arrive in a confused manner or are often assigned to positions for which their backgrounds are not appropriate. As a result, many people perform roles for which they are not prepared, including staff assigned to the

> *"Staff assignments by the state do not necessarily meet the needs of the service (CM/PSM)." (Interviewee)*

communication department. Nevertheless, they receive training in health communication after their recruitment to the NMCP to carry out their mission.

2. ***Government contractors' recruitment (10/56 or 18%):***

According to specific needs such as the three accountants, a management assistant, a driver, two surface technicians, a courier, two office agents.

3. ***Global Fund contract staff recruitment (7/56 or 12%):***

Four drivers, one executive assistant, one chief accountant, one accountant. The Global Fund provides for certain positions through contract workers for NMCP needs that the government is unable to meet.

Generally, contract employees are specifically hired for their skills and training.

4. ***Recruitment of contract staff of PMI partners (2/56 or 4%):***

Two Senior Technical Advisors (Technical Assistance) seconded by HRH2030/Chemonics on PMI funding, who have a very high level of competence and who advise and guide the CD and its team in its decision-making.

> *"The assignment of staff to the position does not depend on me.*
>
> *No, because some expertise is missing; this means that there is a shortfall despite our performance as a NMCP" (Interviewee)*

Staff

Staffing in the NMCP is carried out through two main mechanisms:

Civil service personnel recruited by the MSHP are permanent government/state staff.

Contract staff recruited by the Global Fund, PMI and the State according to certain specific technical needs.

NMCP staff is divided into two categories, *66%* of whom are civil servants and *34%* are contract workers – *12%* Global Fund staff, *4%* PMI, and *18%* State contract staff.

Contract staff is recruited according to the needs of the NMCP in terms of skills and professional qualifications required to fill the position. However, civil servants are not always recruited according to NMCP needs. As a result, they sometimes need their capacity built in the specific service areas to which they have been assigned. Training is organized by the NMCP to strengthen the capacities of its permanent civil servant staff in health communication, monitoring and assessment, logistics, or other public health disciplines. All this staff training, combined with qualified contract staff, means that the NMCP staff pool is strong and well experienced, with a high potential to lead the malaria control program. Despite this high-quality potential, the NMCP lacks certain key and very important specific positions: *qualified logisticians/pharmaceutical logisticians; internal auditor; management controller; socio-anthropologist; entomologists; data manager; biostatistician or statistician engineer; archivist; parasitologist researcher; entomologist researcher; biologist doctor; journalist communicator; sociologist; computer scientist.* The recruitment of this new staff either by state assignment or by contract is one of the major new challenges for the NMCP.

Retention

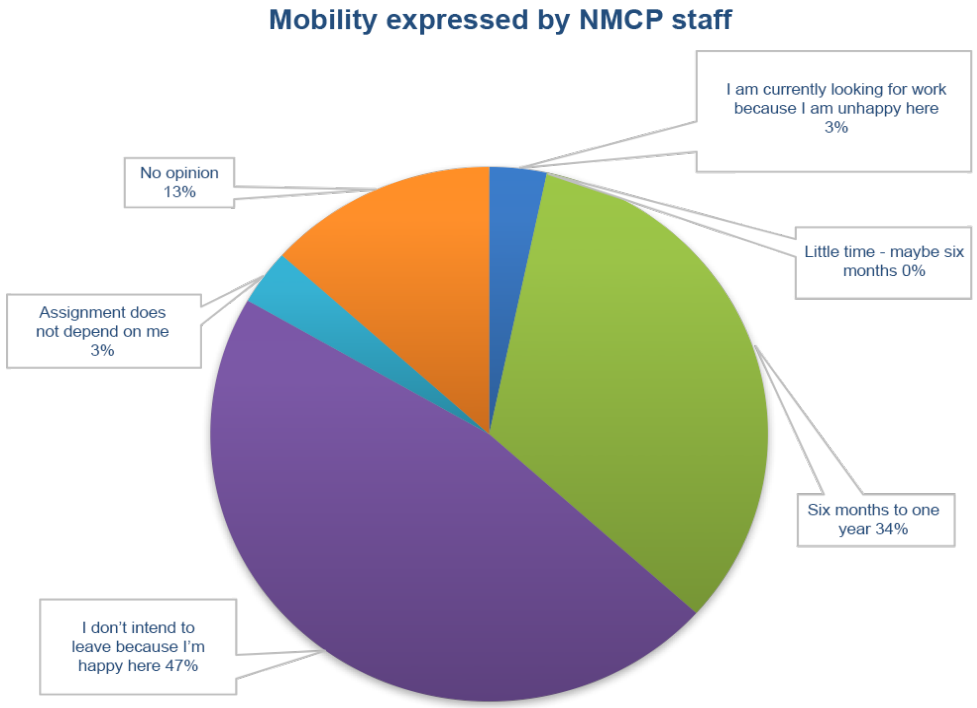
NMCP staff have extensive experience within the organization with an average duration of 8 years. This experience gained in the NMCP motivates current staff to seek recognition in other organizations (see Figure 4 on the following page).

This was reflected in the 34% (10/30) rate of staff who feel they want to leave the NMCP within the next 12

months. Of those 34%, 70% (7/10 people) have requested letters of recommendation to technical advisers to apply to other organizations.

with the new recruits, are insufficiently discussed and understood.

Figure 4: Engagement survey, mobility



***Source**: Engagement Survey, 2019, NMCP-IC*

On the other hand, 47% (14/30) of staff feel happy and do not wish to leave the NMCP.

Staff members with no opinion on the issue represent 13% of those surveyed. Staff members who wish to leave because they are very unhappy are 3% (1/30) as are those who say that the assignment does not depend on them. While it is true that a good part of them want to stay, a formalized retention policy with internal mobility to enhance staff capacities could encourage those who wish to leave to stay and give the best of themselves to achieve the NMCP's objectives; this is undoubtedly the second challenge to be met by the NMCP Coordination Directorate.

(b) Roles and Responsibilities

The majority of NMCP staff are familiar with the tasks described in their job descriptions. These are clearly defined but need to be updated. Also, the job descriptions, although drawn up by mutual agreement

During the engagement survey the average score obtained in the question "I know what is expected of me at work" was 4.5/5 and this reflects a good knowledge of their tasks by NMCP staff.

> *"Allow staff to change services within the NMCP according to whether they think they can contribute something to the service and support it with specific training." (Open-ended question from engagement survey)*

The clear definition of each job descriptions was one of the NMCP's major assets in producing its results.

Despite the existence of these job descriptions, the assessment suggests the development of roles and responsibilities (R&R) that are not the current generic descriptions as described in the job descriptions, but rather specific and dynamic according to the needs,

priorities and skills of each individual. This definition of R&R would be a significant asset to carry out the work

> *Are the roles and responsibilities of your staff discussed and understood?*
>
> *"Yes, through the job descriptions drawn up jointly with the officers." (Interviewee)*

in an orderly and disciplined manner, avoiding confusion and overlap and improving staff performance as part of a new vision towards malaria elimination.

(c) Fair assessment, Rewards, and Consequences

The assessment found that there is an annual process for evaluating the public service. This evaluation process is carried out through a file either by the CD-NMCP for civil servant staff or by the heads of services (administrative services) for contract staff of the Global Fund. Staff are generally satisfied with the evaluation process (21/30 or 70% of staff have a score of more than 4/5 when asked about the evaluation process compared to 30% with a score below 3/5 in the engagement survey, "I believe I am evaluated according to the quality of my work").

The financial incentive or motivation with the introduction of performance bonuses on the Global Fund (A2) project is largely the main reason for the staff's enthusiasm (work attendance, overtime). In addition to the Global Fund's performance bonuses, there are other opportunities for staff motivation through individual encouragement and congratulations

> *"Congratulations from the CD-NMCP at meetings or outings to congratulate deserving officers and giving rewards, advice, and guidance from the CD-NMCP to reframe things when they are not done well."*

> *"The annual evaluation process is done either by DC-NMCP for civil servant staff or by heads of departments/Admin Services for Global Fund contract staff." (Interviewee)*

from the CD and/or the hierarchy to each staff member who has made a positive impact during meetings, feedback, and encouragement to do better; as well as opportunities for congratulations during the NMCP social outings at the end of the year.
However, another part of the staff (30%) considers that, apart from the performance bonuses awarded by the Global Fund, that other motivation and reward processes are not formalized, this sometimes gives the impression of a certain subjectivity in the choices made during rewards. Also, this part of the staff feels that they work too much with too little reward in return.

> *"Pay more attention to officers who achieve outstanding results in the performance of their duties."*

> *"Better balance the opportunities between members. No discrimination between staff."*

> *"Treat all employees fairly."*

When asked, "What would you say to the NMCP coordination-management team and the NMCP if you could?" the responses included:

The NMCP has the means to promote staff within certain limits. The documented formalization of the current motivation process outside the Global Fund will undoubtedly be a tool for emulating staff in an objective manner and will avoid some criticism and frustration.

(d) Feedback and Capacity Building

Feedback and capacity building are closely linked: an individual cannot improve or strengthen his or her capacity without feedback. Feedback from managers is one of the areas that the NMCP can control. The assessment team found positive results showing that some managers were doing well in this area.

Feedback

Officers feel supported in their daily work. This support can come either from their supervisor, a team member, or a friend of the department. The following responses in the engagement survey all scored an average of 4: "My supervisor or someone at work gives me feedback on my work"; "There is someone at work who

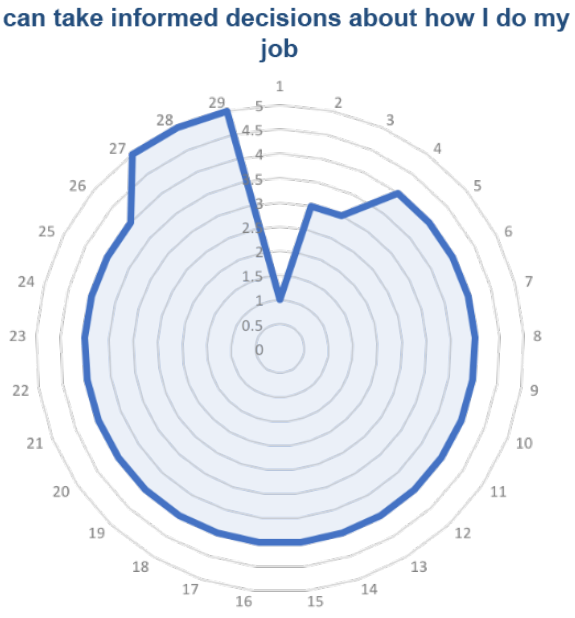
encourages my development"; and "when I face problems at work, I am able to solve them with the help of others". This reflects excellent management within the NMCP; however, since some scores were below 3/5, feedback needs to be improved.

Capacity Reinforcement

The staff members assigned by the government to the NMCP are doctors, pharmacists, nurses, midwives, the chief administrator of financial services, secretary, pharmacy technician, sanitation officer, biologist, courier, accountant, driver and have basic generalist training. The average years of experience among them is 8 years. During these eight years, most NMCP staff members have acquired complementary skills and experience necessary to successfully carry out their functions or tasks.

In the employee engagement survey 26/29 people stated with a score of 4/5 "I can take informed decisions about how I do my job" versus 3/29 with a score below 3/5. The average score of 4/5 indicates that the staff feel they have the capacity to carry out their work because they are trained competently in the field in which they work, but some of them need training to strengthen their capacities with regards to practice (example of newly assigned staff, see Figure 5).

Figure 5: Engagement survey, capacity



Source: *Engagement survey, 2019 NMCP*

What do you think of the technical or clinical capacity of your staff (specific to malaria: clinical, public health management, etc.)?

> *"The officers are dedicated but need capacity building in mapping and data analysis."*
>
> *"There is a need to strengthen the communication service officers with new communication techniques." (Interviewees)*

Several agents have already received additional training. Others, such as new agents, have not yet received training or capacity building in their assigned areas. Those interviewed expressed the need to strengthen skills in epidemiology, entomology, communication, monitoring and assessment, pharmaceutical logistics, biostatistics, data management, etc.

The main problem is that there is no formal capacity building plan to monitor the ongoing cycle of staff training. Furthermore, the database for monitoring trained providers (who has been trained, what they have been trained in, when they can receive new training, and in which area of expertise?) is not updated.

The complementary skills acquired by staff cover various skills. Additional training – funded either by staff themselves or with donor funding – has included: health service management, leadership and governance, finance, medical secretary, administrative secretary, logistics, pharmacovigilance, health economist, monitoring and evaluation of national malaria control programs, marketing management and leadership master's degree, field epidemiology, routine health information system, hygiene and sanitation, parasitology, biology, project and program management, malariology, health communication, public health. All this know-how must be reorganized internally within the various departments according to the new organization chart of the NMCP which will be proposed and validated by the MSHP.

This reorganization of services is highly desired by NMCP staff so that they can give their best efforts to the work.

What would you say is the greatest challenge the NMCP must address to obtain its objectives?

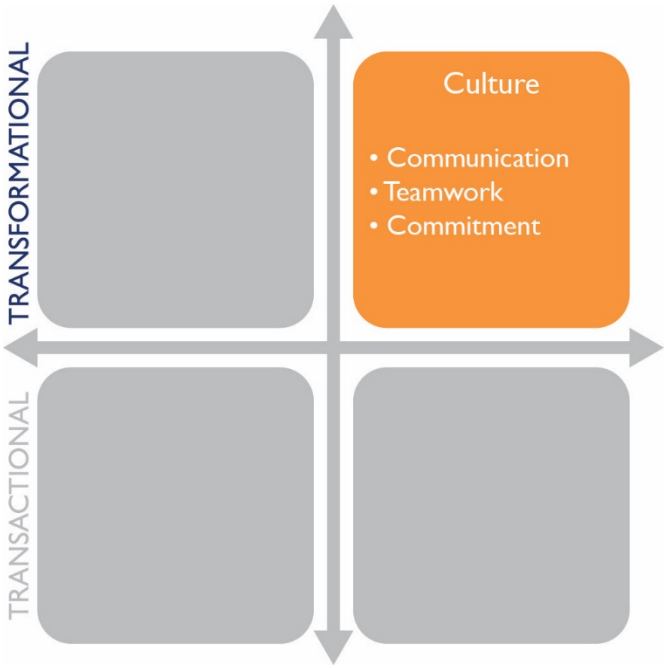
> *"Matching the personal qualities of staff to the tasks they're responsible for." (Interviewee)*

What would you say to NMCP management if you could?

> *"I would like to have other experiences."*
>
> *"Allow staff to change jobs within the NMCP if they think they will bring value to a new service area and support these changes with training." (Interviewees)*

Section 4 – Culture

Figure 6: Organizational Culture



The fourth quadrant of the OD model, Organizational Culture, integrates all aspects of the organization. Like leadership, culture is *transformational* and can create and sustain a positive change. However, culture can also significantly hinder change, regardless of the number of strategies written or the number of meetings held. Elements that affect an organization's culture include internal communication, transparency and teamwork, motivating factors such as feedback and recognition, and the physical environment in which people work.

(a) Internal Communication and Transparency

The NMCP style or internal communication mode is generally transparent (people do not hesitate to communicate honestly with supervisors and peers about challenges, questions, feedback) but reserved for some staff members. Meeting frameworks are in place, such as staff meetings during which employees can discuss management and activities (weekly meetings with department heads and monthly meetings or when necessary with the entire staff). Staff are informed of developments, achievements, or problems related to malaria control activities at these weekly meetings with department heads, monthly meetings with the entire team, via the Internet with the communication department, or with department heads and/or management.

NMCP staff may contact department heads, peer colleagues of the department head, line management, or technical advisors for answers when faced with questions or problems. The environment is conducive to communication that builds on each other's ideas for the smooth running of the service, and the CD's supportive environment and open mindedness for sharing ideas and taking decisions.

The difficulty reported by evaluators is a slow response time to emails that will need to be improved.

(b) Teamwork

The NMCP work environment is very team oriented. Relationships are considered positive between colleagues and supervisors overall. Team members participate in decision-making through their department heads, this participation is extended to other staff.

> *"The introduction of a best employee award may worsen the climate because [now] there is real teamwork (risk of jealousy, frustration, and individualism)." (Interviewee)*

(c) Commitment

Motivational factors (feedback, recognition)

Staff members believe in their organization and are optimistic. They have faith and conviction in the NMCP's ability to achieve its mission to fight malaria despite the many challenges it faces. Staff believe that they and their colleagues can influence decisions made at the team, department, or organization level. There are opportunities for employees to be recognized for their positive achievements: encouragement from the CD at meetings; congratulations during NMCP social celebrations and during mother's day and father's day; presentation of awards received by the CD abroad to the staff member to whom he attributes the recognition; scientific publications of results; and positive feedback. Despite these sources of motivation and encouragement, there is no formal framework for assessment and reward. This reflects insufficient fair treatment of all staff in terms of performance-related incentives/motivation. The absence of this objective evaluation and reward framework leads some staff members to believe that certain decisions are not objective when it comes to rewards, hence the need to set up a formal mechanism to recognize high-quality work in a beneficial way for staff.

> *"Reward and/or give recognition to staff who through work and determination go beyond the objective assigned to them." (Interviewees)*

Physical Work Environment

A major challenge for the NMCP is the office building, which is narrow and cramped in terms of adequate staff space and has staff safety risks (car and equipment theft, staff being hit by cars). The state of this building, whose rent is funded by the GFATM, motivated the NMCP to register a need for a (different) building and the willingness to pay for the acquisition of a premises on behalf of the MSHP.

The staff also state that the computer equipment is insufficient to carry out the work (computers, printer, projector). In the engagement survey, 59% (17/29) of people had a score above 4/5 compared to 41% (12/29), i.e., with a score below 3/5 when asked if staff have the necessary equipment to carry on well with their job. The average score was 3/5.

> *"The NMCP premises are not adequate (theft of cars, equipment, staff being hit by vehicles."*

Capacity Building

In terms of capacity building, several staff members have benefited from capacity building (communication, monitoring and evaluation, logistics management) according to the service needs. But these trainings were carried out outside a formal training plan for NMCP staff, hence the need to develop and implement a formal capacity building training plan.

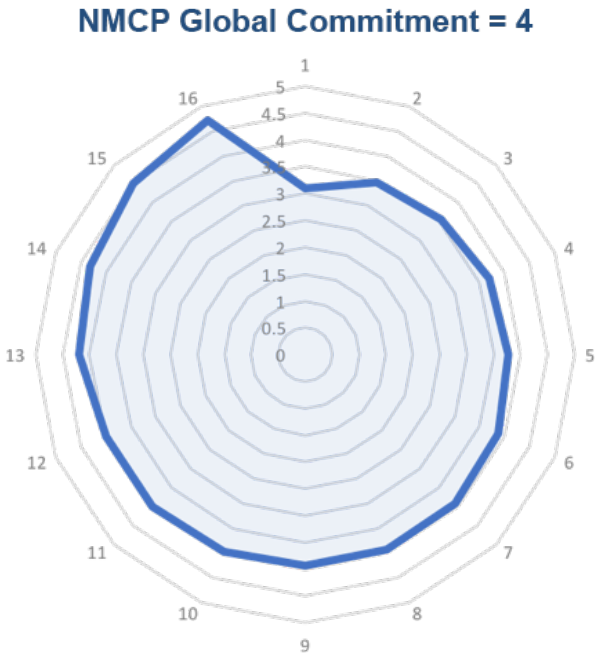
In your opinion, what would you say is the greatest challenge facing the NMCP in achieving its objectives?

> *"Upgrade all staff, train staff, motivate staff."*
>
> *We need an NMCP that embraces the value of a job well done. This requires professional staff. Continuous training must be a reality for all staff."*

Staff Engagement

Data from the engagement survey (Figure 7) show that many NMCP staff are involved. The overall engagement score is 4/5.

Figure 7: Engagement assessment



Source: *Engagement assessment, 2019 NMCP*

The three components of the survey reflect the comfort of staff members working in the NMCP: "I have a close friend at work with whom I can share my ideas or problems"; "My supervisor or someone at work cares about me as a person"; and "I feel respected at work". With scores of 4, 4, and 4, it is clear that employees feel confident and this is in line with the assessment team's observations during the interviews. Through interviews and the survey, most staff report transparent communication within the organization and work as a team and are proud to work for the NMCP. The engagement survey reflects this very well: The overall score was above 4/5.

They feel proud of their work, they feel supported and encouraged to develop their potential and their opinions count in decision-making.

This strong team spirit was reflected in answers to the open-ended question "*What would you say to the NMCP leadership-coordination team and the NMCP if you could?"*

Many positive responses have been highlighted throughout the report, but are also presented below:

> *"Thank you for including me in the work team."*

> *"Thank you because it's a family."*

Despite this excellent communication work within the NMCP, some believe that there is a need to strengthen team spirit.

To the open-ended question "*What would you say to the NMCP leadership and coordination team and the NMCP if you could?*" some answered:

> *"Build team spirit."*

> *"Avoid taking gossip into account when taking decisions. Promote the emulation of staff by considering the specific values of the officers."*

This engagement survey demonstrated the level of engagement of NMCP staff in the malaria control program. We have found a motivated, committed staff, working on the task as they themselves say *"we work here as in the private sector"*. They believe in their organization and everyone reminds each other of the tasks entrusted to them.

> *"Employees generally believe in their work and organization: because staff are united, mobilized, and committed, as for example during the organization of World [Malaria] Day."*

> *"Drivers send text messages to remind you of the work schedules." (Interviewees)*

V. Recommendations and Action Plan

The results of the NMCP's OD assessment suggests mainly: (i) a revision of the vision and mission, (ii) a reorganization of services, (iii) a redefinition of roles and responsibilities, (iv) capacity building of existing staff, improved communication and systems and processes to focus and fully play its role of coordination, strategic direction, supervision, and resource mobilization in malaria control. Such a change will certainly lead to significant improvements in the fight against malaria at all levels. Below is a five-step strategy for sustainable organizational change to advance the organizational development of the NMCP.

Sustainable Change Strategy and Milestones

As described in the first section of this report, the OD model used for this evaluation highlighted the *transformational* elements of *organizational framework* and *culture* to respectively initiate and influence the change process, while improving the *transactional* elements of the *system* and *human resources* to respectively implement and support the change.
It is the interworking of these four areas that determines how well an organization is positioned to lead 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 in the OD process. Milestones are assigned to: a *priority* (high, medium or low), a *timetable* to initiate and complete the activity, (short: 6 to 12 months, average: 1 to 2 years ; long : long: 2 to 5 years), a party responsible for *directing the improvement activity*, an opportunity to identify whether external assistance is required, the possible *source of funding* and the expected *outcome*.

Step 1 - Getting Ready for Change

Assessing change readiness and preparing for the change process are two steps that will increase the chances of success. In conducting this evaluation, all stakeholders, from NMCP leaders to staff members, partners and the MSHP, agree that the NMCP must implement *structural, systemic and human resource* change to achieve its stated objectives of achieving malaria elimination. It is also clear that these parties are in full agreement on how the organization should change and that the NMCP is keen to adopt this change.

The NMCP has demonstrated high cooperation and commitment to this evaluation process and has taken the initiative to make recommendations. Organizational change is difficult for any organization; change will occur when the coordination department further strengthens internal communication and teamwork. However, this is difficult and time-consuming, and the NMCP should engage external experts in the field of organizational change and development for advice and support. Other key elements of successful change include the involvement of the Coordination-Direction and staff in the development, communication and implementation of the roadmap. 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: Getting Ready for Change						
Priority	Calendar	Responsible party	Improvement activity	Required support	Sources of funding	Expected results
High	Short	NMCP Leadership, head of services, PMI Team	Establish an Organizational Development Working Group (ODWG) to organize and oversee the implementation of the change process. The working group should include members of the coordination team, department heads, HRH2030 technical advisors and the PMI team. The ODWG will be maintained for one calendar year, but members may change according to the technical skills required. The role of this ODWG is to *lead change* within the NMCP and to involve the MSHP and its partners throughout the process.	**Partner assistance:** Identify external assistance with *expertise in organizational change management* to manage the ODWG. This position is recommended as part of the structural reorganization, step 3.	To be determined	**Results:** The ODWG is involved in overseeing the change process
High	Short	Organizational Development Working Group (ODWG)	**Create a change management plan** which outlines the goals and schedule for organizational change and includes regular updates for the organization, partners and MSHP.	**Partner assistance:** Expertise in Organizational Change Management (OCM)	To be determined	**Results:** Change management plan with detailed implementation schedule.
High	Short	NMCP ODWG	Develop a communication plan for the change management plan. Develop an external communication strategy to improve responsiveness in communicating with partners (timely responses to emails) and monitoring in the delegation of tasks from the CD-NMCP (two focal points have been designated by the NMCP to improve the monitoring of projects implemented by the PMOs of the GFATM and PMI, however, there remains a problem of monitoring and feedback identified during interviews with partners.	**Partner assistance:** Expertise in Organizational Change Management (OCM)	To be determined	**Results:** Communication plan of the Change Management Plan available

Step 2 - Launch Change with Engagement Rules

The NMCP has its own vision and mission that unifies the organization and leads it towards its objectives, as well as a code of good conduct, statutes and internal regulations defining its values and rules of engagement. However, the vision set out in the NSP and the NMCP Code of Conduct are not aligned. In addition, the mission of the NMCP described in the decree on the organization and functioning of the NMCP is not aligned with the global malaria elimination strategy. Similarly, the framework for motivating and rewarding staff is not formalized, and the NMCP's premises are not adequate for carrying out its mission under optimal conditions.

The engagement survey and discussion of the workshop confirmed that staff believe in their organization and are committed to achieving its mission and vision. Many feelings expressed throughout the evaluation highlighted internal communication that was generally transparent but reserved for some staff members. There was also a need to strengthen team spirit. By defining a new vision for the NMCP aligned with the global vision of elimination, improving internal communication and team spirit, establishing how they expect to be motivated and how their working conditions as individuals and as an organization can be improved to achieve their best performance, they can then initiate *organizational culture change.*

STEP 2: Engagement Values and Rules						
Priority	Calendar	Responsible party	Improvement activity	Required support	Sources of funding	Expected results
High	Short	ODWG	Redefine the NMCP vision in line with the global vision for malaria elimination 2016-2030. Redefine the mission in line with the global malaria elimination strategy by updating the NMCP organization and functioning order. Develop a common NMCP mission to review and discuss with department heads and all staff. Describe how each department head, including employees, plans to contribute to the achievement of the organization's primary objective as described in the overall vision. The process should include all employees from the different departments/units of the NMCP. Commit as a service to achieving the NMCP vision/mission.	**Partner assistance:** Expertise in organizational change management	To be determined	**Results:** Alignment of the NMCP vision with the global vision for malaria elimination. Defining a mission in line with the global strategy for malaria elimination. Display/communicate visions in a visible manner in the department.

		ODWG	Motivation factor/Work environment Develop a performance-related motivation procedure within the internal regulations or the code of conduct in relation to objectives, job description, Annual work plan, etc.). **Provide the NMCP with adequate premises:** (Location, surface area, number of rooms, equipment, etc.).	**Partner assistance:** Expertise in organizational change management MSHP engagement	To be determined: State contribution	The performance-related motivation procedure is clearly defined for each individual. Provision of adequate premises for NMCP.

Step 3 - Alignment of Objectives and Clarification of Roles and Responsibilities

Aligning objectives and clarifying roles and responsibilities is perhaps the most vital step of this process. The alignment should respond to the question: *"How does this service/unit/individual contribute to this organization's objectives?"* Specific roles and responsibilities should be defined for each level on the basis on these contributions. Job descriptions, whether they are official (through the MSHP), or informal (created under the auspices of the NMCP), are based on these roles and responsibilities. Interviews revealed a lack of understanding of the roles and responsibilities of some NMCP staff. Some of them are broadly familiar with the roles and responsibilities outlined in their job descriptions; these are clearly defined but require updating. For staff who have been recruited recently, the job descriptions drawn up in consultation with officers are not sufficiently discussed or understood.

STEP 3: Alignment of the Objectives - Roles and Responsibilities							
Priority	Execution calendar	Responsible party	Improvement activity	Required support	Sources of funding	Sources of funding	Expected results
High	Average		ODWG with MSP partners	**Strengthen understanding of Roles and Responsibilities (R&R) specific to each service, unit*:** Each service/unit should be able to answer the following question: *"How does this service/unit contribute to the specific objectives of the NMCP?" These R&R are not the generic descriptions that are part of the current "normative" documents (job descriptions), they are specific and dynamic.* **Strengthen understanding of Roles and Responsibilities (R&R) specific to each individual:** Each individual/officer should be able to answer the following question: *"who is in charge of this task/activities, who makes the decisions, who validates the results or settles problems, who has expertise in a given field, who needs to be informed? etc.).* The R&R must include HRH2030 Technical Advisers, regional Technical Advisers and Malaria Focal Points in regions and districts. **Clarify and convey service priorities and objectives:** The inter-service visibility of roles can also help to speed up the alignment process and identify opportunities for improving teamwork between services.	**Partner assistance:** Expertise in human resource management. Responsible for providing medium-term technical assistance in the management of human resources performance.		**Results:** Clear service objectives and improved teamwork

				Update job descriptions: drawn up jointly with officers			
High	Average		ODWG with MSP partners	Alignment and clarification of roles and responsibilities (R&R). Each role and responsibility must be clearly defined and linked to the objectives and indicators outlined in the NSP. **Executive team**: Develop the R&R of each individual, which shall correspond to the service role defined above. Focus on management and communication responsibilities. **Management team:** Develop R&R for each individual, which shall correspond to the service/unit role defined above. Focus on strategic thinking, including use for decision-making, strengthening capacities, and reorganizing services. **Individuals:** Create R&R for each role that correspond to the unit/service objectives and R&R. Focus on program management, communication, and collaboration between teams. **Finalize the R&R:** Human resources meet managers and individuals to refine and accept them. Develop strategies for refresher training, accommodate individuals who do not meet the requirements. *Special attention to: secretariat, M&E, communication, administration and finance, procurement and supply management, prevention.*	**Partner assistance:** Expertise in human resource management and human resource performance management		**Results:** Clear roles and responsibilities for each individual within the organization

Step 4 - Organizational and Structural Change

The organization chart of the NMCP is not up to date, the NMCP has undergone structural changes that have not been reflected in the current organization chart. In addition, the current organization is not appropriate, the NMCP does not have all the staff and services needed to carry out its mission and vision to eradicate malaria in line with the 2016-2030 global vision. The evaluation team suggests changes relating to: 1) creating/reorganizing certain services/units related to the strategic directions and/or performance while considering the financial implications; 2) recruiting or assigning staff to certain key positions that can help improve internal and external functions; 3) capacity building of existing staff to fill vacancy needs; 4) redeploying internally to fill position gaps; 5) making available HRD/MSHP staff, NMCP staff not redeployed internally and/or not meeting the needs of NMCP (profile/skills).

STEP 4 - Organizational and Structural Change						
Priority	Execution calendar	Responsible party	Improvement activity	Required support	Sources of funding	Expected results
High	Medium to long term	ODWG with MSP and partners	Reorganize the current NMCP structure to meet the needs of the organization's mission and vision. *An organization chart is suggested and presented in annex A2.* Specific recommendations include: 1. Add an Interim Human Resources/Organizational Development Adviser (1 to 2 years), he/she reports to the Director-Coordinator, his/her role is to manage the ODWG, implement the recommended changes and coordinate with key stakeholders 2. Build the capacity of existing staff to fill vacancy needs 3. Identify within the services of the NMCP, the appropriate staff that can be *redeployed internally* to fill vacancy needs 4. Send a request to the MSHP to cover the unmet staff needs following the recruitment (permanent contract, fixed-term contract or consultancy) and the internal redeployment of the staff 5. Make available HRD/MSHP staff, NMCP staff not deployed internally and/or not corresponding to the needs of NMCP (profile)	**Partner assistance:** Expertise in organizational change management		**Results:** Updated organizational chart Capacity of existing staff strengthened The appropriate staff who could be redeployed internally to fill vacancy needs have been identified and redeployed. A request has been sent to the MSHP to cover the unmet staff needs following the recruitment (permanent contract, fixed-term contract or consultancy) and the internal redeployment of the staff. NMCP staff not deployed internally and/or not corresponding to the

			Create/reorganize certain services: 1. Create a logistics unit attached to the Coordination Directorate service comprising a (1) logistician and a (1) pharmaceutical logistics assistant for the NMCP logistics unit 2. Recruit an (1) internal auditor and a (1) management controller attached to the NMCP Coordination Directorate service 3. Reorganize the secretariat: by separating the tasks of the management assistant (attached to the coordination), the person in charge of reception and switchboard, and the person in charge of mail management 4. Reorganize and split the case management service/PSM with the creation of two separate services, one for care and the other for supply management, drug stocks, and antimalarial inputs 5. Reorganize the prevention service into a vector control and chemo-prevention unit 6. Recruit a (1) socio-anthropologist in consultancy to support the NMCP (for communication and prevention services) based on the requirements, due to the scarcity of this resource in the country 7. Recruit an experienced entomologist (head of unit) and 2 junior entomologists for the entomology unit in the prevention service 8. Recruit a (1) data manager 9. Assign/recruit a (1) biostatistician or statistician engineer, an (1) archivist and a (1) computer scientist (network and maintenance, development for the animation and updating of the NMCP website, electronic archiving, etc.) for the *Monitoring service; Planning, Monitoring and Evaluation service* 10. Assign/Recruit two (2) pharmacists; 2 pharmacy technicians, a (1) data manager for the *supply management of drug stocks and antimalarial inputs service*		PMI/USAID Global Funds	needs of the NMCP (profile) are made available to HRD/MSHP staff

			11. Assign/recruit a (1) communicator/journalist and a (1) sociologist for the *communication/partnership and social mobilization service* 12. Recruit one accountant and one procurement specialist for the administrative and financial service			
High	Short	NMCP MSHP	Rules of engagement of the MSHP with the NMCP Advocate with the HRD/MSHP to consider the expectations and needs of the NMCP in terms of staffing	MSHP Assistance: DGS/DRH		**Results:** Agreement with the Ministry of Health to fill positions according to the clear needs of the NMCP

Step 5 - Management and Central Systems Improvement

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 brainstorming workshop (annex A2), building on the organizational change process that has been implemented. 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 Public Health and Hygiene in this ongoing phase is essential.

Step 5 - Management and Central Systems Improvement						
Priority	Calendar	Responsible party	Improvement activity	Required support	Sources of funding	Expected results
High	Short	ODWG	Improving day-to-day management of the activities Ensure the timely availability of funds in accordance with the implementation periods of the NMCP Operational Action Plans Ensure the procurement and delivery of services and products is carried out in a timely manner Improve responsiveness to the various requests for discussions and clarifications from partners by improving secretariat organization and following up on the correspondence relating to various requests.	Engagement from UCP managers, Partners, NMCP		**Results:** Quality improvement and assurance through consistent and coherent opportunities for dialogue and problem solving. Improved timeliness when it comes to responsiveness to various requests, exchanges, and clarifications from partners.
		MSHP/NMCP	Improve activity planning Work with the MSHP to align the planning periods for the annual action plan between the central level of the NMCP and the regional and district entities: create the NMCP Operational Action Plan (OAP) in the first half of December in order to distribute it to the health	MSHP		The timeline for carrying out the planned activities in the integrated OAP is adhered to

			districts and implementation partners in order to develop their respective OAPs. Adhere to the activity planning included in the NMCP's consolidated OAP in order to avoid scheduling conflicts and ensure that resource persons at central, operational, and partner level are available.			Preparation of the NMCP OAP in the first half of December and distributed on time to the regions, health districts, and implementation partners
High	Average	Partners MSHP NMCP	Assessment monitoring systems Strengthen the monitoring/evaluation service through STA HRH2030 technical assistance. Strengthen the quality assurance system for data at all levels. Continuously strengthen the capacity of data managers.	STA HRH2030 Data programming Statistics Quality assurance		**Results:** Improved data for making decisions and management by objectives
Medium	Medium to long term	ODWG NMCP	**Policies and procedures:** Review and discuss existing policies and procedures. Identify systems without procedures such as the PSM Standard Operational Procedures, the quality of services, operational terminology, training, internal staff motivation policy, etc.) Train all staff and managers on new policies and procedures including those of new partners.	Engagement of NMCP managers and staff		**Results:** Management by policy and procedure. Greater staff efficiency and productivity. Increased engagement from the staff on how to do their work.
Medium	Medium to long term	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 DDRs, DRs and other partners	Engagement of NMCP managers and staff		Improved communication and visibility of the NMCP
High	Average	NMCP MSHP Partner	Supervision of field activities. Improve supervision of field activities. Improve coaching during formative supervision	Engagement of NMCP managers and staff		**Results:** Clear supervision guidelines for all personnel travelling to the field.

			Train/retrain the players in the use of management and data collection tools, in the application of some malaria control guidelines. Strengthen NMCP team follow-up visits to monitor compliance with the guidelines and the resolution of problems with the players on the ground. Strengthen training supervision teams by NMCP trained instructors at different levels of supervision.			Supervisory models and tools to be used by each level. Increase the formative supervision capacity of the NMCP. Regular supervision reports will be shared with partners and used to provide feedback on current performance and efficiency.
High	Short	Partners MSHP Local and regional trainers Partners MSHP	Improve the skills of managers and staff. Create a capacity-boosting plan through a continuous on-the-job training program for managers and staff on current management techniques and methods through a continuous training programs for staff: planning, S/E, Communication, etc. This training can be subcontracted to a local or regional institution specialized in that content/field. Update the database for tracking trained providers (who was trained, how were they trained, when can they receive new training and in which area of expertise).	Human resources and training capabilities to identify gaps and design targeted training plans		**Results:** Improved management capacity for all managers. Higher skill levels among the staff in areas currently identified as weak. Better performance and increased engagement of the staff.
Medium	Average	Partners MSHP NMCP	Financial systems. Increase the financial resources of the NMCP 1. Mobilize endogenous financial resources 2. Seek and capitalize on other sources and external financial opportunities Strengthen internal control and internal auditing to improve the management of the NMCP 1. Conduct regular internal audits and checks at NMCP at State fund level	Financial expertise		**Results:** Good financial coverage of the NSP

			Improve transparency/communication in the management and use of state funds. 1. Distribute the State accounting and financial management manual (procedures for mobilization, disbursement, expenditure and justification of financial resources) to all members of staff **2.** Guide/train staff on procedures and mechanisms for the use of state funds			More coherent and transparent financial system

1. NMCP REMARKS

The organizational culture is a by-product of all the other components addressed in this assessment. By building the capacity of existing human resources, reorganizing services, strengthening the financial management system, and improving the quality and use of data for decision-making, the NMCP can make significant progress towards developing a positive culture. Feedback indicates that all stakeholders believe that, thanks to dynamic determination and leadership from NMCP, and the dedication and willingness of its employees to do a good job, they can overcome organizational obstacles.

During the two-day brainstorming workshop, the preliminary results of the evaluation were presented to the NMCP management. The complete list of solutions developed by participants in the brainstorming workshop can be found in Annex I. Many of their suggested solutions can also be found in the attached action plan.

After the brainstorming workshop, the PMI and assessment team gathered feedback from the NMCP team by asking them for their views on the evaluation process as a whole and what they considered to be the most important areas for improving organizational structure, management, and systems. The synthesis of the brainstorming work carried out by the NMCP is presented in the table below:

Summary of strengths, areas for improvement and recommendations

Section 1 – Organizational Framework

Elements	Strengths	Gap	Recommendations
Vision and Mission	Vision and mission clearly defined and known by interviewees	Mission of the NMCP described in the decree on the organization and functioning of the NMCP is not aligned with the global malaria elimination strategy 2016-2030	Redefine the mission in line with the global malaria elimination strategy in the NMCP organization and functioning order
		Vision not aligned with the vision set out in the NSP and NMCP Code of Conduct Vision not aligned with the malaria elimination 2016-2030 vision	Align the NMCP vision set out in the NSP with the one mentioned in the code of conduct for the global malaria elimination vision 2016-2030
Organizational structure	The NMCP is governed by order N° 311 MSHP of 4 October 2007, amending order number 170 MSHP DC /DSC		
	Existence of an NMCP organization chart	NMCP organization chart not up to date in relation to new positions (RTA, auditor) and not adapted to achieve eradication	Redefine the NMCP organization chart with the support of the DGS to consider all the departments and units adapted to achieve eradication

	Existence of supporting bodies: UCP-FM, CCM; Steering Committee and *Groupe Scientifique d'Appui* (Scientific Advisory Council)		
		Building (spaces, security, facilities, IT equipment) not suitable for accommodating the various services and staff required to achieve eradication	Relocate the NMCP to a building that is more suited to accommodating the various staff of the services on the new organizational chart
		Non-existence of a real-time exchange platform between the NMCP and its partners, especially for the DDRs, the DRs, and other partners	Create an exchange platform in real time between the NMCP and partners, especially the DDRs and DRs, and other partners using social networks (Facebook, Instagram, Skype, WhatsApp)
		Inadequate organization of the NMCP secretariat (no secretary formally attached to the CDA, professionalism of staff, premises, facilities, equipment, no switchboard unit exists)	Reorganize the secretariat so that each secretary has their own clearly defined roles and responsibilities: separate the tasks of the management assistant (attached to the coordination) and the person in charge of reception and switchboard
		Absence of logistics unit	Create a logistics unit
		The case management service includes the PSM service	Split the case management service into two distinct PSM services and CM service
Policies and Procedures (P&P)	Existence and availability of Policies & Procedures documents to guide the implementation of malaria control interventions	Absence of an internal procedure manual to formalize supply chain management	Document the internal procedure for supply chain management through the development and approval of the supply chain and stock management manual
	Existence of an operational integrated action plan		
	Existence and availability of internal procedures for the day-to-day and human resources management of the NMCP: 1. Existence of a code of conduct, 2. Statute and internal regulations		

	3. Declaration of a non-conflict of interest signed by staff		
	Existence and availability of administrative and financial procedure documents	Insufficient dissemination of the State's financial and accounting management manual (procedures for mobilizing, disbursing and justifying State financial resources by the majority of NMCP staff and managers (risk of management discontinuity in the event of the absence or departure of the 3 (three) key NMCP resource persons))	1. Organizing briefings for NMCP staff and managers about State resource management procedures 2. Distribute the State accounting and financial management manual (procedures for mobilization, disbursement, expenditure and justification of financial resources) to all members of staff
		Absence of a capacity building plan (training, seminars, etc.) for NMCP staff assisting with the NSP	Create a capacity building plan in line with the next NSP 2021-2025
Leadership	Leadership and openness of the Director-Coordinator is mostly appreciated Acceptable external advocacy capacity and mobilization of financial resources	Inadequate visibility of malaria control actions (e.g. Campaigns and WMD)	MSHP to lobby the Prime Minister/President to advocate their physical presence at world day celebrations and malaria control campaign launches in order to increase the visibility of malaria control activities
	Existence of a national coordination framework (bi-annual task force involving all partners)	Absence of documentation formalizing the national task force.	Redesign and formalize the organization of the task force based on experience: role, composition, duration, frequency, running, etc.
Coordination and Communication	Existence of regional technical advisors	Lack of understanding of the RTA's roles and responsibilities among the regional and district management teams	Organize a meeting to explain and clarify the RTA's role, which is to be attended by the DRs, DDs and Impact Malaria (this has already been done)
	Holding of periodic coordination meeting: 1. Quarterly PMO/PMI Coordination Meeting: 2. Annual program review 3. Quarterly GSA meeting 4. Weekly service meeting		
	Existence of an internal communication plan		

	Existence of HRH2030 technical advisers to facilitate Internal Communication		
		Low mobilization of resources from decentralized Territorial Communities that have a budget line devoted to social actions	Lobby the CTD for funding for malaria control operations in their areas of intervention through the budget line devoted to social actions
		Insufficient promptness when it comes to the responsiveness to various requests, exchanges, and clarifications from partners	Improve responsiveness to the various requests by reorganizing the secretariat and assigning a resource person to oversee monitoring responsiveness to various requests and discussions

Section 2 - Organizational Systems

Elements	Strengths	Gap	Recommendations
Planning and Problem Solving	Existence and implementation of a well-defined planning process	Delayed planning of control activities in the RDHPH's and DDPHH's OAPs as a result of the NMCP's, RDHPH's, and DDPHH's planning periods not being aligned	Equip RTAs to provide technical support to RDHPH and DDPHH with a view to integrating control activities in their OAP
	Existence of a formal framework for monitoring progress and seeking solutions to problems/obstacles Existence of a framework for strategic thinking and problem solving		
Supervision of Activities	Availability of integrated tools at the peripheral level	Existing supervision tools are not suitable for monitoring the important aspects of the control efforts: quality of services, quality of logistics management	Supporting the DIIS in reviewing supervision tools by integrating the quality of care and logistics aspects Develop a tool to assess quality of care and quality of laboratory services

Monitoring and Evaluation	Existence of a monitoring and evaluation manual	Insufficient hardware at the peripheral level for data management (sentinel sites)	Strengthen the computer equipment of the NMCP services (computer, server, router, hard drive)
Funding	Existence of two key technical and funding partners, GFATM and PMI (in 2018, Global Fund: 60%, PMI: 22%, and MSHP: 18% of funding for control efforts) Regular completion of annual external audits, internal audit	43% funding gap of the NSP 2016-2020 Internal control is insufficient Insufficient staff in the finance service	Strengthen the workforce in the finance service by appointing/recruiting 2 additional accountants and an internal controller (internal auditor) Consolidate internal control (internal audit)
Supply Chain/Purchasing Management	Existence of a convention (storage, management and distribution) between the CMS and the NMCP within the framework of the GFATM funding and similarly between the NSP and USAID for the PMI funding Existence of a coordination and monitoring framework dedicated to the supply chain: NCDQS (National Commission for Drug Quantification and Supply) Meeting Quarterly Feedback Workshop Conduct evaluations and periodic monitoring (logistics data quality audit, EUV survey, ABC survey) of the supply chain.		
	Monthly inventory reconciliation meeting		Strengthen the technical capacity of the NMCP coordination team and the RTAs in order to support the district and regional executive teams in terms of stock monitoring
	Availability of logistics to facilitate deliveries of inputs to the very last kilometer (minivan)		

		Absence of staff for logistics data management within the NMCP (data manager).	Consolidate the NMCP workforce by recruiting or making available: a logistician and data manager

Section 3 - Human Resources of the Organization

Elements	Strengths	Gap	Recommendations
Recruitment, Staffing and Retention, Staff	NMCP Staff (56): 66% civil servants, 18% State contractors, 12% contractors funded by Global Fund, 4% contractors funded by PMI		
	Mobility expressed by NMCP staff interviewed in 2019: 47% don't intend to leave the NMCP; 34% plan to leave the NMCP within 6-12 months due to competence; 13% have no opinion and 3% intend to leave because they are unhappy		
		Need of one (1) socio-anthropologist in consultancy to support the NMCP (for communication and prevention services) based on the requirements, due to the scarcity of this resource in the country. Need for an experienced entomologist (head of unit) and 2 junior entomologists for the entomology unit in the prevention service. Need to reorganize and split the case management service/PSM with the creation of two separate services, one for care and the other for supply management and drug stocks and antimalarial inputs. Need for a (1) data manager. Need for a (1) biostatistician or statistician engineer, an (1) archivist, and a (1) computer scientist (network and maintenance, development for the animation and updating	Recruit/assign a (1) socio-anthropologist Recruit/assign an experienced entomologist (unit head) and 2 junior entomologists Reorganize and split the case management service/PSM with the creation of two separate services, one for care and the other for supply management and drug stocks and antimalarial inputs Recruit/assign a (1) data manager, and

		of the NMCP website, electronic archiving, etc.) for the Monitoring service; Planning, Monitoring and Evaluation service. Need for two (2) Pharmacists; 2 pharmacy technicians, a (1) Data Manager for the supply management of drug stocks and antimalarial inputs service. Need for a (1) competent communicator and a (1) sociologist for the communication/partnership and social mobilization service. Need for 1 accountant and 1 procurement specialist for the administrative and financial service.	Recruit/assign a (1) biostatistician engineer or statistician, an (1) archivist (1) and 1 computer specialist Assign/Recruit two (2) pharmacists; 2 pharmacy technicians, a (1) data manager for the supply management of drug stocks and antimalarial inputs service Assign/recruit a (1) competent communicator and a (1) sociologist for the communication/partnership and social mobilization service Assign/recruit 1 accountant and 1 procurement specialist for the administrative and financial service
Roles and Responsibilities	Existence of job descriptions drawn up jointly with officers	Definition of R&R (specific and dynamic roles based on the needs, priorities and skills of each individual) Job descriptions are not discussed enough and not always understood by some members of staff. Update job descriptions, which are drawn up in consultation with the officers but are not discussed enough and are not always understood	Define in a clear and precise way the R&R (roles and responsibilities) of each NMCP officer using an R&R definition matrix. Improve understanding of Roles and Responsibilities specific to each service, unit.
Fair evaluation, reward and consequence	1. Existence of an annual appraisal process for public and contract staff funded by partners 2. Existence of a performance-based incentive system funded by the Global Fund 3. Existence of other opportunities for staff motivation: individual incentives and congratulations from the CD and/or the hierarchy for each staff member who has taken positive action during the meetings	Insufficient fair treatment of all staff in terms of performance-related motivation	Describe the performance-related motivation procedure in the internal regulations or the code of conduct

	4. Feedback and encouragement to improve 5. Opportunity to congratulate staff during NMCP leisure outings at the end of the year		
Feedback and capacity building		Insufficient skills in epidemiology, entomology, communication, monitoring and evaluation, pharmaceutical logistics, bio statistics, data management, etc. Absence of a formal or capacity building training plan for NMCP staff	Develop a staff capacity building plan. Strengthen the skills of staff in entomology, epidemiology and other fields as needed.

Section 4 – Organizational Culture

Elements	Strengths	Gap	Recommendations
Internal Communication and Transparency	Acceptable internal communication	Slow response to emails	Make staff aware of the need to improve responsiveness to emails
	An environment that encourages internal communication	Internal communication reserved for certain staff members	Improve internal communication of staff members
Teamwork	Development of a team spirit. Relationships are considered positive between colleagues and supervisors Easy participation of everyone in the decision making (monthly meeting of all staff, weekly meetings)	There is a need to strengthen the team spirit for some staff within the NMCP	Improve teamwork through Leadership Management Governance training for untrained staff
Motivational Factors (feedback, recognition, physical working environment)	Their positive achievements are frequently given recognition: encouragement from the CD at meetings, congratulations given at the NMCP fellowship celebrations and during the Mother's and Father's Days	Lack of a formal framework to evaluate and reward staff	Formalize a distinction and evaluation model for deserving staff

	Acquisition of premises on behalf of MSHP for the state. Computer equipment is inadequate for the staff to carry out their work (computers, printers, video projector).	The NMCP premises are not adequate (theft of cars, equipment, armed assaults, staff accidents)	Provide the NMCP with adequate premises (Location, surface area, number of rooms, equipment, etc.)

Annexes

Annex 1: Brainstorming Workshop Plan and Recommendations

POINTS TO IMPROVE	RECOMMENDATIONS	IMPROVEMENT SOLUTIONS/ EXPECTED RESULTS (R)	MANAGER	SUPPORT REQUIRED	SOURCE OF FUNDING	PRIORITY	IMPLEMENTATION TIMETABLE		
							Short-term by the end of 2020	Mid-term by the end of 2022	Long-term by the end of 2025
I. ORGANIZATIONAL FRAMEWORK									
Delay in ownership of the integration of malaria control activities in the private sector	The NMCP must strengthen the process of integrating malaria control activities in the private sector (private clinics and companies) in accordance with the district approach by the end of 2020	Develop a guidance note for the effective involvement of private clinics in malaria control activities 1. R: A guidance note for the effective involvement of private clinics in malaria control activities is created	NMCP		GFATM/PMI	High	X		
		Organize an advocacy workshop with private clinic owners 2. R: Private clinic owners are lobbied in order to strengthen the integration of malaria control activities	NMCP/ ACPCI		To be determined	High	X		
		Make use of the minivans acquired through HSS/GFATM to supply private clinics with antimalarial inputs 3. R: Private clinics are supplied with antimalarial inputs by minivans at department level	NMCP/ Health district	MHSP	To be determined	High	X		

Representation at the highest level of the state in terms of malaria control activities is insufficient	The state of the IC at the highest level (Presidency, Prime Minister, First Lady, etc.) should improve their representation in terms of malaria control activities by the end of the year 2020	MSHP to lobby the Prime Minister/President to advocate their physical presence at world day celebrations and malaria control campaign launches 4. R: MSHP to lobby the Prime Minister/President to advocate their physical presence at World Malaria Days and launches of LLIN distribution campaigns 5. R: The Prime Minister and/or President attend World Malaria Days and launches of LLIN distribution campaign days	DGS/ MHSP	MHSP	GFATM/PMI	High	X	X	
		The MSHP shall lobby the President of the Republic to issue a decree instructing all ministries and communities to become actively involved in the fight against malaria 6. R: A presidential decree instructing all ministries and communities to become actively involved in the fight against malaria is adopted and signed	DGS/ MHSP	MHSP and Prime Minister	To be determined	High	X	X	
		The MSHP shall lobby the National Assembly to obtain its support, involvement and representation at the World Malaria Days and the launches of the LLIN distribution campaigns 7. R: The National Assembly attends the World Malaria Days and launches of LLIN distribution campaign days	MSHP/ DGS	MHSP	No cost	High		X	
Delay in the process of establishing a national vector control committee	The NMCP should try to accelerate the process of establishing a national vector control committee, coordinated by the NMCP, through the signing of the	Follow up on the process of signing the ministerial order by the MSHP 8. R: The ministerial decree for creating and organizing the national vector control committee is signed before the end of 2019	DGS	MHSP	No cost	High	X		

	ministerial order by the end of 2019								
The involvement of other ministries (Health, Sanitation, Infrastructure, Defense, Home Security, Agriculture, etc.) in the fight against malaria is not sufficient	Other ministries (Health, Sanitation, Infrastructure, Defense, Home Security, Agriculture, etc.) need to strengthen their involvement in the fight against malaria by the end of 2020	Lobby the President of the Republic to issue a decree instructing all ministries and communities to become actively involved in the fight against malaria 9. R: The President of the Republic is lobbied by the MSHP to issue a decree instructing all ministries and communities to become actively involved in the fight against malaria 10. R: A presidential decree instructing all ministries and communities to become actively involved in the fight against malaria is adopted and signed by the end of 2020	NMCP/ MSHP	MHSP/ PMI/ USAID	GFATM/ MHSP	High	X	X	
		Systematically invite other ministries (Health, Sanitation, Infrastructure, Defense, Home Security, Agriculture) to participate in the NMCP's main activities (Creation of NSP, annual review, task force) 1. R: other ministries are invited to and participate in the NMCP's main activities	NMCP	MHSP	GFATM/ MHSP	High	X		
Understanding among various stakeholders of the roles and responsibilities of the regional technical advisers (CTRS) in support of the Regional Directoratesfor Health and Public Hygiene	The NMCP must improve understanding among various stakeholders of the roles and responsibilities of the regional technical advisers (CTRS) in support of the Regional Directorates for Health	Organize a meeting to explain and clarify the RTA's role, which is to be attended by the DRs and Impact Malaria 2. R: The strategic support roles and responsibilities of the Regional Technical Advisors are explained to the DRs	NMCP/ CT HRH2030	DGS	PMI	High	X		
		Share the RTA specifications with the DRs	NMCP	DGS	PMI	High	X		

(RDHPH) is not harmonized	and Public Hygiene (RDHPH) by the end of 2020	3. R: The RTA's RDT are shared with the Regional Directors and Departmental Directors or Health							
		Explain the role of RTAs to RDHPH employees and the Regional Executive Team 4. R: the role of RTAs is explained to RDHPH employees and the Regional Executive Team	NMCP	DGS	PMI	High	X		
		Organize a workshop with the RTAs, PMI/Impact Malaria and other RDHPH stakeholders 5. R: The strategic support roles and responsibilities of the Regional Technical Advisers (RTA) are understood by all stakeholders	NMCP/CT HRH2030	DGS	PMI	High	July 2019		
Unsuitable NMCP premises: space is limited and cramped given the number of staff members, located on the side of the road, with risks to staff safety	Before the end of 2019 the MSHP must provide the NMCP with appropriate premises that it can use as a base from which to carry out its malaria control mission	Continue efforts with the MSHP to obtain appropriate premises for the NMCP (mobilization of resources for acquisition or made available by the MSHP). 6. R: The NMCP has a suitable premise that fits its needs (staff, mission, etc.)	DGS	MHSP	BGF	High	X		
Poor financial support/contribution of staff, vehicles, Decentralized Territorial Communities rooms (CDT: town halls, regional councils) for malaria control activities	Decentralized Territorial Communities (CDT: town halls, regional councils) must increase their financial support/staff contribution, vehicles, rooms, and funding for malaria control activities by the end of the 2020-2022 period	Advocate for an increase in CTD financial/contribution support 1. R: An increase in CTD financial/contribution support for malaria control activities is advocated for 2. R: CTDs increase their financial/contribution support for malaria control activities	NMCP CDT	MHSP/ UVICOCI	To be determined	Medium	X	X	
		The CDTS will have to provide a budget line for malaria control activities on the instructions of the prime minister's office	Prime minister's office/CDT	Prime minister's office	To be determined	Medium	X	X	

		3. R: a budget line for malaria control activities is provided for by the CDTs in their budgets							
Lack of visibility of companies' contributions to funding malaria control activities (CSR)	The NMCP must increase visibility of companies' contributions to funding malaria control activities (CSR) by the end of 2022	Organize a workshop for sharing the results of the study on the contributions of private sector companies 1. R: a workshop for sharing the results of the study on the contributions of private sector companies is organized 2. R: increased visibility of companies' contributions to funding malaria control activities (CSR)	NMCP	DGS/ CCECI	To be determined	Medium	X	X	
		Conduct a detailed study on the cost analysis of the contribution of private companies and religious organizations to fighting malaria 3. R: a detailed study on the cost analysis of the contribution of private companies and religious organizations is conducted	NMCP	DGS/ ACEEPCI	To be determined	Medium	X	X	
Insufficient staff in some areas and/or absence of some malaria control units/services in the NMCP	The NMCP needs to improve its organization and operation at central level by the end of 2020 through the provision of sufficient and qualified staff and the creation of the units/services required to carry out its mission (see Annex G Personnel file NMCP-2019 VF2)	Amend the organization chart and the decree on the organization and operation of the NMCP 4. R: The organization chart and the decree on the organization and operation of the NMCP are amended	NMCP/ DGS	MHSP	To be determined	High	X		
		Send a request to the MSHP to cover the positions that have not been filled following the recruitment (permanent contract, fixed-term contract or consultancy) and the internal redeployment of the staff 5. R: Send a request to the MSHP to cover the positions that have not been filled following the recruitment (permanent contract, fixed-term contract or consultancy) and the internal redeployment of the staff	NMCP	DGS/ MHSP	To be determined (GFATM, PMI or BGF)	High	X		

		Identify within the services of the NMCP, the appropriate staff that can be redeployed internally to fill vacancy needs 6. R: the appropriate staff are redeployed internally to fulfill NMCP's vacancy requirements	NMCP	DGS/ MHSP	To be determined	High	X		
		Make MHSP staff available to NMCP to cover positions that have not been filled following the redeployment of staff 7. R: MHSP makes staff available to the NMCP to cover staffing needs	NMCP/ HRD/	DGS/ MHSP	To be determined	Medium		X	
		Build the capacity of existing staff to fill vacancy needs 8. R: The capacity of existing staff is strengthened in order to fill position needs	NMCP	DGS/ MHSP	To be determined (GFATM; PMI; BGF, other)	High	X		
		Update job descriptions, especially with the creation of new services/positions	NMCP	DGS	To be determined	High	X		
		Create a *logistics unit* attached to the Management-Coordination service R: A logistics unit is created and attached to the NMCP Management-Coordination	NMCP	DGS/ MHSP	To be determined	High	X		
		Recruit a (1) logistician and a (1) pharmaceutical assistant logistician for the NMCP logistics unit 9. R: A (1) logistician and a (1) pharmaceutical assistant logistician are recruited for the NMCP logistics unit	NMCP	DGS/ MHSP	To be determined	High	X		
		Recruit an (1) internal auditor and a (1) management controller attached to the NMCP Coordination Directorate service 10. R: An (1) internal auditor and a (1) management controller attached to the	NMCP	DGS/ MHSP	To be determined	Medium		X	

		NMCP Coordination Directorate service are recruited							
		Reorganize the prevention service (vector control) with the creation of several units within it, including a Pregnancy and Malaria unit, a unit in charge of LLINs and an entomology unit (~~PID~~IRS...) 11. *R:* the prevention service is reorganized and consists of several units, including a Pregnancy and Malaria unit, a LLIN unit (mass and routine) and an entomology unit	NMCP	DGS/ MHSP		High	X	X	
		Recruit 1 socio-anthropologist as a consultant to support the NMCP (for communication and prevention services) whenever required 12. R: 1 socio-anthropologist consultant is contracted to support the NMCP's communication and prevention services whenever required	NMCP	MHSP/PMI/USAID/WHO	To be determined	Medium	X	X	
		Recruit an experienced entomologist (head of unit) and 2 junior entomologists for the entomology unit in the prevention service 13. R: An experienced entomologist (unit head) and 2 junior entomologists for the entomology unit	NMCP	PMI/ USAID	PMI/ USAID/ GFATM	High	X		
		Reorganize and split the *case management service/PSM* with the creation of two separate services, one for *care* and the *other for supply management* and stocks of drugs antimalarial inputs: 14. The *case management service/PSM* is reorganized and split into of two separate services, one for *care and training* and the *other for supply*	NMCP	DGS/ PMI/ USAID / WHO	To be determined	High	X	X	

		management and stocks (drugs and antimalarial inputs)							
		For the *Planning, Monitoring and Evaluation, and Monitoring service*, recruit: a (1) data manager, a (1) biostatistician or statistician engineer and an (1) archivist and a (1) computer scientist 15. R: a (1) data manager, a (1) biostatistician or statistician engineer and an (1) archivist are recruited	NMCP	Global Funds	Global Funds	High	X	X	
		Recruit 4 Pharmacists; 2 pharmacy technicians, 1 Data Manager to support the *supply management of drug stocks* and antimalarial inputs service 16. R: 4 Pharmacists, 1 Data Manager, 2 pharmacy technicians are recruited for the supply management of drug stocks and antimalarial inputs service:	NMCP	MSHP/ DGS	To be determined (GFATM, PMI, BGF or other)	High	X	X	
		Recruit for the *communication- partnership* and social mobilization service: one (1) communicator/journalist and a (1) sociologist 17. R: A (1) communicator/journalist and a (1) sociologist are recruited for the communication/partnership and social mobilization service	NMCP		To be determined (GFATM, PMI, BGF or other)	High	X		
		Recruit for the *NMCP administrative and financial department*: 1 accountant and 1 procurement specialist 18. R: An accountant and a procurement specialist are recruited for the NMCP administrative and financial department	NMCP	DGS	GFATM/PMI/ BGF	Medium	X	X	

The Regional Health Directorate organizational chart does not include the Regional Technical Advisor position	The DGS must include the RTA in the Regional Health Directorate organizational chart	Include the RTA post in the DRHSP (Regional Directorate for Health and Public Hygiene) organizational chart 19. R: The post of Regional Technical Adviser is included in the DRHSP organizational chart	NMCP	DGS	GFATM/PMI/ BGF	Medium		X	
Lack of communication within missions regarding malaria focal points at regional and departmental level are not adequately defined.	Improve communication within missions about malaria focal points at regional and departmental level	-Draw up terms of reference for regional and departmental malaria focal points -Circulate the terms of reference for regional and departmental malaria focal points to DRs and DDs 20. R: the terms of reference for regional and departmental malaria focal points are drawn up 21. R: The terms of reference for regional and departmental malaria focal points are distributed to the DRs and DDs	NMCP	DGS	GFATM/PMI/ BGF	High	X		
Absence of a formal standard regarding the quality of services provided by NMCP	NMCP needs to draw up a document stating the quality standards and guidelines for anti-malaria care and services	1. Organize workshops to draw up and approve the quality standards and guidelines for anti-malaria care and services in relation to the health care and services quality policy document (MSHP/DGS/DMHP) 2. Circulate the document stating the quality standards and guidelines for anti-malaria care and services	NMCP	DGS/ DMHP	GFATM/PMI	High	X	X	
Absence of an internal procedure for supply chain management	NMCP needs to produce an internal procedure guide for supply chain and stock management	Produce an internal procedure guide for supply chain and stock management	NMCP	PNDAP/ PSP/CT HRH2030		High	X	X	
Lack of knowledge about the state's financial management procedures									

II. SYSTEM									
The process of procurement, delivery of services, planning, and respect for the tasks relating to the missions and duties of GF UCP are not adhered to	GF UCP must improve the processes of procurement, delivery of services, planning, and respect for the tasks relating to the missions and duties by the end of 2019	Organize a meeting between UCP, the authority (DGS) and NMCP to provide a reminder about respecting the missions and duties as defined in the decree of creation R: a reminder to respect the missions and duties of the UCP, as defined in the decree of creation is issued during a meeting between DGS, UCP and NMCP	DGS	DGS/PMI /USAID	No cost	High	X		
The process for making funding available in the required timeframes on an ongoing basis by the NMCP's financial partners is not adhered to	The NMCP financial partners need to improve the process of making funding available in the required timeframes on an ongoing basis	Ensure the timely availability of funds in accordance with the implementation periods of the NMCP Operational Action Plans R: funds are made available in a timely manner in accordance with the implementation periods of the NMCP Operational Action Plans	NMCP TFP	DGS	No cost	High	X	X	X
Logistics management (IT hardware management and distribution plan, absence of logistics unit, amortization plan) is not clearly defined by the NMCP	The NMCP must improve logistics management (IT hardware management and distribution plan, absence of logistics unit, amortization plan)	Create a logistics unit attached to the NMCP Coordination-Management (see logistics unit attached to the NMCP Coordination-Management considered further above in the table)	NMCP		To be determined	High	X	X	
The framework for collaboration with the national consortium of research institutes and/or researchers is not clearly defined	The NMCP needs to redefine the framework for collaboration with the national consortium of research institutes and/or researchers by the end of 2019	Review the partnership with universities and/or researchers by areas of expertise in order to facilitate the delivery of support in accordance with TFP procedures R: The partnership with universities and/or researchers by areas of expertise is reviewed in order to facilitate the delivery of support in accordance with TFP procedures	NMCP	DGS	To be determined	High	X		
The IC State funding contribution for the total coverage of the activities of the NSP (15% for	The State of CI should continue and increase its level of funding for the total coverage of NSP	-MHSP to lobby the Prime Minister to progressively increase state funding for malaria	NMCP/MHSP	Prime Minister's office, MHSP/P	To be determined	High	X	X	X

health) over the 2019-2024 period is to be encouraged	activities to match state funding (15% for health) over the 2019-2024 period	control over the 2019-2024 period based on the compensation paid in 2018 1. R: State funding for malaria control is progressively increased over the 2019-2024 period because of the compensation paid by the state in 2018 R: state funding for malaria control is gradually increased from 2019 to 2024 because of state funding payments made in subsequent years in 2017 and 2018		MI/USAID/WHO					
Some providers report that the guidelines on free diagnosis and treatment related to uncomplicated malaria are not always respected despite the communication efforts on free diagnosis and treatment made by the NMCP by the end of 2020	The MSHP must ensure that the guidelines on free diagnosis and treatment related to uncomplicated malaria reported by certain providers are respected despite the communication efforts on free diagnosis and treatment made by the NMCP by the end of 2020	Issue a ministerial order to sanction non-compliance with free diagnosis and treatment related to uncomplicated and severe malaria 1. R: a ministerial order to sanction non-compliance with free diagnosis and treatment related to uncomplicated and severe malaria is issued 2. R: The ministerial order to sanction non-compliance with free diagnosis and treatment related to uncomplicated and severe malaria is disseminated at all levels of the health pyramid	MSHP/ DGS	DGS	No cost	High	X		
Failure of some service providers to comply with guidelines on free diagnosis and treatment of severe malaria in pregnant women and children under 5 years of age	The MHSP must ensure that the guidelines on free diagnosis and treatment of severe malaria in pregnant women and children under 5 years of age are complied with by the end of 2020	Distribute the ministerial order sanctioning non-compliance with free diagnosis and treatment related to uncomplicated and severe malaria at all levels of the health pyramid R: the ministerial order to sanction non-compliance with free diagnosis and treatment related to uncomplicated and severe malaria is disseminated at all levels of the health pyramid	MSHP/ DGS	DGS	To be determined	High	X		
The collaborative framework of the national consortium of research institute	The NMCP need to redefine the collaborative framework of the national	Revise the NMCP/universities partnership according to areas of expertise	NMCP	DGS	To be determined	High	X		

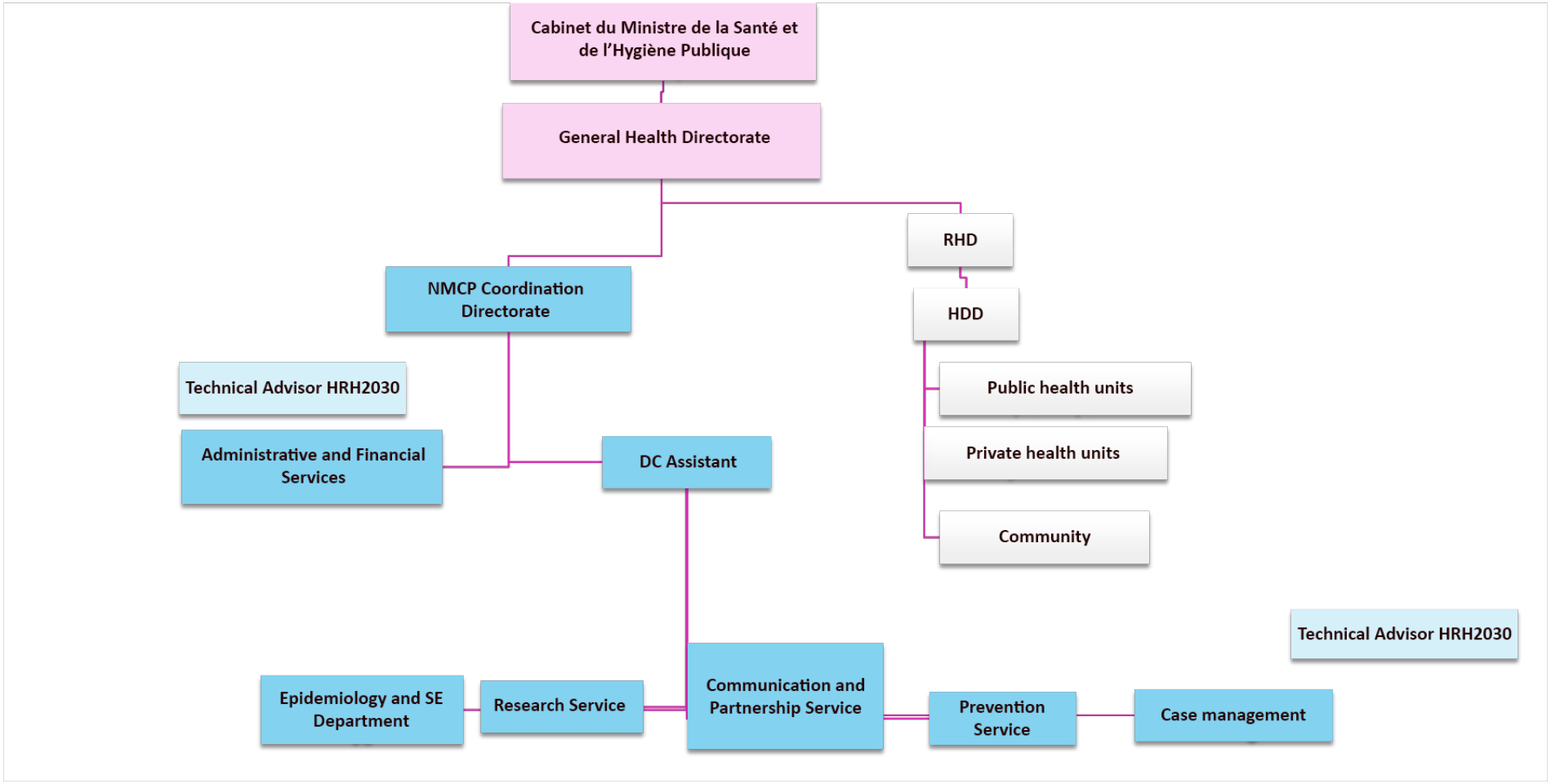
experts is not adequately defined	consortium of research institute experts by the end of 2020	R: the NMCP/universities partnership is revised according to areas of expertise							
The financial resources to be mobilized to ensure coverage for the implementation of the NSP's 2016-2020 activities (vector control) are not sufficient	The NMCP must mobilize additional financial resources ensure coverage for the implementation of the NSP's 2016-2020 activities: vector control	Mobilize additional financial resources from local private enterprises under the leadership of the prefectural corps R: Additional financial resources are mobilized from local private enterprises under the leadership of the prefectural corps	Prefect/ NMCP	DGS/ Ministry of the Interior	To be determined	Medium	X	X	X
		Mobilize additional financial resources from local authorities (regional councils and town councils) under the leadership of the prefectural corps R: Additional financial resources from local authorities (regional councils and town councils) are mobilized under the leadership of the prefectural corps	Prefect/NMCP	DGS/ Ministry of the Interior	To be determined	Medium	X	X	X
		Mobilize additional financial resources from local development cooperatives under the leadership of the prefectural corps R: Additional financial resources are mobilized from local development cooperatives	Prefect/ NMCP	DGS/ Ministry of the Interior	To be determined	Medium		X	X
Absence of a physical and electronic library within the NMCP for document reviews. NMCP website has insufficient animation and archiving	The NMCP needs to create a library (physical and electronic) by 2020	Create a resource room within the NMCP R: The NMCP has a resource room	NMCP	MHSP/ PMI/ USAID/ GFATM	To be determined	Medium		X	
		Digitize documents and make them available on the NMCP website R: the documents are all digitized and available on the website	NMCP	MHSP/ PMI/ USAID/ GFATM	To be determined	High	X		
The database for keeping track of trained providers has not been updated	The NMCP must update the database for keeping track of trained providers by 2020	Periodically update the database for keeping track of trained providers	NMCP			High	X		

Transparency in the management and use of state funds	The NMCP must improve transparency in the management and use of state funds	Continue communication with relation to the state-allocated budget	NMCP			Medium		X	
III. HUMAN RESOURCES									
The NMCP does not have enough skilled human resources to carry out its mission	The MSHP must provide the NMCP with sufficient skilled human resources	Cf the NMCP human resources file	NMCP Financial partner	DGS/ MHSP	To be determined	High	X		
The MSHP (HRD) sometimes does not consider the expectations and needs of the NMCP in terms of the allocation of staff by the State	The MSHP (HRD) must consider the expectations and needs of the NMCP in terms of the allocation of staff by the State	1. Draw up job descriptions for vacant positions and/or provide them for each service R: job descriptions are drawn up for vacant positions and/or are to be provided	NMCP	DGS, CT HRH2030, TFP	To be determined	High	X		
		2. Lobby the HRD/MSHP to consider the expectations and needs of the NMCP in terms of staffing. R: the HRD/MSHP is lobbied to consider the expectations and needs of the NMCP in terms of staffing	DGS/NMCP	DGS	To be determined	High	X		
Staff motivation and encouragement is not formalized in a document	The NMCP must formalize the motivation and encouragement of staff in a document by the end of 2020	Draw up a reference document for staff motivation and encouragement R: A reference document for staff motivation and encouragement is created and made available	NMCP	DGS, TFP CT HRH2030	To be determined	To be determined	X		

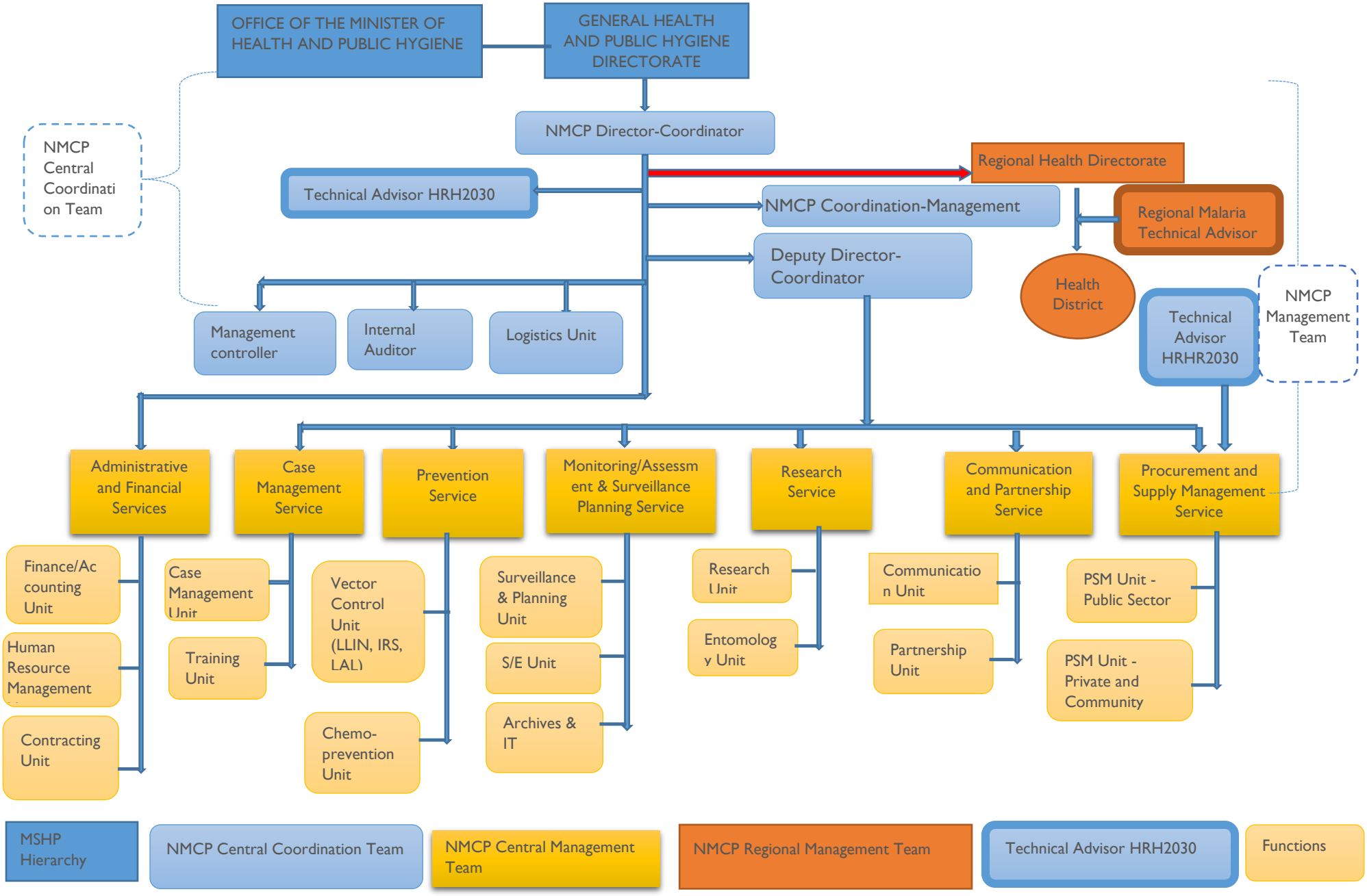
The NMCP does not have a consolidated staff training plan	The NMCP must produce a consolidated training plan for NMCP staff at a workshop by the end of 2020-2019	Hold an NMCP staff consolidated training plan development workshop 3. R: A consolidated training plan for NMCP staff is produced and made available	NMCP	GFATM/ PMI/ USAID, CT HRH2030	To be determined	High	X		
Roles and responsibilities of some members of staff have not been updated	The NMCP must update the roles and responsibilities for all NMCP members	Review and update the existing job descriptions in terms of roles and responsibilities Hold briefing sessions about the roles and responsibilities of staff members	NMCP					X	
IV. CULTURE AND COMMUNICATION									
The manner in which the UCP communicates with the RDHPH about financial matters (reimbursements of ineligible FM expenses) is not appropriate	The UCP must improve its method of communication with the RDHPH with regard to financial matters (reimbursements of ineligible FM expenses)	- Make funds available in DR and HDD five days before the activities are carried out - Hold a meeting to clarify the procedures and provide DR and HDD with the necessary information - Funds are made available in DR and HDD five days before the activities are carried out 4. R: - A meeting is held to clarify the procedures and provide DR and HDD with the necessary information regarding the use of received funds	UCP	DGS	GFATM	High	X		
Insufficient distribution of information and documents about malaria via the NICT (NMCP website: physical and electronic archiving, library, etc.)	The NMCP must improve the distribution of information and documents about malaria via the NICT (NMCP website: physical and electronic archiving, library, etc.)	Systematically update the NMCP website by integrating all of the NMCP's normative documents, reports and activities R: the NMCP website is updated and includes all of the NMCP's normative documents, reports and activities Create a Facebook and Twitter account for the NMCP	NMCP	DGS	GFATM/PMI/ USAID	High	X		

		R: a Facebook and Twitter account are created for the NMCP							
Delay in response times to external communication with partners (timely responses to emails) and monitoring the delegation of NMCP Coordination-Management tasks	The NMCP must improve response times to external communication with partners (timely responses to emails) and monitoring of the delegation of NMCP Coordination-Management tasks	Involve the NMCP Coordination-Management secretariat in responding promptly to external emails R: the NMCP Coordination-Management secretariat is involved and external emails are answered promptly	NMCP	NMCP Coordination-Management	No cost	High	X		
		Create support for delegation and task monitoring R: support for delegation and task monitoring is created	NMCP	CT HRH2030	To be determined	High	X		
		Train staff in time management R: staff are trained in time management		CT HRH2030	To be determined	High	X		

Annex 2: Current NMCP Organization Chart



Annex 3: Proposal for a New NMCP Organization Chart for Côte d'Ivoire



Annex 4: Organizational Capacity Assessment Approach and Tools

Using the aforementioned OD model as a guide, the evaluation team carried out a swift organizational assessment of the NMCP. A mixed approached was used, and included reviewing key documentation, conducting semi-structured interviews, carrying out a staff engagement survey, holding an organizational brainstorming workshop, and involving the NMCP senior management in a follow-up questionnaire.

Document Review

To be fully informed of the context in which the NMCP operates and before developing the evaluation tools, the evaluation team conducted a review of the documentation. The documentation review provided information on the history of the NMCP and the context in which it operates, and informed the team evaluating the current statistics on malaria and the environmental challenges. One of the key documents reviewed was the Capacity Assessment Tool (OCAT) used by the LMG in 2014 and 2017 to assess the NMCP's ability to fulfill its role. The assessment and subsequent capacity building efforts provided a historical view of the way in which similar assessments might have influenced the NMCP. A complete list of the documents reviewed can be found in Annex D.

Semi-structured Interviews

The evaluation team conducted semi-structured interviews with 25 key informers from the National Directorate of the NMCP and the Agboville region, as well as the main stakeholders of the MHSP and the technical and financial partners (TFP) of the NMCP. The informers were selected in consultation with the PMI and considering advice from two key HRH2030-CBM advisors working with the NMCP. The evaluation team then developed seven (7) separate and semi-structured interview guides to support the process.

Interview Guide No. 1 was developed for the NMCP management team and included questions covering the four groups of the OD model, as well as questions regarding decision-making, management, communication, and collaboration with external partners (for example, MHSP and TFP). Interviews were conducted with the NMCP coordination team for a total of (6).
Interview Guide No. 2 for NMCP service managers included questions covering the four groups of the OD model, with a particular focus on objectives and operations, capacity, and service staff. Interviews were conducted with the NMCP managers for a total of (6).
Interview Guide No. 3 was developed for the regional level of NMCP and focused on coordination with the central NMCP and MHSP. The main topics of this interview included supervision, data collection/M&E and coordination of field activities with the NMCP. The interviews were conducted with managers and took place in Agboville, for a total of four (4) interviews.
Interview Guide No. 4 was developed for NMCP partners and focused on the themes of collaboration and communication and provides insight into the opportunities and challenges faced by the NMCP. Interviews were held with nine (9) TFP (WHO, UNICEF, Save The Children, Breakthrough Action; Abt Associates/Vector Link; PSI/Impact Malaria, Measure Evaluation, ISCHTA-PSM, GSA).
Interview Guide No. 5 was developed for the relevant MHSP managers and focuses on the themes of program management, collaboration and communication, and aims to provide an insight into their perspectives on the opportunities and challenges faced by the NMCP. Interviews were held with three (DGS, UCP, NPSP) people at MHSP.
Interview Guide No. 6 was developed for NGOs/CBOs and focuses on the themes of collaboration and communication. It helps to provide an insight into their perspectives on the opportunities and challenges that the NMCP has to face.
Interview Guide No. 7 was developed for ESPCs/health centers and focuses on the themes of collaboration and communication and provides insight into the opportunities and challenges faced by the NMCP.

The complete lists of key informers can be found in annex 5.

The semi-structured interviews were conducted by a team of two to three people, depending on the case, one leading the interview and the other (two) taking notes. The answers to the interviews were entered verbatim in Word and sorted by topics and key phrases in Excel. Theme categories and key phrases have been grouped into the four main domains described in the OD model. When evaluating the consistency of the interviews conducted and the information collected during the documentation review, the evaluation team found that the challenges and opportunities were well documented.

Employee Engagement Survey

30 of the 54 NMCP staff members responded to a confidential and anonymous survey on staff engagement, the aim of which was to gain a better insight into the culture of the NMCP and the opinions of members of staff. The survey, adapted from Gallup Q12, seeks to understand the concepts of staff accountability and their responsibility to influence organizational change (Wellins et al. 2007; Gallup 1993-1998). The survey was conducted at the weekly staff meeting. The survey consisted of 14 questions ranked on a Likert scale from 1 to 4 and was focused on various topics which examined the clarity of expectations regarding their work, teamwork, relationships with colleagues and supervisors, the type of feedback received about one's work, and two questions about how they use the data for decision making. Three open questions were added to the survey. They included how long these people planned to stay at the NMCP, what they would like to share with senior management and what they saw as the biggest challenge for the NMCP in fulfilling its mission. The results of this survey are included in the relevant sections of the report.
NMCP staff (31 individuals) were asked to mention 5 strengths and 5 weaknesses/areas for improvements. The data collected was then shared during the brainstorming workshop.

Brainstorming Workshop

The preliminary findings of the semi-structured interviews and the engagement survey were shared with members of the NMCP leadership and management team, representatives of the Ministry of Health and of one region during a two-day workshop. The evaluation team presented the assessment approach and the preliminary findings according to the four thematic areas of the OD model, and facilitated group sessions during the two days of the workshop so that participants could discuss the findings and identify possible solutions. The groups were asked to prioritize the interventions and identify those they thought they could do themselves, with the help of the MHSP, and those they felt needed external expertise and funding. The agenda and the list of participants are presented in Annex F.

Follow-up Questionnaire

After the brainstorming workshop, the action plan was submitted by email to the NMCP's national coordinator and deputy coordinator and 2 HRH2030 technical advisors for their opinion in order to clarify some of the points raised during the interviews and the brainstorming discussions and to reflect on the solutions that they found to be the most useful and informative. The CDA responded on behalf of the NMCP and their observations are reflected in the action plan section.

Annex 5: The Terms of Reference for the Rapid Assessment of the Organizational Capacity of the National Malaria Control Program in Côte d'Ivoire

Objective

The purpose of this technical assistance was to assess the management and organizational capacity of the National Malaria Control Program in Côte d'Ivoire (NMCP) to fulfill its management role, coordinate the implementation and monitoring of its NSP to achieve the expected results as outlined in the 2016-2020 NSP for malaria control (see reference 1). The objectives of the mission were carried out through an operational action plan: (a) to identify gaps and clear priorities for improvement; (b) to establish concrete actions and interventions that can help the NMCP to address its institutional weaknesses and to exploit its strengths. The action plan and resulting recommendations will provide the NMCP with a roadmap to improve its mandate to coordinate malaria strategies at the national level

Context

Côte d'Ivoire is located in West Africa and covers an area of 322,462 km2. It borders Mali and Burkina Faso to the north, the Gulf of Guinea to the south, Ghana to the east and Liberia and Guinea to the west. The political capital is Yamoussoukro, which is located 248km north of the economic capital of Abidjan. According to the 2014 general population and housing census, the population of Côte d'Ivoire was 22,671,331 in 2014 and is estimated to be 26,232,692 in 2018, of which 51.2% reside in urban areas and 48.8% reside in rural areas. The population density is 74 inhabitants/km2. Forty-three per cent of the total population are below 15 years of age and 49% are women. Women of childbearing age represent 24% of the population, while children under 5 years of age represent 16%. The annual population growth rate is estimated at 2.6%.

Malaria is endemic throughout the year in Côte d'Ivoire, with peaks during the rainy season. The rains occur in parallel with a sub-equatorial climate between May and July for the main season and between October and November for the secondary season and with a tropical climate from March to May. Côte d'Ivoire enjoys a tropical climate with four seasons in the coastal and central regions and two seasons in the savannah in the north, including a long dry season from November to May and a wet season from June to October. The coastal and central region has:

5. A long, dry season from December to May
6. A short, dry season from July to October
7. A long, wet season from May to July and
8. A short, wet season from October to November.

The NMCP was established in Côte d'Ivoire in 1996. The previous national strategic plan covered the 2012-2017 period. This plan was replaced by the current plan, adopted in 2016, which covers the 2016-2020 period. The main objectives of the National Malaria Strategic Plan 2016-2020 (NMSP 2016-2020) are outlined below.
The NMSP 2016-2020 objectives are as follows:

1. Reduce the incidence of malaria by 40% from the 2015 reference point by 2020; and
2. Reduce malaria mortality by 40% from the 2015 reference point by 2020.

To achieve these two objectives, the following objectives have been outlined:

1. At least 80% of population sleep under a net with long-lasting insecticide
2. At least 80% of children sleep under a net treated with long-lasting insecticide
3. At least 80% of pregnant women sleep under a net treated with long-lasting insecticide
4. At least 80% of the population in target areas have been protected by IRS during the past twelve months
5. At least 80% of pregnant women have received at least three doses of SP during prenatal consultations

6. At least 90% of suspected malaria cases have been tested with rapid diagnostic tests or microscopy
7. At least 90% of confirmed uncomplicated malaria cases have been treated correctly in health facilities in accordance with national treatment guidelines.
8. At least 90% of complicated malaria cases confirmed in hospitals have been treated correctly in accordance with national treatment guidelines.
9. At least 90% of uncomplicated malaria cases confirmed by community health workers have been treated correctly within 24 hours of the symptoms appearing, in accordance with national treatment guidelines.
10. At least 80% of the population are aware of the main signs of malaria and the prevention measures.
11. At least 80% of the reports expected from health institutions at the national level have been received (the HMIS report).

The country's strategic directions and priorities for malaria control, as outlined in the 2016-2020 PNSM, are as follows: 1) Achieve and maintain universal coverage of malaria prevention measures and their use, in particular vector control among the general public and IPT; (2) Ensure universal coverage of biological confirmation of suspected malaria cases in public sector health facilities; 3) Achieve universal coverage for biological confirmation of suspected malaria cases at the community level in children under five years of age; (4) Achieve universal coverage for the correct treatment of cases seen in integrated public and non-profit health care facilities; (5) Aim for universal coverage for the correct treatment of uncomplicated malaria cases in the community among children under five years of age; 6) strengthen social mobilization and communication on preventative measures and treatment of malaria; (7) strengthen the capacities of management, coordination and program management at all levels; (8) Develop an effective mechanism to mobilize resources for control activities.

The Global Fund to Fight AIDS, Tuberculosis and Malaria has been the main donor supporting malaria control efforts in Côte d'Ivoire over the last decade. The first Global Fund grant given to Côte d'Ivoire for malaria control covered the seven-year period from 2009 to 2015, the NMCP and CARE International being the two main recipients and was in the amount of $186 million (approximately $30 million per year). The next grant from the Global Fund (NFM1) covered the 2015-2017 period and supported public case management

An assessment conducted in April 2014 by the Leadership, Management and Governance (LMG) Project, funded by USAID, revealed significant weaknesses in the program's technical, financial and programmatic operations. Due to a lack of resources, this assessment was not followed by an action plan aimed at correcting these weaknesses and strengthening the capacity of the program's coordination and management. With the advent of PMI, it has become all the more vital that funding for malaria control has increased significantly and, as a result, the current workload requires stronger organization to carry out the planned activities and achieve the results and objectives set out in the strategic plan. The current NMCP technical and financial partners in Côte d'Ivoire include the Global Fund, PMI, WHO and UNICEF.

Scope of the Evaluation:

In accordance with the PMI terms of reference, the assessment will consist of evaluating the capacity of the National Malaria Control Program (NMCP) to fulfill its management and coordination role, with regard to the objectives and results set forth in the national malaria strategic plan. The following tasks will be carried out:

1. Conduct a systematic review of existing assessment reports on the NMCP institutional performance supported by the Government of Côte d'Ivoire and its malaria control partners, including the report produced by LMG in 2014.
2. Examine the processes and functions of the NMCP, including its organizational structure, staff categories, roles and responsibilities of each department, department heads and staff members.

3. Assess the organizational structure of the NMCP in relation to the standards set by the World Health Organization and the Roll Back Malaria (RBM) partnership.
4. Assess the adequacy of roles and responsibilities with regard to the objectives and results pursued in the National Malaria Strategic Plan, as well as synergistic approaches to operate as a team.
5. Identify challenges the program is facing in conducting its day-to-day operations as well as conducting strategic thinking to achieve the objectives and results of the national malaria strategic plan.
6. Interview key NMCP staff, both technical and administrative, to assess their vision of the organizational structure and performance (strengths, weaknesses, challenges and opportunities) of the program coordination.
7. Interview technical and financial partners of the NMCP to understand their views and request their recommendations on approaches and strategies to strengthen the management and coordination capacity of the program.
8. Interview GoCI/MoH officials to discuss their views and recommendations in the context of the growth of the malaria portfolio and opportunities for strengthening the management of the program.
9. Assess opportunities to decentralize NMCP interventions and ways to promote bottom-up planning and accountability of key players mainly with regard to the performance of the supply chain.
10. Review lines of communication with the Ministry of Health to ensure the NMCP receives oversight and the support needed to conduct coordination activities in a harmonious manner.
11. Assess existing coordination mechanisms at the central, regional and operational levels, in line with the RBM Partnership guidance for coordination.
12. Assess the collaboration of the NMCP with its financial and technical partners to ensure effective coordination of efforts geared towards achieving objectives and results expected in the National Malaria Strategic Plan.

Assessment Context

A similar assessment was backed by the PMI in Niger in 2018-2019. This assessment was also conducted by Open Development, as a member of the HRH2030 program consortium. Lessons learned from the methodological approach and the implementation of this assessment will be used to conduct this assessment in Côte d'Ivoire. A toolbox has been developed in Niger and will be reused and adapted according to the local context using the following methods:

1. A review of the documentation
2. Interviews with key informers
3. An Engagement Survey
4. An "Action Plan Development Workshop", which will build on the activities listed above to develop a PowerPoint presentation to reflect and examine/analyze the data/information and make recommendations.

The final report (no longer than 30 pages) should include:

1. Recommendations to the Ministry of Health and the NMCP to improve current organizational structure and strengthen its management and coordination operations. The recommendations should be concrete, practical, clearly linked to conclusions of the assessment, and designed to be implemented
2. Where appropriate, a proposal for an organization chart and any suggestions concerning the staff profiles, resulting from the observations and information gathered during the assessment, should be included in the report.

Annex 6: List of Documents Reviewed

1. Decree on the establishment, composition, duties and organization of the *Commission Nationale pour la Coordination des Approvisionnements en Médicaments essentiels et produits de santé stratégiques* [National commission for the coordination of supplies of essential medicines and strategic health products] in Côte d'Ivoire (CNAM-CI)
2. Malaria Program Review (MPR), NMCP Côte d'Ivoire 2016
3. FINAL LMG OCAT report, 2014 and 2017
4. National Malaria Strategic Plan, Côte d'Ivoire, 2016-2020
5. NMCP Operational Action Plan from 2015 to 2018
6. National Malaria Strategic Plan, 2012-2015
7. NMCP Annual Activity Reports (2016, 2017)
8. Annual External Audit Reports (2017)
9. Decree updating the Treatment and Prevention Plan for Malaria in Côte d'Ivoire, November 2018
10. NMCP Côte d'Ivoire Procedures Manual (GFATM)
11. Integrated Côte d'Ivoire SIGL Procedures Manual, March 2018
12. NMCP Côte d'Ivoire Organization Chart
13. Decree number 170 MSHP DC/DSC, 2007 - on the establishment and organization of the NMCP
14. Composition of NMCP Côte d'Ivoire staff
15. NMCP Côte d'Ivoire RDT services (CD, CDA, NMCP services)
16. National malaria care guidelines in Côte d'ivoire, November 2017
17. NMCP Côte d'Ivoire Staff Job Descriptions
18. NMCP Côte d'Ivoire document for the use of STATE funds (SIGFIP)
19. Côte d'Ivoire NMCP RDT and National Task Force Document
20. Côte d'Ivoire NMCP Final Report on LLIN Distribution
21. Côte d'Ivoire NMCP RDT and Supervision Documents
22. Côte d'Ivoire NMCP External Communication Plan
23. Côte d'Ivoire LLIN Campaign Safety Plan (2017)
24. Côte d'Ivoire NMCP Internal Regulations and Statutes
25. Côte d'Ivoire NMCP Code of Conduct
26. Côte d'Ivoire NMCP Internal Regulations and Statutes
27. Decree on the creation of Côte d'Ivoire NMCP
28. Côte d'Ivoire NMCP CMM TOOL Evaluation Capacities (2017, 2018)
29. Decree providing free malaria treatment
30. 2015 GFATM situational analysis
31. GFATM management letters (2014, 2015, 2017)
32. RASS 2015 (Annual Report on the Health Situation in Côte d'Ivoire-2015)
33. NHDP 2016-2020 (National Health Development Plan in Côte d'Ivoire - 2016-2020)
34. World Health Organization. 2016-2030., Action and Investment to defeat Malaria for a Malaria-Free World.
35. RASS 2015 Annual Report on the Health Situation in 2015- Côte d'Ivoire
36. Decree number 170 MSHP DC/DSC, 2007 - on the establishment and organization of the NMCP
37. PNDS 2016 2020
38. World Health Organization. 2016-2030., Action and Investment to defeat Malaria for a Malaria-Free World.

Annex 7: List of People Met

N°	NAME and SURNAME	ORGANIZATIONS	FUNCTIONS	CONTACTS	INTERVIEW DATE
1	GNASSOU LEONTINE	MEASURE EVALUATION	CHIEF OF PARTY	5958446	may-21-19
2	ASSOHOU NOBA ANGE ERIC	MEASURE EVALUATION	MALARIA TECHNICAL ADVISOR	07925474	may-21-19
3	ASSI SERGE BRICE	NMCP	RESEARCH OFFICER	40499946	may-21-19
4	KOKRASSET YAH COLETTE	NMCP	CDA	40499949	may-22-19
5	KOUASSI BRIGITTE	NMCP	SAF	40499944	may-22-19
6	YAPI YEPIE	NMCP	PSM/CM	40499957	May-22-19
7	DOUGONE BI MARCELIN	NMCP	HEAD OF PREVENTION SERVICE	40499959	May-24-19
8	ASSA JEAN LOUIS	IM/PSI	CHIEF OF PARTY	07686503	May-24-19
9	WOODS KATE	IHSC-TA	COUNTRY DIRECTOR	84758406	May-24-19
10	ELLO SEVERIN	IHSC-TA	PROGRAM DIRECTOR	44643664	May-24-19
11	KOUDOUGNON NOEL CYRILLE	IHSC-TA	SATELITE TEAM MANAGER	86758408	May-24-19
12	SANOGO TENON	IHSC-TA	SI ADVISOR	86758410	May-24-19
13	AIMAIN ALEXIS SERGE	NMCP	S/E HEAD OF SERVICE	07660387	May-24-19
14	BLEU BOMEN MONNE TERESE	NMCP	HEAD OF COMMUNICATION SERVICE	40499960	May-24-19
15	BRUNO AHOLOUKPE	UNICEF	HEALTH MANAGER	04138316	May-27-19
16	NIANGUE JOSEPH	GF UCP	CD	07228 957	May-28-19
17	MANASSE KASSI	SAVE THE CHILDREN	GLOBAL FUND PROJECT MANAGER	59021208	May-31-19

18	ALLOU FLORE	NPSP	MOSE HEAD OF DEPARTMENT	56999663	June-03-19
19	KONE FATEL	NPSP	CSRSP	06729265	June-03-19
20	ABOBO MARCELIN	NPSP	CSPDS	45516285	June-03-19
21	BIRO ANANE DANIEL	NPSP	CSCPMR	65427232	June-03-19
22	GBAYA MANDESSE	M'PETE ONG	COORDINATOR	08124612	June-05-19
23	DE LORNG OLIVIER	M'PETE ONG	MONITORING/ASSESSMENT	07860141	June-05-19
24	MONSOH HERVE YVES	M'PETE ONG	ACCOUNTANT	49735705	June-05-19
25	COULIBALY K. SOLTIE	RDHPH AGBOVILLE	DR	05700228	June-05-19
26	BAHIBO HANS ISAAC	RDHPH AGBOVILLE	MALARIA IMPACT RTA	68029821	June-05-19
27	KABLAN AKA FERDINAND	RDHPH AGBOVILLE	MALARIA FP	49510730	June-05-19
28	DIOMANDE ABOU	DDPHH AGBOVILLE	DD	49794997	June-06-19
29	ANIAN AKESSE ANTOINE	DDPHH AGBOVILLE	CSAS	07960359	June-06-19
30	GBELI AHOU	DDPHH AGBOVILLE	MALARIA FP	57401620	June-06-19
31	KOUTAN NGBESSO A. I	DDPHH AGBOVILLE	CHIEF MEDICAL OFFICER, UHC AZAGUIE	07442207	June-06-19
32	NDOUMBOUN GNIAG	VECTOR LINK ABT ASSOCIATES	NOT DEFINED	88750269	June-13-19
33	JOSEPH CHABI	VECTOR LINK ABT ASSOCIATES	NOT DEFINED	08006791	June-13-19
34	Pr BISSAGNENE Emmanuel	GSA	PRESIDENT	08939274	June-14-19
35	Dr LATH Kock Claudine	ASAPSU	EXECUTIVE DIRECTOR	08821685	June-18-19
36	SORO Nahoua François	ASAPSU	HUMAN RESOURCES MANAGER	07822446	June-18-19
37	KOUADIO Konan Fulgence	ASAPSU	NMF2 PROJECT MANAGER	07184823	June-18-19

38	MIECKO Mc Kay	BREAKTHROUGH ACTION	DEPUTY CHIEF OF PARTY	57771813	June-18-19
39	KOUAME ANTOINE	BREAKTHROUGH ACTION	MANAGER	48338507	June-18-19
40	KONE Nazehe	ROLPCI	SECRETARY-GENERAL	89891060	June-18-19
41	Dr NDRI N. Raphaël	WHO	MALARIA FOCAL POINT	01019017	June-19-19
42	MIYIGNENA D. PEPIN	HRH2030	TECHNICAL ADVISOR	41545573	June-24-19
43	DJIDJOHO Gislaine	HRH2030	TECHNICAL ADVISOR	43639899	June-24-19
44	Mc Kenzie Andre	PMI/CDC	RESIDENT ADVISOR	-	June-25-19
45	ZINZINDOHORE Pascal	USAID/PMI	RESIDENT ADVISOR	-	June-25-19
46	Dr KOUADIO Blaise	PMI/USAID	MALARIA SPECIALIST	-	June-25-19
47	TANOH MEA Antoine	NMCP	COORDINATING DIRECTOR	40841739	June-26-19
48	SAMBA Mamadou	MSHP	DGSHP	07074114	June-27-19
49	GUESSAN BI Gouzoua B	MSHP	DOCTOR/DGSHP	05068396	June-27-19

Annex 8: Agenda of the Brainstorming Workshop to Discuss the Preliminary Results of the Organizational Capacity Assessment of the National Malaria Control Program in Côte d'Ivoire U.S. President's Malaria Initiative - July 1 and 2, 2019

Context - Introduction

In Côte d'Ivoire, malaria is the leading cause of morbidity with 43% of the reasons for consultations in the country's health facilities, an incidence rate of 155 per 1000 in the general population and an incidence rate of 292 per 1000 among children under 5 years of age (RASS 2015). Children under 5 years of age and pregnant women are the most vulnerable populations.

The purpose of the mission is to assess the organizational capacity of the NMCP to coordinate the implementation, supervision and monitoring of its NSP 2016-2020 to achieve the objectives set for malaria control.

1. Objectives of the Workshop

1. Providing a reminder of the context and purpose of the evaluation
2. Presenting the objectives and methodology of the evaluation
3. Sharing and discussing the preliminary results of the NMCP Organizational Capacity Evaluation
4. Discussing improvement solutions to consider and identifying priorities and practical interventions to consider

2. Expected Results

1. The participants are reminded of the context and purpose of the evaluation
2. The participants are reminded of the objectives and methodology of the evaluation
3. Preliminary results of the organizational capacity evaluation of the NMCP are shared and discussed
4. Improvement solutions, priorities, and practical interventions to be considered are identified, shared and discussed

3. Methodology

The workshop will be punctuated by plenary presentations and group assignments, followed by discussions.

4. Workshop Agenda

Day 1

Time	Activity	Person in Charge
9:00	Opening ceremony 1. Dr Tanoh Mea, NMCP Coordinating Director 2. Mr ZINZINDOHOUE Pascal, Resident Advisor PMI, USAID Côte d'Ivoire	Consultants
10:00 - 10:30	1. Objectives of the workshop and work program 2. Administrative questions	Consultant
10:30	Coffee break	
11:00 - 11:30	Session 1: 1. Reminder of the objectives of the NMCP organizational capacity assessment 2. Assessment methodology 3. Organizational Development Model	Consultant Consultant
11:45 - 13:00	Session 2: 1. Preliminary results of the Organizational Framework	Consultant
	Session 2 (continued): 2. Preliminary Results of the Organizational Framework and Systems 3. Group work RDT	Consultant
13:00 - 14:00	Lunch break	
14:00 - 15:30	Session 3: Group work	Facilitators
15:30 - 15:45	Coffee break	
15:45 - 16:30	Session 4: 1. Work in plenary 2. Day 1 recap	Consultant

Day 2

Time	Activity	Facilitator
8:30	Session 5: 1. Recap of the key points from Day 1 2. Review of the program for Day 2	Consultant
9:00 - 9:15	Session 7: Presentation of the Performance Section results	Consultant
9:15 - 9:30	Session 7 (continued): Presentation of the Collaboration Section results	Consultant
9:30 - 9:45	Session 7 (continued): 1. Presentation of Results on Staff Engagement 2. Group work RDT	Consultant
9:45 - 10:15	Coffee break	
10:15 - 13:00	Session 8: Group work	All facilitators
13:00 - 14:30	Lunch break	
14:30 - 16:00	Session 8: 1. Work in plenary 2. Next steps of the evaluation 3. Closing remarks	Consultant NMCP

5. List of Workshop Participants

	Surname and First name	Roles/Service	Organizations	Telephones	Email
1	BAHIBO HANS ISAAC	Regional Malaria Technical Advisor	Impact Malaria	68029821	ibahibo@psici.org
2	MOUSSA MAMDOU	HPH Regional Directorate	RDHPH AGBOVILLE	07108866	mousmamadou@yahoo.fr
3	KABLAN AKA FERDINAND	Regional Malaria Focal Point	RDHPH AGBOVILLE	49510730	Ferdin-kablanc@yahoo.fr
4	ANIAN AKESSE A.	HPH Departmental Directorate	DDPHH AGBOVILLE	07960359	Anianakess.tonytony@gmail.com
5	KOKRASSET YAH COLETTE	Deputy Coordinating Director	NMCP	40499949	coletteyah@yahoo.fr
6	YAPI YEPIE ARMANDE	Case Management and PSM manager	NMCP	40499957	yyaej@yahoo.fr
7	KOUADIO BLAISE	PMI/USAID	PMI/USAID	74746919	bkouadio@usaid.gov
8	ZINZINDOHORE PASCAL	PMI/USAID	PMI/USAID	65387442	pzinzindohore@usaid.gov
9	DOUGONE BI MARCELIN	Prevention Service Manager	NMCP	40499959	Dougna2017@yahoo.fr
10	KOUASSI BRIGITTE	Administrative and Financial Services	NMCP	40499944	kouassibrigitte@gmail.com
11	Bleu BOMEN MONNE THERESE	Communication	NMCP	40499960	elogaebleu@yahoo.fr
12	GBELI AHOU	Malaria district focal point	DDPHH AGBOVILLE	57401620	ahougbeli@yahoo.fr
13	YAVO WILLIAM	Groupe Scientifique d'Appui (Scientific Advisory Council)	GSA	05175353	yavowilliam@yahoo.fr
14	DJIDJOHO GISLAINE	CT HRH2030	NMCP	43639899	gdjidjoho@hrh2030program.org
15	MIYIGBENA PEPIN	CT HRH2030	NMCP	41045573	pmiyigbena@hrh2030program.org
16	AIMAIN ALEXIS SERGE	Monitoring and Evaluation	NMCP	07660387	Sergealex2013@gmail.com

17	TRAORE MELLY	Independent consultant	Open Development	45770085	traoremelly@yahoo.fr
18	NDJORE MAURICE	Independent consultant	Open Development	07603705	mauricendjore@gmail.com
19	YEBOUE JEAN-JACQUES	Independent consultant	Open Development	07874651	jeanjackyeb@gmail.com
20	TANOH MEA Antoine	Coordinating Director	NMCP	08653685	tanohmeantoine@yahoo.fr
21	GLADYS YAPO KACOU	Administrative and Financial Services	NMCP	40499952	Gladyskacou37@gmail.com

Annex 9: Personnel File PNLP-2019 VF2

EXISTING STAFF AND SERVICES				REQUIREMENTS				
Services/units	Existing Staff	Qualification / Position	Specialism	Qualification	IMMEDIATE	MEDIUM-TERM	LONG-TERM	Skills required
Coordination				**Coordination**				
	TANOH Mea Antoine	Doctor, Coordinating Director	Management of health services/leadership	Logistics unit: 1 logistician; 1 logistics assistant. 1 internal auditor. 1 management controller.	X			Logistics unit... Pharmaceutical and logistics equipment
	KOKRASSET née YAH Colette	Doctor, Deputy Coordinating Director	Health economist			X		
	MONNE Charlotte D	Secretary	Medical secretary					
	KAKOU Née BLEDJA	Secretary	Administrative secretary					
	YRABE Edith Paule	Secretary	Administrative secretary					
Prevention				**Vector Control Prevention Service**				
	DOUGONE Bi Goutou Marcellin	Doctor Head of service	Pharmaco-vigilance		X			

	NIANGORAN Kouassi U.	Doctor	Project Program Management	1 socio-anthropologist; 2 doctors 1 sanitation officer, 1 IDE or midwife 1 entomology unit: 3 entomologists (1 head and 2 assistants)				Public health
	BOGUI Xavier François	Doctor	Generalist					
	NIANGARA Née SEU Tia Yolande	Sanitation officer	Sanitation		X			
Case Management (CM)/PSM				**PSM unit set up**				**CM Unit**
	YAPI Yepié Armande	Pharmacist Head of Service	Monitoring and Evaluation of health programs + Pharmaceutical logistics	4 Pharmacists; 2 Pharmacy technicians 1 Data manager; 1 Pharmaceutical logistician	X			4 Doctors (public health) 1 midwife 1 state-registered nurse; 1 biologist
	KOKORA Marie Annick épse KOKO	Pharmacist	Health economist; Surveillance, Monitoring/Assessment of malaria control programs					
	AGNON Affoua Jacques	Doctor	Master in Marketing Management and Leadership					
	ALLUI N'da Roland	Doctor	Public health/Surveillance, Monitoring and assessment of national malaria control programs					
	ESSOH Née VANIE	Pharmacy Technician	Generalist					
	ADJOBI Jean Réné	Pharmacist	Generalist					
Monitoring/Evaluation				**Planning/Surveillance/Monitoring/Assessment**				

	AIMAIN Alexis Serge	Doctor Head of service	Monitoring and Evaluation	1 Planning/Monitoring/Assessment Specialist 1 Epidemiological doctor 1 Statistician or biostatistician engineer 1 archivist; *1 Data manager;* 1 Computer technician				Planning/Monitoring/Assessment;
	DJRO Agba Aimé	Doctor	Public health					Epidemiologist
	KOUAME Yao Mathurin	Doctor	Public health		X			
	SEKA Didier Joseph	Doctor	Public health; Monitoring/Assessment; Epidemiology		X			
	EHUI Annicet Parfait	IDE	Public health/routine health information system					Network and maintenance, development
	NOUGA Née AMANI	IDE	Generalist					
Research				**Research**				
	ASSI Serge Brice	Doctor Head of service	Research, Public Health, Parasitology	1 Parasitologist 1 entomologist, 1 Pathologist; 1 socio-anthropologist	X X			
	ASSIENIN N'guessan	BIOLOGIST	Biology/ Parasitology Engineer		X			
	MORO Affoué Cécile	Doctor	Generalist		X			
	N'GUESAN ASSOA	IDE	Public health					
Communication and Partnership				**Communication and Partnership**				
	BLEU Née BOMINM	Doctor Head of service	Public health/Communication in Health/Malariology	1 communicator-journalist; 1 sociologist	X			

					X			
	KRA Née SANGARE	Midwife	Public Health/Health Communication					
	KIPRE Mazo Danielle	IDE	Public Health Communication					
	DAGO ALAIN	Doctor	Public Health					
Administration & Finances				**Administration & Finances**				
	KOUASSI Née T. Brigitte	Chief Administrator of Financial Services (APSF)	Management of health/finance services	1 accountant, 1 procurement specialist.		X		
	YAPO Julienne G. épse KACOU	Secretary	Administrative secretary					
	ZOGBE Née KOUADIO AMOIN Pélagie	Accountant	Accounting					
	KAKOU Kouassi Puvani	Accountant	Accountant					
	DOUMBIA Magnatié	Accountant	Accountant					
	KOUAKOU N'doko	Driver	Driver					
	DIBY Niangne Akpa	Driver	Driver					
	TOURE Gnimbin	Driver	Driver					
	YAO Koffi Germain	Driver	Driver					

		Driver	Driver					
	GNONKANOU Jeaninne	TS	TS					
	DJEHI Tatiana	TS	TS					
	KOFFI Amani Serge	Logistician	AB					
	KOFFI Kouakou	Driver	Driver					
	ANASSE Yao Lucien	Driver	Driver					
	BAFOUNGA Wambou	Courier	Duty officer					
	KOTTIA YAPO Régine	Head accountant	Accountant					
	POMOIN Linda Sandrine épse TUO	Accountant	Financial engineering					
	Mrs KONE Esmel Rachel	Assistant	Assist. Proj					
	MOUE Péhé Roger	Driver	Driver					
	Abdoulaye Coulibaly	Driver	Driver					
	SERY Blé Geoffroy	Driver	Driver					
	YAO N'Dri Marius	Driver	Driver					
Technical Assistance								
Program Coordination	MIYIGBENA Pépin	Doctor Technical Advisor						

CM/PSM	DIDJOHO Ghislaine	Pharmacist Technical Advisor						

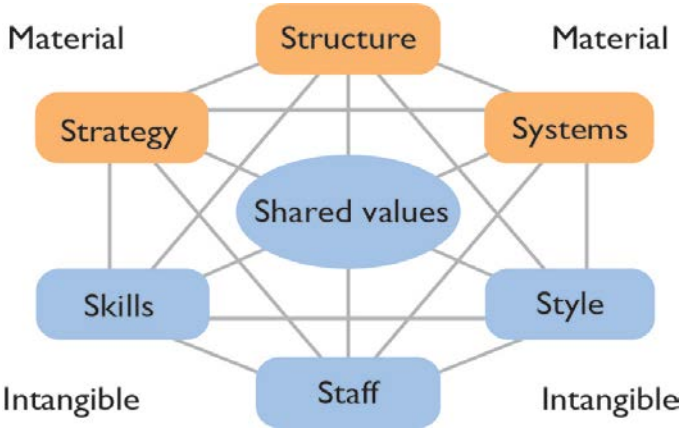
Annex 10: Assessment Method

The assessment was conducted by a team of three people based in Abidjan, including a team leader in the country with expertise in the public health and monitoring and evaluation sector and two consultants: a public health specialist with expertise in health program management and another with experience in malaria control in Côte d'Ivoire, West and Central Africa. The evaluation team drew on decades of experience in Côte d'Ivoire's public health system, with a focus on systems improvement and organizational development, in order to design the organizational development model and the methodology for conducting the rapid assessment.

Organizational Development (OD) Model and Theory of Change

The organizational development approach and the theory of change used in this evaluation are based on two popular approaches to organizational assessment and improvement and reflect the evaluation team's experience in public health and performance improvement. First, the evaluation team drew on the McKinsey's 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 a higher level, as "material" aspects of an organization (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 (see Figure 1).

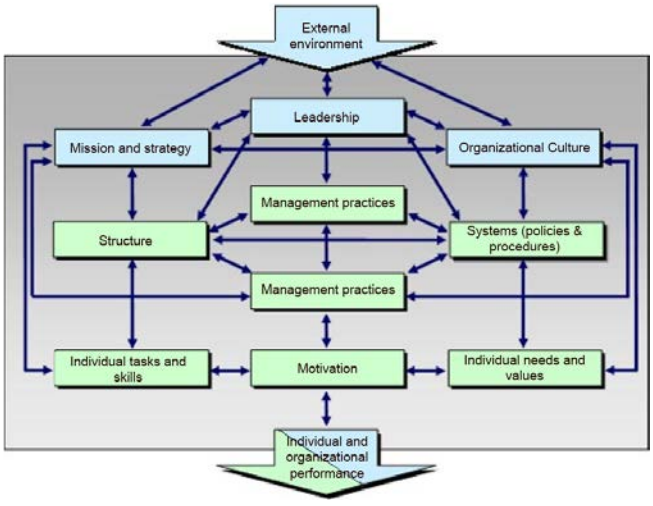
Figure 1: McKinsey 7S Model



Source: *W Burke, G Lewin, 1992*

To bring more specificity and practical application to the 7S model, the evaluation team drew on Burke and Lewin's model of the theory of change (W Burke, G Lewin, 1992). Burke and Lewin's theory of change builds on the 7S model by recognizing the transformation elements (immaterial) of an organization, such as Mission/Vision, Leadership and Culture, as well as transactional elements (material) such as Structure, Management and Systems while adding important details. Burke and Lewin's theory of change proposes 12 exploitable categories to guide organizational diagnosis and to plan and manage organizational change (see Figure 2).

Figure 2: Organizational Development Model

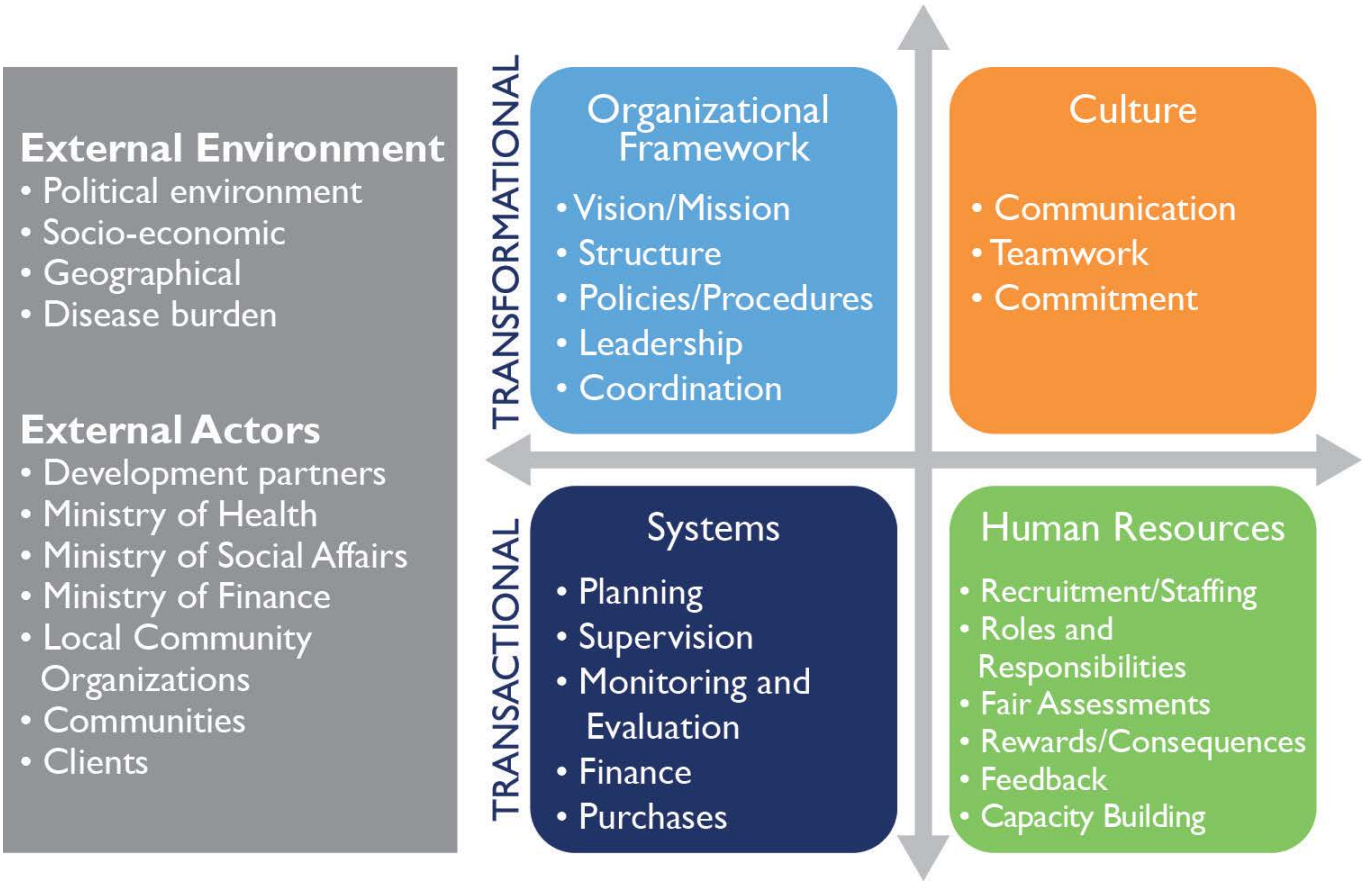


Source: *Adapted from 7S by McKinsey, Burke and Lewin*

For this assessment, the evaluation team developed an Organizational Development (OD) model that reformulates the 12 categories of Burke and Lewin into four groups: Organizational Framework, Culture, Systems and Human Resources. The first two groups represent transformational elements that can initiate or influence change within an organization, while the third and fourth groups are the transactional elements needed to implement and sustain change. It is the interworking of these four areas that determines how well an organization

is positioned to lead change and achieve the desired impact. To recognize the external factors (political, social, environmental, etc.) that affect the success of an organization, the evaluation team also considered the environment and external players in the OD model (see Figure 3).

Figure 3: Organizational Development Model



Source: *Adapted from 7S by McKinsey, Burke and Lewin*

A woman carries bed nets at a distribution event for long-lasting insecticide-treated nets to kill mosquitoes in 2017 in the Dogondoutchi district of Niger. Photo Credit: HRH2030/Chemonics

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About HRH2030

HRH2030 strives to build the accessible, available, acceptable, and high-quality health workforce needed to improve health outcomes.

Global Program Objectives

1. **Improve performance and productivity of the health workforce.** Improve service delivery models, strengthen in-service training capacity and continuing professional development programs, and increase the capacity of managers to manage HRH resources more efficiently.

2. **Increase the number, skill mix, and competency of the health workforce.** Ensure that educational institutions meet students' needs and use curriculum relevant to students' future patients. This objective also addresses management capability of pre-service institutions.

3. **Strengthen HRH/HSS leadership and governance capacity.** Promote transparency in HRH decisions, strengthen the regulatory environment, improve management capacity, reduce gender disparities, and improve multi-sectoral collaboration for advancing the HRH agenda.

4. **Increase sustainability of investment in HRH.** Increase the utilization of HRH data for accurate decision-making with the aim of increasing investment in educating, training, and managing a fit-for-purpose and fit-for-practice health workforce.

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