Assessment of the Organizational Capacity of the Malaria Control Program (NMCP) in Central African Republic

December 2021

Cooperative Agreement No. AID-OAA-A-15-00046

Table of Contents

Abbreviations

ACT	Artemisinin-based Combination Therapy		IRS	Indoor Residual Spraying
AW	Annual Workplan		LLIN	Long-Lasting Insecticide-treated Net
CAP-ANAMUR	German ship and NGO, humanitarian organization providing relief to refugees in the most disadvantaged regions.		MDU	Medicines Disposal Unit
			M&E	Monitoring and Evaluation
			MPH	Ministry of Population and Health
CAR	Central African Republic		MTR	Mid-term review
CARC	Central African Red Cross Society		NCPEHP	National Commission for the Procurement of Essential Health Products
CIC	Community Integrated Care			
CMOH	Chief Medical Officer of Health		NGO	Non-Governmental Organization
CM	Case management		NHIS	National Health Information System
CONCERN	Irish Humanitarian Organization supporting operations in the world's poorest and most vulnerable communities		NMCP	National Malaria Control Program
			NFM3	New Funding Model 3
			NSP	National Strategic Plan
DBFH	Department of Population and Family Health		OAP	Operational Action Plan
			ODM	Organizational Development Model
DCH	Department of Community Health		PIM	Purchasing and Inventory Management
DHIS2	Data Health Information System 2		PMI	President's Malaria Initiative (US President's Malaria Initiative)
DCDC	Department of Communicable Disease Control			
DMT	District Executive Team		P&P	Policies and procedures
DWB	Doctors Without Borders		PNC	Pre-Natal Consultation
DWB/ France	Doctors Without Borders France		PR	Principal Recipient
EU	European Union		PSM	Procurement and Supply Management
EPI	Expanded Program on Immunization		RBM/FRP	RBM Partnership to End Malaria
GFATM	The Global Funds to Fight AIDS, Tuberculosis and Malaria		RDT	Rapid Diagnostic Test
			RH	Reproductive Health
HC	Health Center		R&R	Roles and Responsibilities
HD	Health District		SDGs	Sustainable Development Goals
HEIN	Health Information		SP	Sulfadoxine-pyrimethamine
HPSMU	Health Products Supply Management Unit		TA	Technical Adviser
HR	Human Resources		TFP	Technical and Financial Partners
HRH2030	Human Resources for Health 2030		UN	United Nations
IEC	Information, Education and Communication		UNICEF	United Nations Children's Fund
IEC/ CBC	Information Education Communication/ Communication for behavior change		USAID	United States Agency for International Development
IHSP	Interim Health Sector Plan		VC	Vector Control
IMC	International Medical Corps		WB	World Bank
INHSP	Interim NHS Plan (2018-2019)		WFP	World Food Program
IOAP	Integrated Operational Action Plan		WHO	World Health Organization
IPTp	Intermittent preventive therapy for malaria during pregnancy		WV	World Vision

Executive Summary

Assessment goals and objectives

In the Central African Republic (CAR), malaria is the leading cause of morbidity and mortality. The role of the National Malaria Control Program (NMCP) is to ensure universal access to malaria prevention and treatment interventions for all populations, with the support of technical and financial resources from the government and development partners. The purpose of the evaluation was to assess the organizational capacities of the NMCP to fulfill its management and coordination role. The action plan and recommendations developed will provide the NMCP with a roadmap to improve its organizational mandate and the coordination of national malaria control strategies.

Methodology

The assessment team used an Organizational Development (OD) model adapted from Burke and Lewin and McKinsey's 7S framework, to define organizational capacities across four quadrants: organizational framework, organizational systems, organizational human resources, and organizational culture. The assessment was carried out through a mixed approach comprising: (i) document review (October 2020); (ii) semi-structured interviews with resource personnel (November 2020); (iii) surveys of NMCP staff on internal communication using Brandeis survey tool (November 2020) and staff engagement survey (November 2020 and April 2021); (iv) presentation of the preliminary results of the evaluation (November 2020); and (v) the action plan development workshop (April 2021).

Observations

Key results of the assessment are presented below according to the OD model.

1) Organizational Framework

The organizational framework refers to the elements that shape an organization's overall vision and mission, as well as define the day-to-day norms and expectations for how the organization operates internally and externally, as defined by its leadership, strategies and policies and procedures.

The vision and mission that guide the work of the NMCP are clearly defined in the National Malaria Control Policy Paper; however, they are neither visible (readily available) nor known by almost all the people interviewed, especially the NMCP staff. The implementation of malaria interventions is guided by several strategic documents which every malaria program should have, such as, the National Strategic Plan 2018-2022 extended to 2023 (NSP 2018-2023) and the CAR National Malaria Control Policy Paper, October 2016, though the absence of certain policies was noted (e.g., vector control, national guide of supply and inventory management, monitoring and evaluation manual of the NSP 2018-2023). Further, the absence of these policies and procedures (P&Ps) to guide staff management (e.g., internal NMCP rules, code of conduct, evaluation guide for staff performance and motivation, conflict of interest) is a noted organizational deficiency.

The NMCP is part of the Department of Communicable Disease Control (DCDC) within the Ministry of Population and Health which also include tuberculosis and HIV services. The NMCP is led by a dynamic Coordinator, who is supervised by the DCDC Director. While the Coordinator brings a spirit of openness to change, the leadership and management of the NMCP are insufficient and lack the capacity to coordinate with partners and advocate for the mobilization of additional financial resources. Given the country's dependency on donors for malaria funding, the absence of a formal consultation framework to connect all the partners involved in the fight against malaria through periodic meetings and strategic reflection is significant.

2) Organizational Systems

Organizational systems, such as those that support planning and budgeting as well as performance and resource management, are critical for an organization to fulfill its mission by ensuring that the right resources are in the right place at the right time; management plays a crucial role in ensuring that these operating systems function as intended.

The annual work plan of the Ministry of Population and Health (MPH) includes interventions to fight against malaria. However, we note the absence of an operational, integrated action plan that holistically captures the annual malaria budget and activities by partner. The NMCP does not receive funds to support malaria activities from the State and is heavily reliant on the Global Fund (GFATM) to finance the fight against malaria. Due to a lack of a cash flow policy in the Government, World Vision is the Principal Recipient in CAR for GFATM Malaria funding. Technical and Financial Partners (TFPs) also provide technical assistance support and finance activities to revise normative documents and training sessions. Mobilizing resources from the State and the private sector and harmonizing interventions implemented by the TFPs at the health district level are challenging.

The NMCP has a Monitoring and Evaluation Plan (2018-2022) and a Monitoring-Evaluation section led by a Monitoring and Evaluation Officer. Malaria control activities are monitored quarterly in the form of an Excel table and annually in the form of a narrative summary, which are the only existing tools within the NMCP. Due to the absence of a M&E framework and dashboard for monitoring program performance, and the inadequacy of data validation and analysis process hinder the ability of the NMCP and its partners to make informed decisions based on quality data and problem solve. Integrated supervision missions related to malaria, tuberculosis and HIV and others program activities are conducted with District Management Team, the central level (DCDC), and some TFPs, however, deficiencies in the following areas were noted: i) level of resources allocated to the health districts and regions for carrying out supervision; ii) skills and qualifications of certain resource persons carrying out integrated supervision activities; and iii) completeness of data collection tools.

The ability to coordinate and monitor malaria commodities is a significant part of the NMCP mandate. While a unit is dedicated to the coordination and monitoring of the malaria supply chain, it is not functional. The distribution system of commodities to fight malaria involves several actors whose lack of coordination and poor management in the field are sometimes the cause of delays in supply and stockouts in the country's health facilities. CAR lacks a common annual supply plan for all partners; there is no national plan for the management of procurement and stocks of antimalarial products under the coordination of the NMCP. The national purchasing center is non-functional and in bankruptcy. Malaria commodities are acquired by TFPs which result in high transport costs, as transport of product is provided by humanitarian (UNHAS / UNOPS / MINUSCA) flights at high average cost.

Organizational Human Resources

Human resource systems are critical for organizational capacity development as they determine how an organization will structure, engage, strengthen, and retain its human capital.

The DCDC organization chart on which the NMCP depends is in the process of being finalized, impacting the day-to-day running of the NMCP. The current organization of the NMCP is not sufficient because it does not have all the staff and sub-sections necessary to carry out its mission. Nearly all (93.33%) of the staff deployed in the NMCP are civil servants assigned by the State. The roles and responsibilities (R&Rs) of the staff are not clear, as many lack job descriptions. There is an absence of a

formal process for evaluating staff performance by either the MPH or the NMCP. NMCP staff report insufficient feedback from supervisors on daily activities and field missions. When NMCP staff were surveyed, 35% are considering leaving the NMCP. Motivational issues were frequently cited as a reason for want to leave the NMCP (see more below). NMCP staff expressed the need for capacity-building in entomology but most of the needs cited were not malaria specific and included the need to strengthen skills in: advocacy, resource mobilization, leadership, management and governance, program/project management, planning, monitoring-evaluation, communication, and administrative management.

3) Organizational Culture

An organization's culture can be transformational—creating and sustaining positive change—or it can significantly undermine changes that are made in other parts of the organization. Elements that affect an organization's culture include the ability to effectively communicate across the organization, to engage in teamwork through inclusion and coordination, and to motivate staff.

The absence of monthly coordination meetings at the NMCP to ensure regular information sharing, and joint monitoring of the malaria program have undermined internal communication and transparency. While there are occasional collaborations between sections during certain activities, more could be done to facilitate teamwork across the program. When surveyed, NMCP staff expressed that they were demotivated. Reasons cited for poor motivation included: a lack of encouragement or recognition for their work, financial compensation levels, insufficient internal communication, and insufficient consideration of staff opinions for decision-making. NMCP staff also highlighted difficult working conditions, including an absence of clean premises, cramped offices with no amenities and insufficient work equipment, internet, vehicles for field missions, electricity, and maintenance.

Conclusion and Next Steps: Based on the assessment findings, a detailed action plan with recommendations was developed by the NMCP (see Section V of the Report) and will be presented to the MPH and its partners in the fight against malaria in CAR to identify activities that can be supported to help the NMCP in its efforts towards the elimination of malaria. Stakeholders believe that, thanks to the availability and commitment of the NMCP Coordinator and DCDC Director, they can overcome the organizational obstacles identified in this assessment, guide their partners, and play their true role of leader in malaria control by CAR. The NMCP has demonstrated that they want to take ownership of the assessment results.

I. NMCP Context

In the Central African Republic (CAR), malaria is the leading cause of morbidity and mortality. According to data from the National Health Information System (NHIS), we can see that the extent of this disease continues to increase. In 2017, malaria was responsible for 63%, reasons for consultation against 40% in 2001. Among these people seen in consultation, more than half (52%) were represented by children under 5 years old. Health data from 2017 indicate that most cases (51.7%) were recorded in Bangui and the prefectures of Ouham and Ombella-Mpoko. We also note that for the last five (5) years, deaths linked to malaria have been increasing gradually, going from 17 to 72 cases per 100,000 inhabitants respectively in 2013 and 2017. Children under 5 alone accounts for 58.80% of deaths from this disease. The city of Bangui and the prefectures of Ouham-Pende, Mambere-Kadei, Haute-Kotto, Ouham, Kemo, Sangha-Mbaéré contribute 80% of malaria-related deaths in CAR. [National Strategic Plan for the fight against malaria (2018-2022 extended to 2023) *(NSP 2018-2023)]*.

The structural organization and the current functioning of the Ministry of Health and Population (MPH) are governed by Decree n ° 18.214, August 17, 2018. The coordination of the fight against malaria is governed by Order Number 18-214 1 Article 47 of Section 2 and is carried out at the central level by the National Malaria Control Program (NMCP). The NMCP is a program under the Department of Communicable Disease Control (DCDC), and is led by a Coordinator, and three section officers: (1) Case Management, (2) Prevention, (3) Monitoring-Evaluation. The 2020 DCDC organization chart (see Appendix A) is being revised to include the following sections: Vector Control, Case Management, and Social Mobilization. The NMCP is assisted in the conduct of its activities by a Technical Advisor (TA) from the HRH2030 project. It should be noted that as part of the ongoing reform of the MPH, the sections of procurement and supply management, administration and finance, and monitoring-evaluation/statistics will be reassigned to the DCDC for cross-functional support to the three services that are dependent on the DCDC (Antimalarial Service, HIV Control, and Tuberculosis Control).

The NMCP is not an implementing body, its objective is to ensure universal access to interventions for the prevention and treatment of malaria to all populations at risk, with support from government and development partners. The mission of the NMCP is to provide coordination. The role of this program is to: i) oversee the development and implementation of annual operational plans; ii) measure indicators and share information with the various actors on the progress made towards the achievement of objectives and the problems encountered in the implementation of activities; and iii) mobilize resources, providing advocacy tools, and submitting requests for additional funding. The management tools available will be designed or improved to help better manage the resources that will be allocated to the various actors involved in the implementation of the interventions of the strategic plan. These tools will concern

Reference 1 Goal and Strategic Objectives of Malaria Control in the Central African Republic

Goal and Objectives

1. Goal:
   Contribute to the reduction of morbidity and mortality of the population for all causes in CAR

2. General Objectives
   By the end of 2023, reduce malaria-related morbidity and mortality in the general population by 50% compared to its 2015 level.

3. Specific Objectives:
   1. Protect at least 80% of the population at risk with effective vector control interventions by the end of 2023
   2. Provide chemo-prevention coverage to at least 80% of pregnant women and children under 5 by the end of 2023
   3. Ensure correct management of at least 80% of malaria cases according to national guidelines by the end of 2023
   4. Make antimalarial drugs and other quality inputs available in at least 95% of functional health facilities (public, private, and confessional)
   5. Make antimalarial drugs and other quality inputs available to at least 100% of community health workers involved by the end of 2023, including a contingency stock for complex emergencies and epidemics
   6. Encourage at least 80% of the population to adopt behaviors favorable to the fight against malaria by the end of 2023
   7. Improve the performance of the Malaria surveillance system including the Monitoring and Evaluation system (promptness from 46% to at least 80% and completeness which would increase from 66% to 95%), as well as Operational research by the end of 2023
   8. Strengthen the institutional and operational managerial capacities of the program to increase the implementation rate of NSP activities from 36% in 2017 to at least 90% by the end of 2023.

Source: NSP (2018-2022 extended to 2023 - page 46-47)

the central level for harmonization with the management procedures of the financial partners of the program (formula for presenting plans, requests, technical and financial reports, procedures for purchase orders, and delivery slips). The execution of the interventions will be done in coordination with several technical departments of the MPH: Department of Family and Population Health, Department of Vaccination Prevention, Department of Primary Health Care, etc. The MPH works closely with other ministerial departments for the execution of the components of which they are stakeholders.

Most of the funds for antimalarial activities come from Technical and Financial Partners (TFPs), the main one being the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). In CAR, the charge of Principal Recipient (PR) of the Global Fund is assumed by *World Vision* and sub-recipients including Mentor Initiative and WFP for the NFM2 Malaria 2018-2020 grant. Other TFPs include the World Bank, WHO, UNICEF, World Bank, RBM, UNICEF / European Union, DWB Group (France, Belgium, Spain, and Holland),

CCAR, International Medical Corps (IMC), CAPANAMUR (CAP-NAMUR: German ship and NGO of a humanitarian organization providing relief to refugees in the most disadvantaged regions), CONCERN (Irish Humanitarian Organization supporting operations in the poorest and most vulnerable contexts of the world), ASSOMESCA (Organization of Church Medical Charities in Central Africa), People's Republic of China, ALIMA, and Médecins du Monde, DWB / France.

These partners work with the NMCP to strengthen its institutional and managerial capacity to fulfill its role in achieving the main objectives of malaria control in CAR. This collaboration is established through various mechanisms, including technical support, coordination, monitoring, resource mobilization, support, and monitoring of implementation. NGOs also play a key role in helping the health districts to implement strategies to fight against malaria in the community in a context of difficulties of access to health care by the populations and insecurity in certain regions of the country.

II. Context, Purpose, and Objectives of the Organizational Capacity Assessment

Since January 2020, CAR has received support from the Human Resources for Health in 2030 - Capacity Building for Malaria (HRH2030-CBM) project, implemented by Chemonics International and with support from USAID. This project is operationalized through the presence of a technical advisor based at the NMCP. To identify and prioritize areas in which the HRH2030-CBM project should provide support, an initial assessment of the organizational capacity of the NMCP was conducted by Chemonics' sub-partner, Open Development.

This assessment should enable the NMCP to strengthen the implementation and monitoring of its NSP to achieve its objectives for the fight against malaria. The findings and recommendations of this assessment led to the development of an action plan for capacity building that can be supported by the government of CAR, the HRH2030-CBM technical advisor as well as its partners in the fight against malaria, as the country engages in long-term efforts, to eliminate malaria.

The specific areas of assessment indicated in the Terms of Reference (ToR) (see Appendix B) include:

1. The organizational dynamics of the NMCP, including strategic thinking and teamwork
2. NMCP processes and functions, including organizational structure and staffing
3. The operational challenges of the NMCP to achieve the objectives defined by the NSP
4. The coordination and communication mechanism: internal and external partners

5. The opportunities for decentralization and promotion of bottom-up planning; the responsibility of key players to improve the supply chain.

The interviews with key NMCP staff, both technically and administratively, aimed to assess their perspective on the organizational structure and performance of program coordination in terms of strengths, weaknesses, challenges, and opportunities.

III. Assessment Method

The assessment was carried out by a team of two people, comprising a team leader with expertise in monitoring and evaluation in the public health sector and a public health specialist with management expertise in health and malaria programs. The assessment team used an Organizational Development Model (OD) and methodology previously deployed in four francophone west African NMCPs to carry out the rapid assessment. The complete ToRs can be found in Appendix B.

3.1. Organizational Development Model (OD) and Theory of Change

The organizational development approach and theory of change used in this assessment are based on two popular approaches to organizational assessment and improvement and reflect the assessment 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). 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,

FIGURE 2: ORGANIZATIONAL DEVELOPMENT MODEL

Source: Adapted from 7S by McKinsey and W Burke, G Lewin, 1992

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).

For this assessment, the assessment team developed an OD model that reformulates the 12 categories of Burke and Lewin into four quadrants: Framework, Culture, Systems and Human Resources. The first two sections represent transformational elements that can initiate or influence change within an organization, while the third and fourth sections 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 1: MCKINSEY 7S MODEL
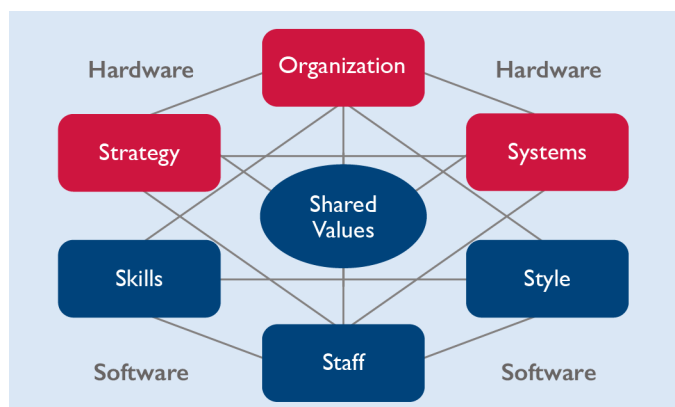
Source: 7S by McKinsey and W Burke, G Lewin, 1992

FIGURE 3: ORGANIZATIONAL DEVELOPMENT MODEL (OD)

External environment
- Political environment
- Socio-economic
- Geographical environment
- Disease burden

External actors
- Development partners
- Ministry of Health
- Ministry of Social Affaires
- Ministry of Finance
- Local Community Organizations
- Communities
- Clients

Organizational Framework
- Mission/Vission
- Policies and Procedures
- Leadership
- Coordination

Organizational Culture
- Communication/Transparency
- Team Work
- Engagement
- Recognition

Operating Systems
- Planning
- Supervision
- Monitoring and Evaluation
- Finance
- Procurement

Human Resources
- Recruitment/Staffing
- Roles and Responsibilities
- Equitable Evaluation
- Capacity Building

Transformational

Transactional

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

3.2 Evaluation Approach and Tools

Using the aforementioned OD model as a guide, the team of consultants conducted a rapid organizational assessment of the NMCP, through a blended approach including a review of key documentation (October 2020), semi-structured interviews (November 2020), surveys of NMCP staff on internal communication (November 2020) and staff engagement (November 2020 and re-assessed in April 2021), an elaboration of the preliminary results (December 2020), and the facilitation of an organizational reflection workshop to develop an action plan with recommendations (April 2021).

3.2.1. DOCUMENTATION REVIEW

To be fully informed of the context in which the NMCP operates and before adapting the assessment tools to the CAR context, the assessment team conducted a literature review in October 2020. 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. The main documents reviewed included the *Preliminary Results of the Capacity Maturity Model for NMCP CAR (April 2020), the NMCP CAR Malaria Control Policy Document in CAR (October 2016),* and the *2018-2023 NSP* to examine the capacity of the NMCP to assume the role and identify its main managerial challenges.

3.2.2. SEMI-STRUCTURED INTERVIEWS

In November 2020, the assessment team conducted semi-structured interviews with 25 key resource persons from the NMCP, the Bangui Health District 3, the CSU de Bede Combattant (FOSA), as well as the main stakeholders of the MPH and TFPs of the NMCP. The interviewees were chosen in consultation with the NMCP and the HRH2030 technical advisor. The complete list of interviewees can be found in Appendix C. The assessment team then adapted seven (7) semi-structured interview guides to the CAR context:

1. **Interview Guide No. 1**: It was developed for the NMCP coordination team and section heads; and included questions covering the four quadrants of the OD model, as well as questions regarding decision-making, management, communication, and collaboration with external partners. Interviews were conducted with the NMCP management team for a total of thirteen (13) people.

2. **Interview Guide No. 2:** It was developed for the regional and departmental level and emphasizes coordination with the central NMCP and the decentralized level of the MPH. The main topics of this interview included supervision, data collection / M&E, and coordination of field activities with the NMCP. Interviews were held with officials and took place in Bangui, for one person interviewed.

3. **Interview Guide No. 3:** It was developed for the regional and departmental malaria focal point and emphasizes coordination with the central NMCP and the decentralized level of the MPH. The main topics of this interview included supervision, data collection / M&E, and coordination of field activities with the NMCP. Interviews

were conducted with an official from the Bangui health district 3.

4. **Interview Guide No. 4:** it was developed for NMCP partners and focuses on the themes of collaboration and communication and helps to understand their perspectives on the opportunities and challenges facing /must face the NMCP. Interviews were conducted with eight (8) TFPs (Word Vision, WHO, UNICEF, Doctors without Borders France, Mentor Initiative).

5. **Interview Guide No. 5:** It was developed for the relevant managers and officials of the Ministry of Health. It focuses on themes related to program management, collaboration, and communication, and understanding their perspectives on the opportunities and challenges of the NMCP. Interviews were conducted with one (01) official of the MPH.

6. **Interview Guide No. 6:** was developed for Health Centers and emphasizes the themes relating to the availability of guidelines for the service offer in terms of prevention and care, availability of standards and guidelines documents, and understanding their views on NMCP opportunities and challenges, one (01) interviewee.

7. **Interview Guide No. 7:** It was developed for the NGOs focus on topics related to the challenges of coordinating community-based interventions and understanding their views on the opportunities and challenges of NMCP. This tool was not administered, as the evaluation did not meet with actors at the community level.

The Semi-structured interviews were conducted by a team of two people in some cases, one conducting the interview and the other taking notes. The answers to the interviews were entered verbatim in Word and sorted by topics and key phrases in Excel. The categories of themes and key phrases have been grouped into the four main areas described in the OD. 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.

3.2.3. THE SURVEYS

The assessment team adapted two (2) surveys to the CAR context. Both surveys were administered in a group environment to ensure confidentiality and results are anonymous.

The **Employee Engagement Survey**, adapted from Gallup Q12, seeks to understand the accountability of the staff and their commitment to influence organizational change (Wellins et al. 2007; Gallup 1993-1998). The survey form contains 16 questions on a scale of 1 to 5, using the Likert scale covering six (6) determining factors: (i) belief in one's work and

organization; (ii) belief in one's ability to do the job; (iii) positive relationships with one's organization, team, and co-workers; (iv) recognition and reward; (v) future prospects with one's organization and (vi) ability to influence decisions about one's work. In addition, the survey includes five open-ended questions asking how long they plan to stay at the NMCP, what they want to share with senior management, what they see as the NMCP's greatest challenge in fulfilling its mission, and the strengths and weaknesses according to the NMCP staff. The 13 NMCP staff members to whom the engagement survey form was administered all responded in a confidential and anonymous manner during the introductory meeting presenting the objectives, tools, and methodology. (The results of this survey are included in the relevant sections of the report and presented in Appendix E).

The purpose to the **Internal Communication Survey** is to evaluate relational communication and consists of interviewing the staff of all NMCP services about their mode of communication and their relations with colleagues from other Program departments by referring to the main items developed in this tool. The survey tool (first used by HRH2030 in Colombia and adapted from the Brandeis University Relational Coordination Collaborative) has been adapted to the context of CAR's NMCP. All items were measured on a scale of 1 to 5, using a Likert scale. For each survey question, a matrix was developed to determine the scores between departments. The scores for each cell were calculated by averaging all participant scores for that cell. In addition to a matrix for each component, the overall matrix developed determines the average scores of the seven (7) main themes of the Brandeis relational coordination orientation which are: (i) the precision/clarity of the communication, (ii) the frequency of communication; (iii) problem-solving; (iv) shared goals; (v) knowledge-sharing; (vi) mutual respect; and (vii) timely (useful) communication. This matrix does not include the additional question about the amount of information exchanged between departments/units. All matrix tables were then formatted using a heat map to highlight the strengths of the communication/relationship between the two departments (darker green) and those still needing to be improved (yellow). Regarding the open question on suggestions to improve the exchange of information, the responses were coded into 5 categories: Answers related to governance, capacity building issues, communication, relationship problems, and answers that cannot be classified in any category. Thirteen (13) of the NMCP staff members to whom the survey form was distributed responded to the survey in a confidential and anonymous manner during the introductory meeting presenting the objectives, tools, and methodology. Qualitative responses were also archived for further

discussion with the NMCP. (The results of the survey are presented in Appendix D).

3.2.4. FEEDBACK SESSION OF THE PRELIMINARY RESULTS OF THE EVALUATION

In December 2020, the preliminary results of the organizational capacity assessment were presented to the Director of the DCDC, the Head of the NMCP as well as some Section Heads, and the HRH2030 Technical Advisor. These preliminary results were well received by the NMCP, who reaffirmed their willingness to take ownership and implement the recommendations with the help of their leadership and the Technical Advisor.

3.2.5. FACILITATION OF A BRAINSTORMING WORKSHOP

In April 2021, a three-day brainstorming workshop was facilitated by the assessment team with the support of the HRH2030 Technical Advisor. The conclusions of the semi-structured interviews and the surveys on staff engagement and internal communication were shared with the Director of the DCDC, the Coordinator and members of the NMCP team, and representatives of TFPs (i.e., World Vision, Mentor Initiative, DWB). The assessment team presented the approach and results of the evaluation according to the four thematic areas of the OD model, then facilitated working group sessions during the three days of the workshop so that participants could discuss findings and identify the possible solutions deemed to be the most useful and instructive. The working groups were invited to prioritize the interventions and identify those they felt they could carry out themselves, with the help of the MPH and the HRH20230 Technical Advisor, as well as those requiring external expertise and funding. (The detailed action plan is presented in Chapter V of the Report.)

The results and recommendations were accepted by the Director of the DCDC, as well as by the NMCP Coordinator and his team, who reaffirmed their willingness to take ownership and implement the recommendations with the help of the HRH2030 Technical Advisor. These results should be shared with the MPH and certain technical and financial partners (i.e., GFATM). It is important to underline that the commitment to the recommendations by the DCDC and the NMCP was reflected in the implementation of certain recommendations presented during the meeting to report on the preliminary results in November 2020. The assessment team noted that prompt and concrete actions had already been carried by the NMCP with support from the HRH2030 Technical Advisor to include the holding of team meetings (December 2020) and the development of internal NMCP governance documents (April 2021), which the DCDC expressed interest in using beyond the NMCP. In addition,

the Director of the DCDC strongly hoped that this organizational capacity assessment should also be carried out for the other two services of the DCDC (tuberculosis and HIV control services). During the closing ceremony of the brainstorming workshop, the Director of the DCDC highlighted the relevance of the results and their impact on the improvement of the organizational capacities of the NMCP and requested that the Director-General of Health and the Director of Cabinet of the MPH receive and present these results to the Minister of the MPH.

3.2.6. REASSESSMENT OF STAFF ENGAGEMENT

The improvement actions observed during the brainstorming workshop (holding of meetings, drafting of governance documents, staff motivation through their active participation in group work) and the testimonies collected from NMCP staff, led the assessment team to administer a second survey on staff engagement to measure the progress of their engagement following the actions carried out. (The results of this survey are included in the relevant sections of the report and presented in Appendix F).

Reflection workshop for the development of the action plan for strengthening the organizational capacity of the NMCP of the Central African Republic, coupled with the validation of the governance documents of the NNMCP- April 6 and 10, 2021 - Ledger Hotel- Central African Republic- Bangui. Photo credit to Dr Yeboué Jean-Jacques

IV. Observations and Conclusions

The conclusions of the assessment are presented by thematic area, as defined by the OD model. The findings were drawn from the semi-structured interviews, the engagement surveys, and the internal communication (developed in the Culture section) with the NMCP, the MPH and its partners.

4.1. Section 1 - Organizational Framework

The organizational framework (Figure 4) refers to the elements that shape an organization's overall vision and mission, as well as define the day-to-day norms and expectations for how the organization operates internally and externally, as defined by its leadership, strategies and policies and procedures. Following the semi-structured interviews with the partners, the following results emerge.

FIGURE 4: ORGANIZATIONAL FRAMEWORK
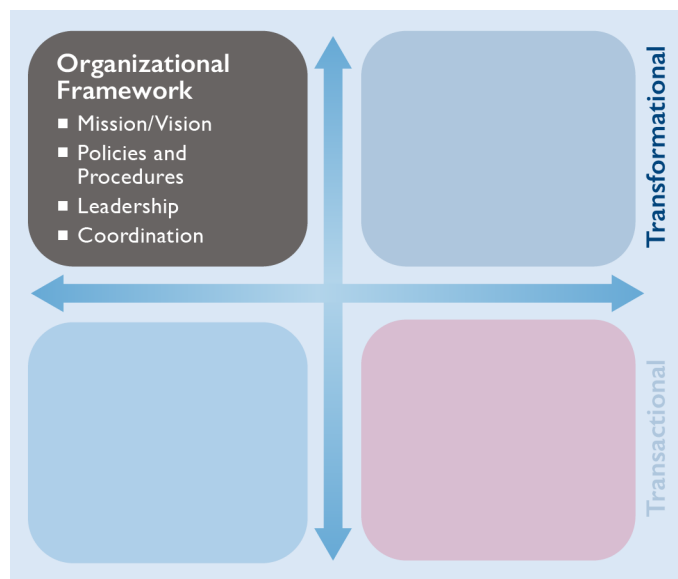
4.1.1 VISION AND MISSION

The vision and mission are what the management and employees of the organization think and declare to be the main objective of the organization. *The vision and mission statements aim to unite the organization and focus on key results. They also explain to the outside world what the organization intends to achieve.* While having a written vision and mission is important for organizational effectiveness (Pearce and David, 1987), involving employees in their development or discussion of these statements leads to greater involvement of employees in achieving the objectives of the organization (Akeem AT, Edwin AM, Fatai AL, 2016).

The NMCP's *vision* and *mission* for the fight against malaria in CAR are described in the 2018-2023 NSP (see reference 2). This vision was defined in a participatory manner with all

> **Reference 2. NMCP vision and mission**
>
> **Vision:**
>
> The strategic plan for the fight against malaria in the Central African Republic 2018-2023 is resolutely committed to the phase of elimination of the fight against malaria to contribute to the achievement of the vision: "Central African Republic, the country where malaria is eliminated by 2030 for sustainable economic development and the well-being of the population".
>
> **Mission:**
>
> To achieve the Sustainable Development Goals (SDGs) as part of its 2018-2023 strategic plan, the NMCP will work towards its mission which is to Guarantee universal access to promotion, prevention, diagnosis, and treatment and make surveillance a core intervention to consolidate efforts towards elimination, significantly reducing malaria-related morbidity and mortality.
>
> **Source:** *NSP, 2018-2022, extended to 2023 p.42*

stakeholders, in connection with the national policy in the fight against malaria (2019 - 2023) and the Interim National Plan of the health sector 3 (PIS3 2018-2021), and is aligned with the WHO Global Technical Strategy for Malaria 2016-2030. The vision provides the overall strategic approach for the implementation of malaria activities in the country, and coordination in the fight against malaria is ensured at the central level by the NMCP. The mission described in the NSP confers on the DCDC management through the NMCP to develop and enforce standards and strategies, monitor implementation, and to coordinate and evaluate interventions at the national level.

However, the vision and mission are not visible to NMCP staff. During interviews, although they said they had access to revised and approved "strategic and normative documents", most staff were not familiar with the vision and mission statements. This lack of knowledge of the vision and the mission by almost all the NMCP staff calls out and must lead to measures to unite the team around common objectives to be achieved. NMCP managers have an average experience of four (4) years with the program, with moderately appreciable knowledge of the organization and its strategic issues positively correlated with the length of time spent in the program.

4.1.2. POLICIES AND PROCEDURES (P&PS)

Policies and Procedures (P&Ps) provide the written guidelines and rules necessary for the functioning of an organization. However, P&Ps only make sense if they are implemented throughout an organization and monitored by the entire staff.

The NMCP has strategic documents (the National Malaria Control Policy, October 2016, the NSP 2018-2023, the Monitoring and Evaluation Plan, etc.) and P&Ps to support the implementation and monitoring of malaria interventions, such as (i): diagnostic and treatment guidelines; (ii) the training document for malaria control; (iii) antimalarial drug dispensation registers (which allow stock management) and consultation registers; (iv) monthly reporting and tally sheets; and (v) data collection/transmission tools available at service delivery sites. Despite the existence of these P&Ps, they have not been revised since 2016, nor sufficiently disseminated and popularized, as reported by certain stakeholders at the level peripheral level (FOSA, districts). In addition, the evaluation noted the absence of certain procedures and directives such as those for vector control, supply and stock management, and a monitoring and evaluation manual to accompanying the implementation of the 2018-2023 NSP.

Further, the internal P&Ps to guide the day-to-day management of resources are lacking. The NMCP does not have a Code of Conduct, a document that defines expected actions and behavior of the staff, or a policy on conflict of interest. It also does not have P&Ps translating legal requirements, bylaws, and internal regulations to define the structure of the organization and confer certain rights, authorities, privileges, or specified functions. Indeed, these governance documents specific to the program would be beneficial in improving its day-to-day management and that of the staff by instilling in them a common set of values and standards for conducting their work.

4.1.3. LEADERSHIP

Leadership is defined as the ability of a director in an organization to provide overall organizational direction, often serving as a role model for the staff, to advance the organization's mission. In the context of a government agency, external advocacy to attract resources also plays an important role in leadership. Management, which is better defined as the management practices of an organization, will be defined, and addressed in the System section.

Advocacy outside the NMCP. Government agency leaders play a critical role in obtaining resources and support for achieving the mission of the organization. CAR has defined the fight against malaria as a national priority, included in its global vision to be a "country where malaria is eliminated by 2030 for sustainable economic development

and the well-being of the population". This government priority is reflected in the free care initiative for children aged 0 to 5, pregnant women, and breastfeeding women. Despite this government commitment, the rate of mobilization of health financing, including that of malaria, remains insufficient for the implementation of the NSP 2018-2023. The interviews revealed that the visibility of the NMCP needed to be strengthened, as well as the advocacy and negotiation capacity of DCDC / NMCP leaders to mobilize additional financial resources within the Government and as well as with partners to fill the coverage gap for malaria control activities in CAR.

Providing organizational direction. Leaders provide organizational direction by setting and communicating goals and objectives to align the organization with its vision and mission. To be effective, these goals and objectives should guide the organization in its short and long-term strategies and enable staff to contribute to the success of these strategies in their day-to-day work. Leaders must clearly communicate strategic objectives at all levels of the organization. Malaria's strategic objectives are set out in the NSP 2018-2023, and the annual objectives are defined in the MPH's Annual Action Plan. However, it was noted that the Coordinator and Section Heads do not hold weekly meetings to discuss and review activities to achieve these goals, and to assess progress against the AAP or five-year goals stated in the NSP. When asked about some of the weaknesses of the organization: "*We do not hold a service meeting to discuss each other's activities*" *(interviewee).*

Serve as a model. Leaders are also expected to serve as a model for the organization, providing organizational direction through example. The Interviews with the various stakeholders, including those within the NMCP, revealed a dynamic, committed, and available Coordinator, who is visibly open to change and supervised by a committed and available DCDC Director. Respondents cited *"the commitment of the coordinator to ensure the success of the NMCP"* although internal communication, strengthening of teamwork and coordination will need to be strengthened.

4.1.4 COORDINATION

Coordination using appropriate external communication is essential for running an organization of any type, but especially for an organization that relies on financial and technical support from both donors and the public sector. The NMCP works with a wide range of international and local partners. Regular and consistent coordination and communication with external stakeholders reassures stakeholders that the NMCP is working towards achieving its stated objectives as soon as possible, by informing them of

progress made; but just as importantly, the challenges they face and how they will address them.

Coordination with partners. The NMCP works with several international and local TFPs. The assessment found that the NMCP Coordinator has positive relationships with the TFPs; however, these relationships and communication with TFPs are not formalized, especially during regular and periodic meetings. Most respondents indicated the lack of a formal coordination framework and formal dialogue involving all malaria partners, including with their counterparts at the decentralized level as a weakness. This coordination framework should be in place for regular and periodic coordination meetings (such as the National Malaria Control Committee or Taskforce quarterly meetings), as well as formal technical meetings through technical working groups that facilitate frank and open dialogue and provide routine information from the field.

In addition, coordination, and **collaboration with other MPH services** (EPI, SR, SSP) are insufficient and must be strengthened. The NMCP intervenes with these entities during distribution activities such as LLINs, IPT in CPN for infants, advanced strategy, and integrated community case management. The assessment found that **multisectorality** was lacking between other ministries in malaria control, the establishment of the national malaria control committee and technical advisory groups coordinated by the DCDC/NMCP to improve leadership, coordination, and daily management. The assessment suggests using media and social networks to communicate about NMCP activities (Facebook page, Website, etc.) to improve external communication on activities to fight against malaria.

Delegating tasks. The interviews also revealed that consultation between the Coordinator and section officers to obtain their technical advice specific to their field is lacking. It was revealed that the daily tasks only entrusted to one or two people, including the Coordinator, thus revealing an insufficient delegation of tasks and communication on the roles and responsibilities of each personnel.

4.2. Section 2 - Systems

The second quadrant of the OD model examines the transactional systems (Figure 5) that are needed to implement and sustain organizational change. To fulfill its mission, an organization's operating systems must ensure that the right resources are in the right place at the right time. Operating systems help the organization deploy human and financial resources, make data-driven decisions, deliver services and assets, maintain infrastructure and logistics, and implement and oversee programs in all these systems. Management plays a key role in ensuring that these operating systems function

as intended. Management practices are what managers do daily to make human, material, and systems resources available to the organization to carry out its strategy. Managers oversee the consistent implementation of activities: they plan and resolve issues with staff, and they supervise staff to ensure that they have the financial, logistical, and technical support they need to perform their tasks. Many comments received throughout the assessment indicate that the NMCP and the partners recognize that there are many areas of needed improvement as they relate to systems such as planning, monitoring/evaluation, resources management, etc. Given the critical importance of human capital, human resource systems have been highlighted in their own quadrant – Section 3 below.

FIGURE 5: SYSTEMS
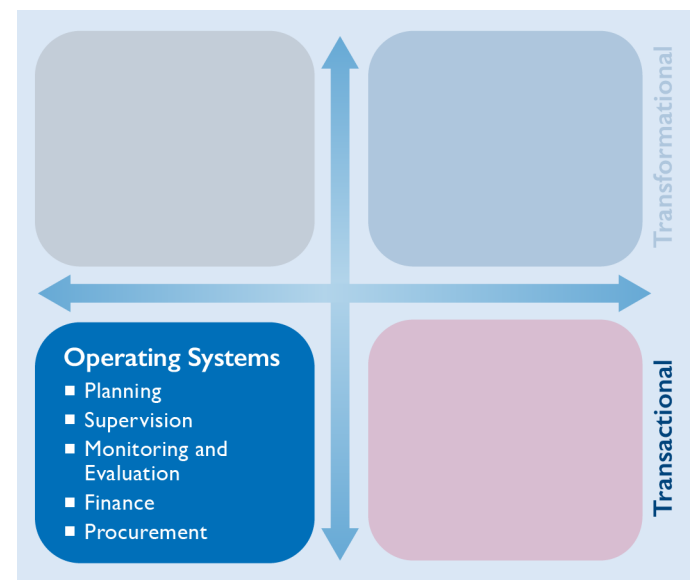
4.2.1 PLANNING AND PROBLEM-SOLVING

Planning process. The NSP 2018-2023, aligned with the period of NFM3, was developed in a participatory, inclusive, and multi-sectoral manner with all NMCP stakeholders and with the technical, material, and financial support of WHO, UNICEF, RBM, and GFATM. It aligns with the Sustainable Development Goals 2020-2030 and gives priority to (i) universal access to methods of prevention, diagnosis, and treatment of malaria; (ii) acceleration of efforts towards elimination; and (iii) malaria surveillance as a basic intervention. The NSP is the reference framework for the interventions of all actors involved in the fight against malaria and reaffirms the ambition of the CAR to maintain universal coverage of interventions to move towards the elimination of malaria (see NSP 2018- 2022 extended to 2023, p.2). During the TFP interviews, it was reported that planning theoretically started with a mid-term program review and a final review,

then the development of the strategic plan and the operational plan every 5 years.

The planning cycle is annual, following a top-down approach in effect throughout the CAR health system. The objectives are determined from the central level and communicated to the operational level. Theoretically, based on the NSP, an Interim Health Sector Plan (IHSP) is drawn up and this should be broken down into an annual operational work plan for malaria with the technical support of the TFPs. The work plan of the central level is then translated at the operational level into a micro plan. Further, annual planning activities should involve all entities involved in the deployment of regional, district, and community activities, including TFPs. Each TFP should carry out its activities according to its work plan and communicate its planning as appropriate to the NMCP.

The assessment revealed that in practice: i) there is a lack of participatory annual planning, ii) no mechanism exists for performance monitoring through the monthly, quarterly, mid-year, and annual work plan, iii) the NMCP lacks a dashboard for taking stock of progress and rescheduling activities that have not been completed or are behind schedule, and iv) there is no follow-up table of recommendations which would make it possible to monitor the implementation of recommendations/actions from the activities analysis. In addition, there is no integrated operational action plan (IOAP) presenting the annual budget and activities by heading and by implementing/financing partner in a holistic and exhaustive manner. From a purely financial point of view, malaria funds are primarily managed by the GFATM PR (World Vision), which has its own administrative and financial manual. And supervision reports have revealed a lack of harmonization of the interventions implemented by various partners in the fight against malaria, as well as the absence of

mapping of TFPs according to the interventions and the zones. an IOAP would ensure better visibility and coordination of activities by all stakeholders and ensure the NMCP is fully realizing its role as coordinator.

Problem resolution. The lack of a problem-solving plan (bottleneck management) was also noted. Based on a review of the OAP, the national performance framework targets and key indicators, and activity reports, a problem-solving plan would allow the NMCP to identify and analyze the main bottlenecks to propose mitigation solutions, especially when working with the decentralized level. Coordination between the NMCP and counterparts at the provincial and health district levels is a challenge. At the health district and FOSA level, it was reported that there was a roadmap with a validated district work plan shared with implementing partners, but because the TFPs were not associated with the health districts, the development of their roadmap was not financed. Thus, many planned activities are not carried out in the field. In addition, some health districts are not informed of the supply of FOSA inputs, in terms of quality and quantities. *"It is [only] during the supervisions that we notice that there are stock-outs of inputs" (interviewee).* The Regional Directorates that report to the Cabinet Directorate of the MPH are responsible for monitoring the implementation of policies defined at the central level and for providing technical support to the Health Districts. Interviews conducted with District officials at the Bangui 3 health district level indicated inadequacies in the performance of integrated supervision in terms of quality and follow-up of the implementation of recommendations. Hence there is interest in implementing a real problem-solving mechanism at the operational level by improving coordination at the health district level.

What is the participation of central/regional malaria partners, including local NGOs, decentralized territorial communities, and development partners, in the planning and monitoring of activities?

"Districts and regions are not involved in planning. / There is no annual or monthly work plan. It is World Vision that leads all the activities, one has the impression that it is World Vision that directs the NMCP."

"The TFPs do not intervene in planning except in the development of the NSP."

"Apart from the strategic plan, each TFP even its activities according to its work plan."

"The activities are improvised and not planned. We do not have an annual work plan, no monthly work plan."

"There is no involvement of the TFPs in the annual planning, on the other hand for the strategic planning, there is an involvement of the TFPs in all the phases of the development of the NSP."

INTERVIEWEES

4.2.2. MONITORING PROGRESS AND SUPERVISION OF ACTIVITIES

Monitoring progress. The monitoring and evaluation (M&E) system are one of the most critical operational systems. It provides the data necessary for planning, decision making, and problem-solving, as well as reporting to financial and technical partners. During the assessment, it was noted that the NMCP has a Monitoring and Evaluation Plan (2018-2022) and a M&E section led by a M&E Officer, though the absence of a monitoring and evaluation manual was noted. Malaria control activities integrated into the 2018-2019 IHSP are monitored quarterly in the form of an Excel table and annually in the form of a narrative summary sent to the DCDC. There is not an annual report written by the NMCP and validated by all the TFPs to reflects the actions carried out, the challenges faced, and the recommendations moving forward. In the event of a one-off request, the NMCP drafts a narrative document, however, the ad hoc reporting culture is not effective. A mid-term review of NSP 2018-2023 was not completed due to a lack of funding and the onset of the pandemic Covid 19.

All the staff engaged confirmed the absence of formal meetings to monitor the progress of activities set out in the Annual Action Plan, noting the absence of weekly coordination meetings to bring together the Coordinator and sections officers, monthly team meetings bringing together all the staff, as well as systematic quarterly, mid-year and annual performance review meetings. Further, the absence of a framework and dashboard for monitoring program performance—to take stock of progress and reprogram activities not carried out or are overdue—and the inadequacy of quarterly data validation and analysis process hinder the ability of the NMCP and its partners to make informed decisions based on quality data and problem solve.

> ### How do you and your team monitor the level of achievement of activities and the main results achieved?
>
> *"No internal meeting has been held for the past 3 years within the NMCP to examine the monitoring of activities."*
>
> *"There are no monitoring and evaluation activities because we do not carry out a review activity, we do not have a task force; neither of the annual activity report."*
>
> **INTERVIEWEES**

Supervision of activities. The Supervision of activities are integrated and organized at all levels of the health pyramid using the supervision guide as follows:

1. Semi-annual integrated supervision from the central level to the regions carried out by the central level,
2. Quarterly integrated supervision from the regions to the health districts organized by the regions, and
3. Monthly integrated supervision from health districts to FOSA (Health Training) and Health Center carried out by DMT.

The coordination of the NMCP supervision teams at the central level is carried out in collaboration with the Director of the health region, the district Focal Point, and the Chief Medical Officer (CMOH). However, these integrated supervisions do not provide sufficient details of the interventions of interest to the NMCP. Indeed, it has been reported an absence of thematic supervisions on malaria to detect the real bottlenecks and a lack of quality in the performance of supervision activities, as well as a lack of technical skills of certain resource persons taking part in supervision missions. The terms of reference (TOR) for these supervisions are drawn up and validated by the NMCP then sent to the principal recipient to request funding. Once the funding has been obtained, a briefing of the supervisory staff is organized before leaving for the field. Word Vision and WFP carry out joint supervision in their areas of intervention. At the end of the supervisions, the recommendations follow-up notebooks are completed and kept at the FOSA level. A supervision report is written by the supervisors and shared at the higher level and with the FOSA. However, in practice, it was noted that there was no reporting framework for the supervision teams as well as the absence of integrated supervision summary reports. Thus, no synthesis is carried out between the members of the team at the end of the missions, due to the non-existence of standardized integrated supervision reports. These integrated supervisions make it possible to monitor the application of the guidelines on free treatment of malaria cases in terms of diagnosis and treatment which, according to the people interviewed, are insufficient in their implementation because they do not cover all aspects of malaria.

Data collection and analysis. The data collected by the different entities are compiled by the focal point responsible for sending the data by mobile phone to the National Health Information System (NHIS). A hard copy is sent to the NMCP to be entered into a database. For improvement of completeness and timeliness, Magpi web-based software is used for collection. The use of DHIS2 as a national electronic database is envisaged. It appears that the quality and use of data must be strengthened. The first level of data validation is done at the district level. In the event of incorrect data, the district focal point goes back to the health facilities for this to be corrected. However, challenges lie in the validation of data

due to the lack of financial resources to carry out data validation meetings and the lack of training of field actors in data management. The malaria data monitoring meetings do not take place with those in charge of the health facilities. The second level of data validation and analysis is done at the level of the GFATM PR (World Vision) and not at the level of the NMCP. The assessment noted the lack of staff for data management within the NMCP (data manager).

4.2.3. FUNDING

One of the most important operational areas for any organization is its financial system. The NMCP is supported primarily by external funding from the GFATM, whose grants since 2004 have made it possible to improve the coverage of interventions in the fight against Malaria and maintain gains. Other technical and financial partners such as UNICEF, WHO, RBM, the World Bank, and international NGOs support the NMCP as well. The grants of the GFATM cover 836 FOSA or about 83% of all the existing health facilities (1008 FOSA).

The State intervenes in the financing of malaria activities through: (i) the payment of staff salaries, (ii) part of the investment expenditure in infrastructure and equipment, (iii) initial training, (iv) operating expenses and subsidies to healthcare structures. The other interventions are financed almost exclusively by the partners. The assessment noted the reduction in the provisional budget of the State allocated to the fight against malaria from 0.47% in 2015 to 0.15% in 2016, with a very low level of disbursement. The State budget allocated to the fight against Malaria represents less than 1% (2017 Finance Law) of the 9% of the budget allocated to health (PTSS).

The private sector intervenes very little in the financing of health activities. It is involved in the realization of world day activities (CNSS in 2016).

The budget mobilization rate: Out of a total budget of 22,640,867,502 FCFA needed to finance the 2012-2017 NSP, only 19,133,918,779 FCFA were mobilized for the implementation of the activities, i.e., 85% mobilization rate *(Source: NSP 2018-2022 extended to 2023)*. The analysis of the NSP funding gap provides data on the financial resources currently available and those that must be sought through advocacy and resource mobilization actions for the implementation of work of the NSP.

The resource mobilization strategy: One of the main problems facing the health sector in CAR is insufficient financial resources. To do this: an advocacy and resource mobilization plan will enable efforts to mobilize resources from the Government, national and international partners through periodic analyzes of gaps, and actions to promote

new initiatives funding should be developed for the fight against malaria. By emphasizing intra and intersectoral collaboration for concerted actions and the mobilization of resources in favor of the fight against malaria.

4.2.4. SUPPLY CHAIN AND INVENTORY/PURCHASING MANAGEMENT

The success of malaria control programs requires a range and volume of products, and the actors involved in the management of these products, and the challenges of NMCPs in supply chain management are considerable. Indeed, the permanent availability of inputs for the fight against malaria is crucial for the continuity of the prevention and treatment services provided by the NNMCP.

The evaluation team noted the existence of a *Purchasing and Inventory Management (PIM) section within the NMCP to be relocated to the level of the DCDC* and of a recent quantification committee that meets twice a week, but it is not very functional. In addition, the NMCP participates little in its meetings because of the lack of human resources (pharmacist) dedicated to the management of the supply of stocks.

Procurement and Supply Chain Management in CAR is a complex system of many organizations, playing different roles. The distribution system where several actors are involved ensures the distribution of ACTs and RDTs and other inputs to fight against malaria. Inadequate coordination of all these structures and poor management in the field are sometimes the cause of delays in supply and stock-outs in country's health facilities. In order to respond to this concern, the government is in discussion with the TFPs to set up a National Commission for the Supply of Essential Health Products (NCSEHP), which is a framework for consultation, planning, and decision-making including the national government, TFPs and partners in the field (NGOs supported by Fonds Békou, ASSOMESCA, World Vision, etc.) supplemented by an executing body, a Health Products Supply Management Unit (HPSMU) which is an operational structure in charge of the management of the various stages of supply in conjunction with the technical services of the Ministry and operators in the field (NGOs, faith-based network, etc.) and a fiduciary agency: verification and payment structure.

Certain weaknesses relating to the supply chain were also reported, in particular:

1. Stockouts of inputs due to the long journey of the delivery of WV via WFP to the health facilities. Some health districts are not informed of the supply of the quality and quantity of products to health facilities. It is during supervisions that the team discovers ruptures (Example of

ruptures in Sulfadoxine-Pyrimethamine molecules), input storage problems.

2. Poor quantification in the supply of inputs due to the failure into taking account certain health facilities in the supply of inputs (out of the 16 health facilities in the health district of Bangui 3, five (5) health facilities are not considered with regards to supplies). This problem is due to the policy of limiting the number of health facilities for the country in the supply of malaria inputs, in fact, the GF only supports 836 of the existing health facilities.

3. The lack of a *national supply coordination committee* under the leadership of the NMCP

4. The Lack of a common annual supply plan for all partners.

5. The lack of a national Purchasing and Inventory Management (PIM) plan under the coordination and lead of the NMCP

The evaluation suggests improving the mechanisms and the implementation of the following points for better coordination of the quantification and monitoring of the management of antimalarial inputs to ensure the availability and proper management of stocks in the HD and health centers:

1. The development of a national *Purchasing and Inventory Management (PIM)* plan by the NMCP in collaboration with the Directorate of Medicines and Traditional Medicine and Pharmacy, the MDU, and the program partners.

2. To compensate for recurring stock shortages in inputs, it is necessary to *set up a national supply coordination committee under the leadership of the NMCP* which will have the mission of listing and putting in a common basket all the inputs received across the country; the management and distribution system of antimalarial inputs acquired within the framework of specific malaria projects must be carried out under the leadership of the NMCP in close collaboration with the other partners within the framework of the procedures defined by the MPH.

3. The management of purchases and stocks of antimalarial inputs must comply with the rules, procedures, and guidelines put in place by the MPH. The system for supplying health facilities and the community level with essential antimalarial inputs must be in line with the procedures defined by the MPH.

4.3. Section 3 – Human Resources

The third quadrant of the OD model is transactional and essential to the implementation of sustainable change. Human resources (Figure 6), include: (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 the interviews, this section is largely based on the results of the staff engagement survey and internal communication surveys.

FIGURE 6: HUMAN RESOURCES SECTION
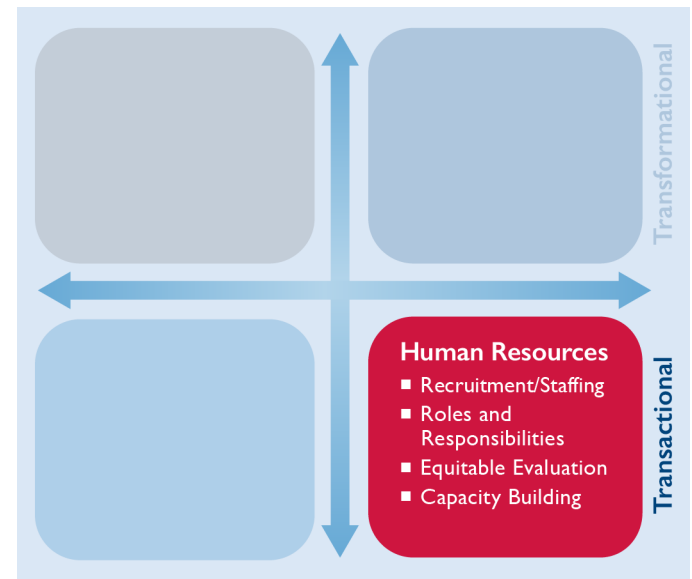
4.3.1. STRUCTURE

The structure is the disposition of functions and people to ensure the effective implementation of the vision and mission by the organization. The structure of an organization is often defined by an organizational charter or bylaws conferring upon it certain rights, authorities, privileges, or specified functions. An appropriate organization chart includes not only "boxes", but also "arrows" or descriptions that clarify relationships, communication, and authorities between groups of people.

As part of the restructuring of the MPH, governed by a decree and promulgated in December 2018, the organizational chart of the DCDC divided the NMCP into three (3) sections: (i) Vector Control, (ii) Case Management, and (iii) IEC-social mobilization (see Appendix A). The assessment further recommends that the three (3) sections of the NMCP be further organized at the sub-section level to meet the needs of the NMCP. This includes proposed changes to sub-section organization and staffing as follows:

1. Vector Control Section: To further subdivided into sub-sections for Anti Vector Control (Entomology - PID),

Seasonal Chemoprevention, and Pregnancy and Malaria (IPT)

2. Case Management Section: To be led by 1 (one) section head and 2 (two) support assistants

3. IEC-social mobilization Section: To include sub-sections for Assistant IEC-CCC and Partnership-Resource Mobilization

This will require the Government to recruit and assign the personnel required for the operation of the said sub-sections, including the recruitment of an entomologist, data manager, and IT specialist (to support network and maintenance, development for the animation and creation/update of the NMCP website, electronic archiving, etc.). Further, it is imperative to complete the DCDC / NMCP restructuring process through the adoption of a final organization chart including the staffing of cross-cutting positions planned at the DCDC level (e.g., administration and finance, supply management, etc.) to support all three Services under the DCDC.

4.3.2. RECRUITMENT, STAFFING AND RETENTION

Recruitment and Staffing. Recruitment is the process of requesting or identifying a person to occupy a specific position in an organization. Staffing considers the total number of people, the balance between departments, the adequacy and capacity of staff, and succession planning for long-term staff renewal. To recruit new staff, the standard procedure should involve the development of a formal job description and criteria for potential candidates.

The Staffing within the NMCP is mainly done by the MPH via human resources with civil servant status. Indeed, the vast majority (93.33%) of NMCP staff are permanently employed because of their status as civil servants without de facto having the required qualification. It is, therefore, necessary to ensure that this type of employee acquires the skills and knowledge they need in the long term, through coaching or training or capacity building in the required areas. As described by most of the interviewees, government assignments of staff do not necessarily meet the needs of the service and the coordinator's opinion is not gathered when proposals for assignment by the MPH are made.

The second method of recruitment is carried out through contract workers:

- Recruitment of contract workers with State funding (6.67%) according to specific needs (a driver has been contracted and made available to the NMCP).
- Recruitment of contract workers with funding from partners (6.67%): one (1) Technical Advisor with a very high level of competence and who advises and guides the

coordination of the NMCP and its team in its decision-making.

Retention. Retention is important to the health of the organization for many reasons: Recruitment is costly, each new person requires in-depth training for the position and needs a certain period to adapt to the organization. Good retention also improves the internal memory of the organization, builds relationships within teams, organizational units, and enables better sharing of knowledge and experiences among staff members.

Following the analysis of the Staff Engagement Survey (Figure 7); 36% of the staff answered that they feel good and do not want to leave ("I do not intend to leave because I am happy here") against 35% who are considering leaving the NMCP and 29% are without an opinion. Among the 35% who want to leave the NMCP, 14% are currently looking for work because they feel unhappy in the NMCP, 7% estimate that they will leave in six months to a year, and 14% in less than six months. The 29% with no opinion believe they retire by 2022. This high rate (35%) of staff wishing to leave the NMCP should give rise to a staff motivation policy. Comments collected during the evaluation raised the problem of financial motivation in an unstable national socio-political-economic context marked by military-political crises and the application of austerity measures with a reduction in wages.

FIGURE 7: ENGAGEMENT SURVEY, STAFF MOBILITY NOVEMBER 2020

Mobility expressed by MCP-CAR staff

A. I am currently looking for work because I am unhappy here
B. Little time — maybe six months
C. Six months to one year
D. I don't intend to leave because I'm happy here
E. Other options
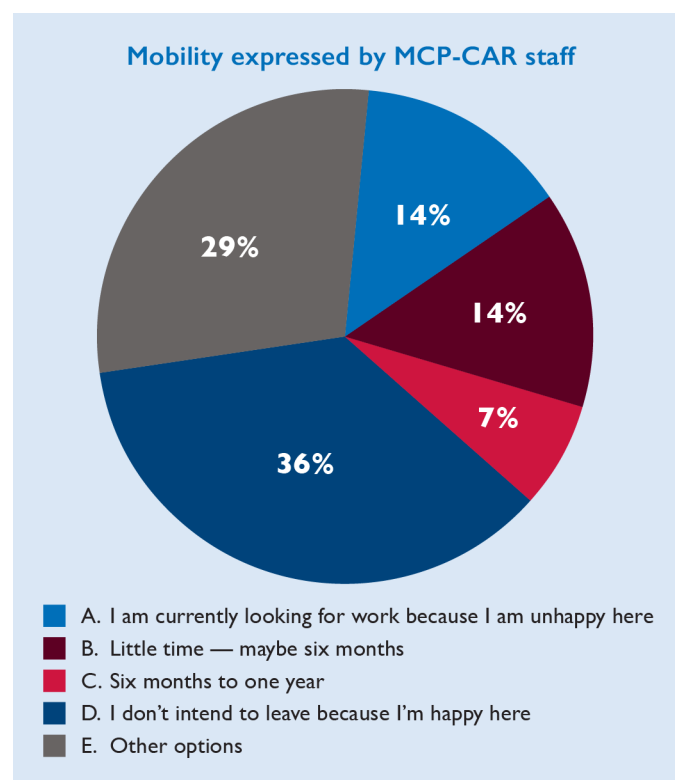
Source: Engagement Survey, NMCP CAR-November 2020

4.3.2. ROLES AND RESPONSIBILITIES

All staff should have clearly defined, specific and dynamic roles and responsibilities. Staff interviews revealed a lack of job descriptions, skills sheets, as well as clearly defined roles and responsibilities. The assessment noted a lack of knowledge of the roles and responsibilities of most staff members and an absence of a job description due to the absence of a formally adopted organization chart, negatively impacting the functioning and day-to-day management of the NMCP.

4.3.3. FAIR EVALUATION, REWARD, AND CONSEQUENCE.

Recognition and rewards are strongly disparaged at the NMCP. Staff feels they don't receive recognition for a job well done. When asked if "In the past seven days I have received recognition or praise for doing good work", the average score is 2.64 out of 5. One a respondent gives a 1 that indicates that they strongly disagree with the statement, while a 5 indicates that they strongly agree (figure 8).

FIGURE 8: ENGAGEMENT SURVEY - NOVEMBER 2020, RECOGNITION OF A JOB WELL DONE
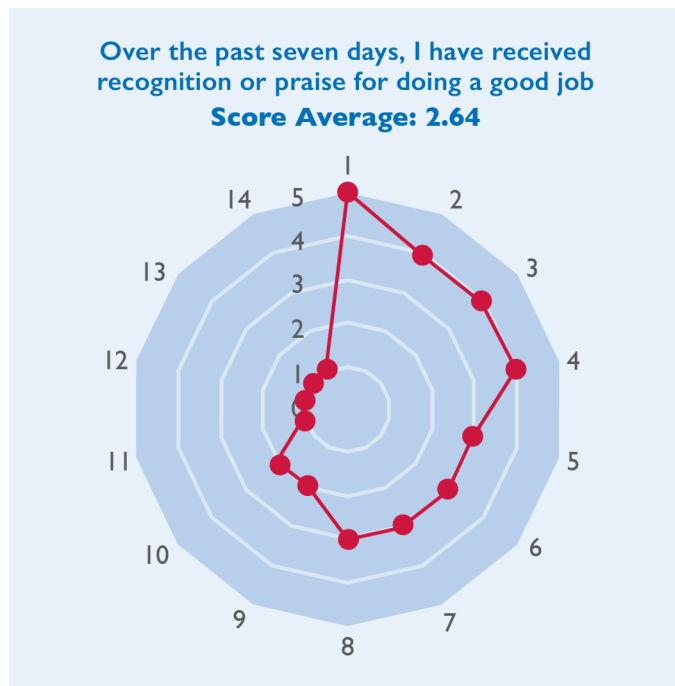
Source: Engagement survey, November 2020, NMCP CAR

In addition, there is no evaluation mechanism tied to staff performance either at the MPH nor at the NMCP. According to the staff interviewed, there is a lack of a formal incentive, rewarding mechanism for a job well-done job; on the other hand, several respondents reports that ceremonies of decoration are made by the State each year but the mechanism to benefit from this honorary distinction is very vague and even considered arbitrary. In addition, all (3/3) of

the section heads stated that they were not motivated to achieve the objectives defined by the NMCP.

> **Are there opportunities for employees to receive recognition for their positive accomplishments? (Price, publications, positive feedback)**
>
> *"No, the recognition mechanism is not formalized but it happens that staff receives oral praises."*
> *"The Decorating Medals awarded by the state are difficult to obtain."*
>
> **INTERVIEWEES**

4.3.4. FEEDBACK AND CAPACITY BUILDING

Feedback and capacity building are closely linked: a person cannot improve or build capacity without feedback. Feedback from managers is one of the areas that the NMCP can control. The evaluation team noted shortcomings that have shown that some managers need to make efforts in these areas.

Feedback. More than two-thirds of those questioned (66.7%) decried the insufficient feedback on daily activities and field missions.

> **How would you describe the style/mode of internal communication of NMCS? Can you explain your answer?**
>
> *"The feedback mechanism is not easy; staff does not provide feedback on the activities carried out during the field missions, because we do not hold a meeting or a working session."*
>
> **PERSON INTERVIEWED**

NMCP staff feel that they need to be supported in their daily work. This support can come either from the supervisor, from a team member or from a relationship with a friend in the department. The engagement survey made it possible to note the average scores of 3.00/5 for "My supervisor or someone at work gives me feedback on my work" (figure 9) and 3.07/5 for "There is someone at work who encourages my development" (figure 10). The fact that these scores are less than 4/5 reflects the need to improve feedback and promptness at the NMCP level.

FIGURE 9: ENGAGEMENT SURVEY - NOVEMBER 2020, FEEDBACK

My boss or someone at work gives me feedback on my work
Score Average: 3.00
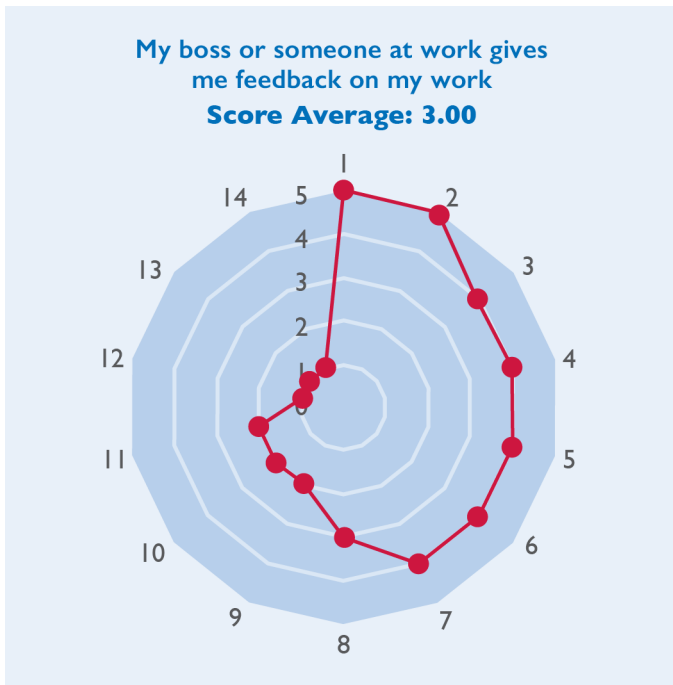
Source: Engagement survey, November 2020, NMCP CAR

FIGURE 10: ENGAGEMENT SURVEY-NOVEMBER 2020, ENCOURAGEMENT OF STAFF DEVELOPMENT

There is someone at work who encourages my development
Score Average: 3.07
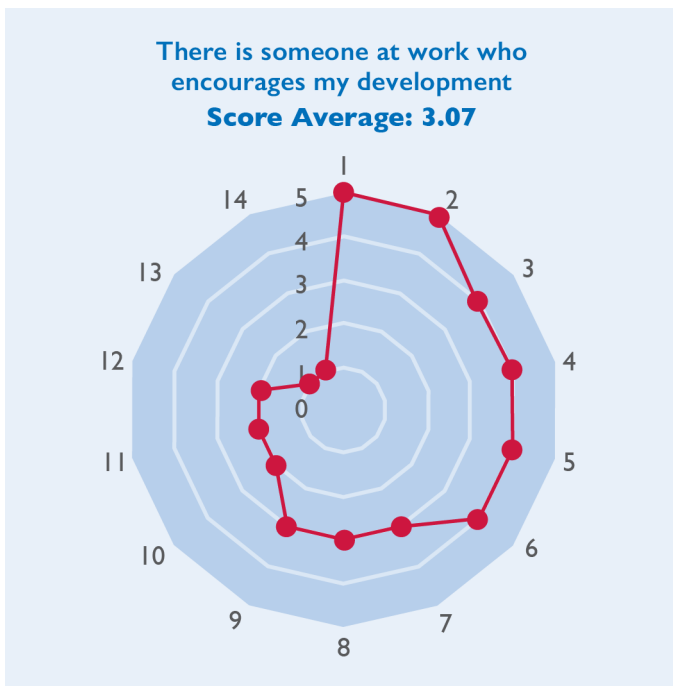
Source: Engagement survey, November 2020, NMCP CAR

Capacity building. The staff expressed a real need for capacity building during the assessment. In the staff engagement survey, the average score on the ability to be able to make informed decisions about how they do the job

was 3.64 / 5 (Figure 11). Staff training remains the first major challenge raised by respondents with 30% of the responses citing it as "the major challenge for the NMCP" during the staff engagement survey (see figure 16). The staff during the assessment asked for specific capacity building in the following areas: advocacy, resource mobilization, leadership, management and governance, program/project management, planning, monitoring-evaluation, communication, and administrative management, as well as entomology.

> **What do you think of the technical or clinical capacity of your staff?** (Specific to malaria: clinical, public health management, etc.)
> *"There is a real need to strengthen the technical capacities of staff in Monitoring and Evaluation, Communication, Entomology and Prevention."*
> **INTERVIEWEE**
>
> **In your opinion, what is the greatest challenge facing the NMCP in achieving its objectives?**
> *"It is by reinforcing the capacity of the staff because one cannot develop any sector without competent and qualified human resources in the field."*
> **INTERVIEWEE**

FIGURE 11: ENGAGEMENT SURVEY-NOVEMBER 2020, CLEAR DECISION-MAKING CAPACITY

I can take informed decisions about how I do my job
Score Average: 3.64
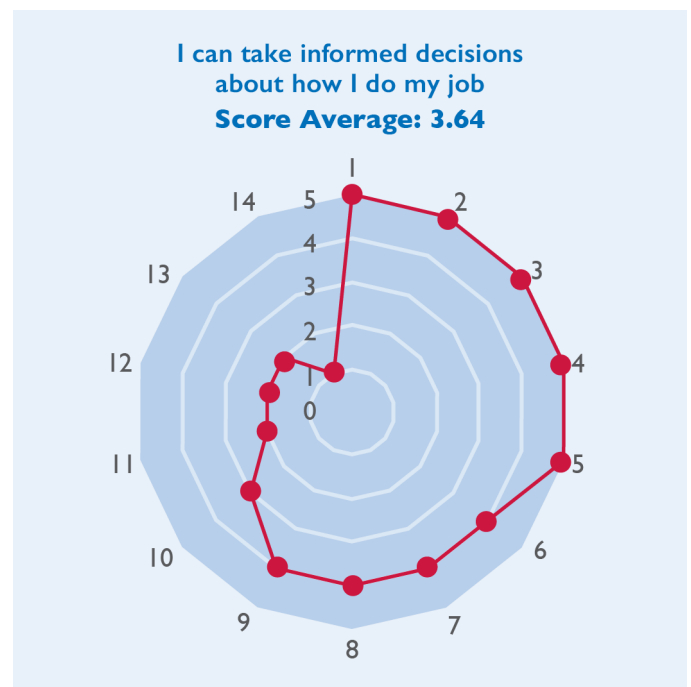
Source: Engagement Survey, NMCP CAR- November 2020

4.4. Section 4 – Culture

The fourth section of the OD model, Organizational Culture (Figure 12), reflects all parts of the organization. Just like the leadership, the culture of an organization can be *transformational* and can create and sustain positive change. However, it can also significantly hinder change, regardless of the number of written strategies or the number of meetings held. Elements that affect an organization's culture include internal communication, transparency and teamwork, motivational factors such as feedback and recognition, and the physical environment where people work.

FIGURE 12: ORGANIZATIONAL CULTURE
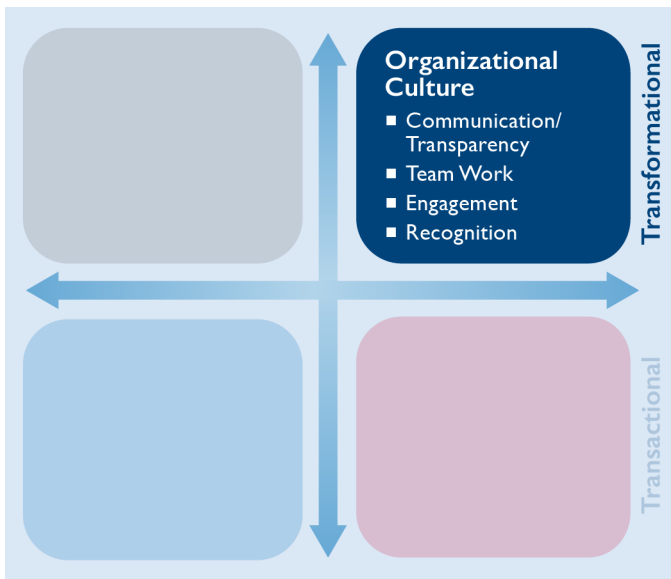
4.4.1 INTERNAL COMMUNICATION, TRANSPARENCY, AND TEAMWORK

Coordination through frequent, high-quality communication, supported by common goals, shared knowledge, and mutual respect, enables organizations to better achieve the desired results. It is a mutually reinforcing process of interaction between communication and the relationships established to integrate tasks and build strong teams (Gittell, 2002a: 301).

During the evaluation of the NMCP of CAR, three tools were used to assess internal communication within the NMCP: (i) the information collected through interviews with the leaders of the NMCP, (ii) the survey on engagement of NMCP staff, and (iii) the survey on relational communication or internal communication. Taken together, the three tools used during the assessment revealed a lack of internal communication with opportunities for improvement.

The NMCP Leader Assessment tool revealed that NMCP's internal communication style/mode is reserved. About a third tend to feel anxious when communicating with superiors when problems arise, though NMCP staff may turn to Section

Heads, their peers, or the Technical Advisor for answers when faced with questions or problems. If necessary, the work at the NMCP can be team-oriented (for example, in support of the mass distribution of mosquito nets); but in general, the work is mostly seen as individual, suggesting a need to strengthening the team spirit at the NMCP. There is no formal framework of meetings where staff can discuss management and activities in weekly or monthly meetings with section heads and coordination. Indeed, the evaluation noted the absence of a monthly coordination meeting with the teams at which staff should be informed of developments, achievements, or problems related to planned malaria activities. All the section heads confirm the absence of staff meetings.

How would you describe the style/model of internal communication of NMCP?

"Feedback is difficult."

"Everyone is suspicious."

INTERVIEWEES

How would you describe NMCP's working environment? Can you explain your answer?

"As needed because there is no formal meeting framework."

"The work is individual and is not focused on teamwork."

"We are not informed of each other's activities or missions because we do not hold a coordination meeting, also, reports at the end of the mission are not made."

INTERVIEWEES

The results of the staff engagement survey revealed a lack of internal communication at the NMCP. This shortcoming was observed when it comes to listening and getting feedback and the opinions of the staff. The survey revealed the fact that many staff often feel like colleagues do not listen to their ideas and opinions (figure 13), supervisors do not give adequate feedback (figure 14), and that their opinions are not considered (figure 15).

FIGURE 13: NOVEMBER 2020 ENGAGEMENT SURVEY, LISTENING TO STAFF IDEAS AND OPINIONS

My colleagues openly listen
to my ideas and opinions
Score Average: 3.71
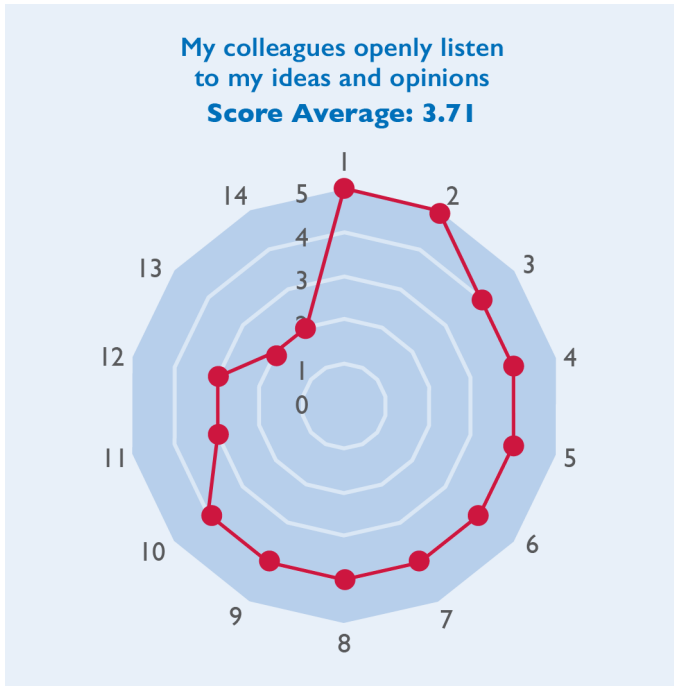
Source: Engagement Survey, NMCP CAR-November 2020

FIGURE 14: ENGAGEMENT SURVEY NOVEMBER 2020, FEEDBACK

My boss or someone at work gives
me feedback on my work
Score Average: 3.00

Source: Engagement Survey, NMCP CAR-November 2020

FIGURE 15: ENGAGEMENT SURVEY - NOVEMBER 2020, CONSIDERING EMPLOYEE OPINIONS

At work, my opinions seem to matter
Score Average: 3.64
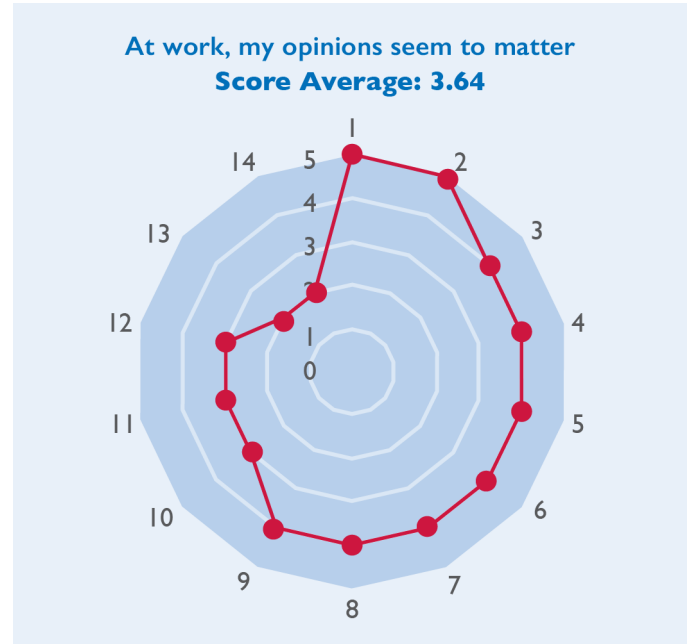
Source: Engagement Survey, NMCP CAR-November 2020

The results of the survey on relational communication or internal staff communication revealed a lack of internal communication at the NMCP. The internal communication survey asked staff of all sections of the NMCP about their communication and relations with colleagues from other services of the Program. All items were measured on a scale of 1 to 5: 1 meaning "never;" 2 for "Rarely;" 3 denoting "From time to time;" 4 equals "Often" and 5 "Always" or "constantly." For each survey question, a matrix was constructed to display scores between sections. The scores for each cell were calculated by averaging all participant scores for that cell. A global matrix was developed by including the average of the scores of the 7 main themes (frequency of communication, precision in communication, timely communication, knowledge sharing, problem-solving communication, mutual respect, shared objectives). All the matrix tables were then formatted using a heat map to highlight the strengths of the communications/relations between the two sections (darker green, i.e., a score greater than 4/5) and those that there is still room for improvement (yellow is a score less than 3/5 and red is a score less than 2/5). Results of the general averages of internal communication indicated that more than 92% of the scores are lower than 4, reflecting insufficient internal communication (see Table 1). (The full findings of the survey on relational communication are located in Appendix D.)

TABLE 1: RESULTS OF THE GENERAL AVERAGES OF INTERNAL COMMUNICATION, NMCP CAR ORGANIZATIONAL CAPACITY ASSESSMENT, NOVEMBER 2020

General (Scale between 1 and 5)						
	NMCP coordination	NMCP Adm / Finance	IEC / Social Mobilization Unit	NMCP VC	NMCP CM	NMCP S/E
Coordination	3.14	2.94	3.18	2.96	3.00	2.98
CM	2.21	1.36	1.36	1.57	2.36	1.79
IEC/ Social Mobilization Unit	1.57	1.71	4.43	2.00	1.29	1.14
S/E	3.86	1.57	2.43	1.71	2.86	4.86
VC	2.29	1.29	2.43	3.07	2.21	1.93
ADMINISTRATION	3.14	2.29	1.00	1.00	1.00	1.29

Thus, *the lack of communication within* the NMCP noted during the interviews and through the survey on *internal communication* remains a major point to be improved. Indeed, the sharing of opinion and information, the consultation of the whole team, the valuation of the work, the reinforcement of the team spirit, the holding of periodic and regular meetings (weekly, monthly) are needs that were expressed throughout the evaluation. The coordination should be able to create these internal consultation and exchange frameworks (structured contact communication, written communication, audio-visual communication) to guide staff, address problems and respond to questions/concerns appropriately with the help of the technical adviser or coordination. This lack of communication at the individual or unit level leads to disorientation of the staff and a lack of information and strategic orientation for the staff.

4.4.2. MOTIVATIONAL FACTORS (POSITIVE RELATIONSHIP WITH NMCP, BELIEF IN ONE'S WORK, RECOGNITION)

Employees generally believe in the importance of the work done, take pride in working at NMCP, and have friendships that support them in the course of their work. The Staff Engagement Survey revealed scores above 4 on these concerns. However, during this evaluation, the assessment also found factors that demotivate staff.

When asked, "What is the biggest challenge that the NMCP must take up to achieve its objectives?", two of the biggest challenges were staff retention and motivation (Figure 16). Reasons cited for poor motivation included: a lack of encouragement or recognition for their work, financial compensation levels, insufficient internal communication, and insufficient consideration of staff opinions for decision-making.

There is a lack of framework for employees to receive recognition for their positive achievements. The evaluation, therefore, recommends creating a motivational framework to encourage staff and to recognize the positive achievements of NMCP staff through awards, publications, positive feedback, and public praise. Likewise, staff capacity building through a well-established and implemented training plan and improved working conditions would improve morale.

FIGURE 16: ENGAGEMENT SURVEY, CAR-NOVEMBER 2020, IN YOUR OPINION, WHAT IS THE BIGGEST CHALLENGE FOR THE NMCP TO ACHIEVE ITS OBJECTIVES?

In your opinion, what is the greatest challenge facing the NMCP in achieving its objectives

Resource management	10%
Mobilization of financial resources	10%
Strengthening the general quantity and quality of HR	10%
Organization chart	20%
Motivation of Staff	20%
Retention of Staff	40%

Challenges of the MCP

Source: Engagement Survey, NMCP CAR- November 2020

4.4.3. PHYSICAL WORKING ENVIRONMENT

The NMCP does not have its own premises, in fact, the NMCP temporarily occupies the premises of the Directorate of Preventive Medicine. The assessment also noted a lack of office rooms, meeting rooms, a need to improve hygiene conditions in the premises, a need for computer and office equipment, internet connection, means of transport (motorcycles and vehicles) for field missions, laboratory equipment, electricity problem, etc. The need to improve working conditions (infrastructure and office equipment) were the top recommendations of a quarter of the staff when asked to name the 5 weakest points to be improved by the NMCP (figure 17).

In your opinion, what are the specific and priority areas that the NMCP must improve to achieve its objectives set out in the 2018-2023 NSP: Please prioritize what you think is most essential for this mission?

"Improve working conditions: premises, IT equipment, office automation, rolling vehicles, HR reinforcement, building capacity."

INTERVIEWEE

FIGURE 17: ENGAGEMENT SURVEY, CAR-NOVEMBER 2020, THE 5 WEAK POINTS OF THE NMCP
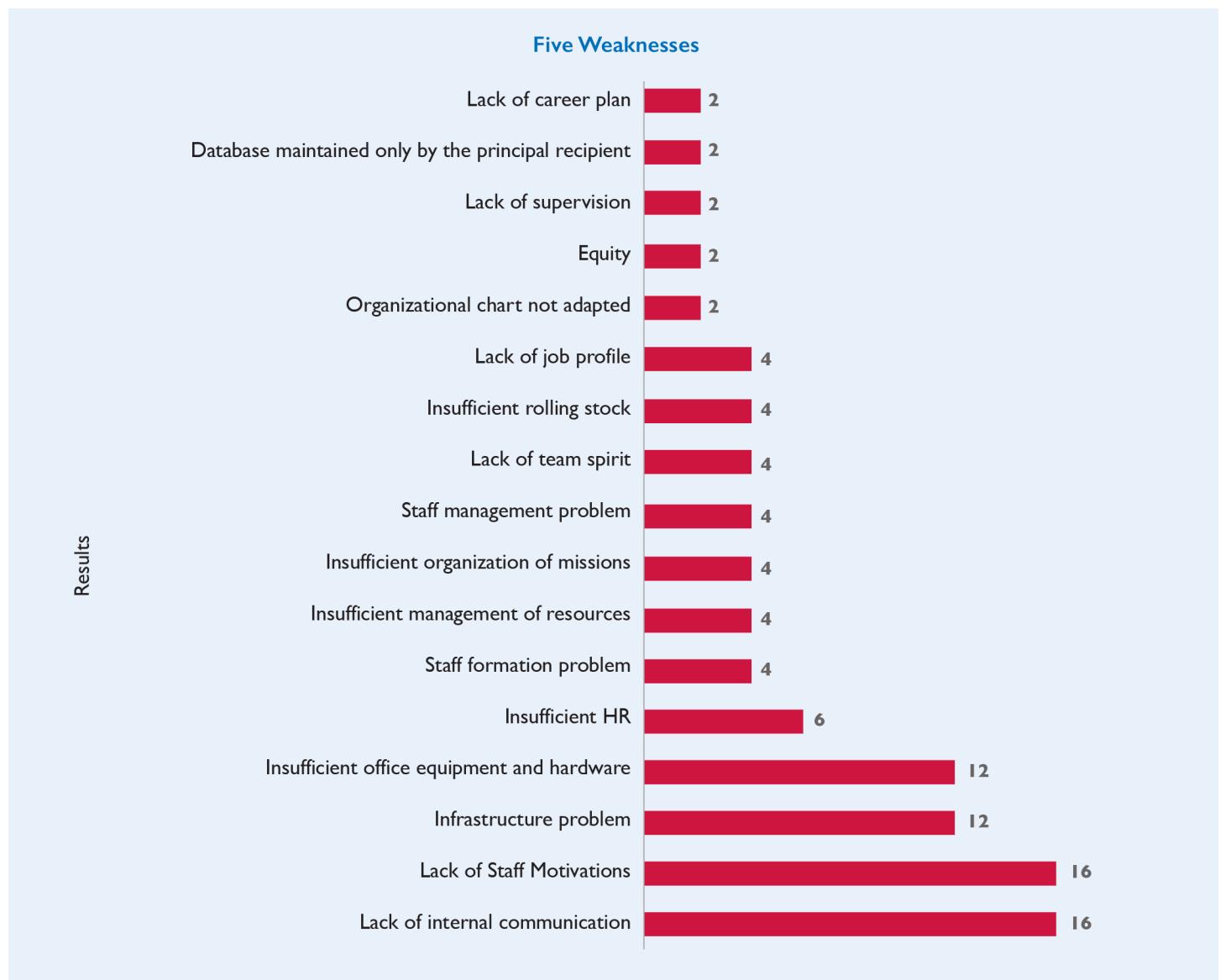
Source: Engagement Survey, NMCP CAR-November 2020

4.4.4. STAFF ENGAGEMENT

The average score for general staff engagement is 3.52/ 5 and reflects a staff that is not fully engaged to achieving NMCP objectives (figure 19). At the individual level, 6/14 people are engaged because they have a score between 4 and 5 versus 4/14 people not engaged (score between 3 and 4) and 4/14 strongly disengaged (score between 1 and 3) (figure 18).

FIGURE 18: ENGAGEMENT SURVEY, CAR-NOVEMBER 2020, ENGAGEMENT BY THE STAFF MEMBER

General staff commitment
Score Average: 3.52

Source: Engagement Survey, 2019 NMCP CAR

FIGURE 19: ENGAGEMENT SURVEY - NOVEMBER 2020, GENERAL EMPLOYEE ENGAGEMENT BY QUESTION

Commitment by staff member
Score Average: 3.52
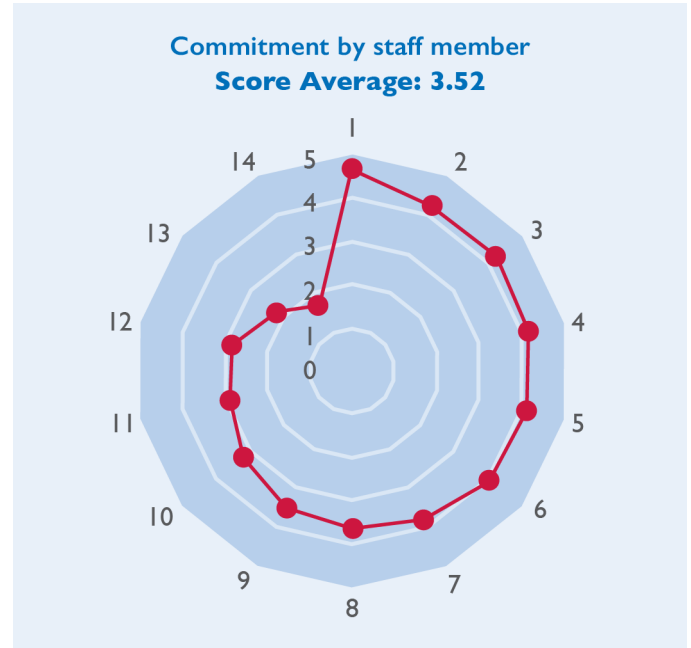
Source: Engagement Survey, NMCP CAR- November 2020

V. Recommendations and Action Plan

During the three-day brainstorming workshop, the preliminary results of the assessment were presented to the NMCP and the DCDC leadership. Below is a prioritized action plan with a strategy for sustainable organizational change to advance the organizational development of the NMCS, as agreed to by the NMCP, the workshop participants, and the evaluation team. As described in the first section of this report, the OD model used for 'hthis 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 action plan reflects this change process and defines a sustainable change strategy by including recommendations across all four areas. To guide the NMCP in the OD process, the action plan below outlines the follows:

Strengths as well as point for improvement which corresponds to the shortcomings noted during the capacity assessment

Recommendations to improve the identified shortcomings

Proposed solutions/ improvement activities identified

The party responsible for directing the improvement activity

Terms of expiry: a 3-year schedule--linked to the duration of the NSP 2018-2023--to launch and complete the activity (Short Term: 6 to 12 months, Medium Term: 1 to 2 years; Long Term: 3 years)

The priority (high, medium, or low)

Technical support: An opportunity to identify if technical assistance external to the NMCP is required and the possible source of funding

1. Vision and Mission

Strengths:
- Existence of a vision and mission for the fight against malaria in the Central African Republic (CAR) defined in a participatory and inclusive manner in connection with the National Malaria Control Policy (2019 - 2023) and the Interim National Plan for the Health sector 3 (IHSP3 2018-2021)
- The mission stated in the NSP 2018-2023 is aligned to with the Global Malaria Elimination Vision and Strategy 2016-2030

Improvement Areas	Recommendations	Solutions/ Improvement activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
Lack of **vision**-specific to the NMCP: "the vision defined in the malaria NSP is that of the government of the Central African Republic and not that of the NMCP"	Define a **vision** specific to NMCP, aligned with the vision and global elimination strategy	Develop and validate a vision specific to the NMCP during a development and validation workshop	NMCP Coordinator	▓			▓			Technical Advisor HRH2030 until Dec. 2021	Chemonics until Dec. 2021	Vision specific to the NMCP was developed during a workshop with the technical assistance of the HRH2030 Technical Advisor
Mission and vision defined in the NSP are **not known** by **almost** all the people interviewed at the NMCP	Clearly explain the vision and mission of the NNMCP to the entire staff	Remind, share, and regularly review the organizational vision and mission statement with all NMCP staff, during periodic meetings	NMCP Coordinator	▓	▓	▓	▓			Technical Advisor HRH2030 until Dec. 2021	Chemonics until Dec. 2021	
		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 various departments NMCP	NMCP Coordinator	▓				▓		Technical Advisor HRH2030 until Dec. 2021	Chemonics until Dec. 2021	
		Engage as a department to fulfill the vision/mission of the NMCP	NMCP Coordinator	▓			▓			Technical Advisor HRH2030 until Dec. 2021	Chemonics until Dec. 2021	
		NMCP tracks key metrics to measure understanding and alignment of the NMCP mission and vision by individuals across the organization	NMCP Coordinator	▓	▓	▓	▓			Technical Advisor HRH2030 until Dec. 2021	Chemonics until Dec. 2021	
The mission and vision of the NSP **are not visible**: not **displayed** in the office or in a place known to all	Improve the **visibility** of the mission and vision defined in the NSP	Print the vision and mission in large print for support (poster or panel on a washable surface) of the NMCP	NMCP Coordinator	▓				▓		Technical Advisor HRH2030 until Dec. 2021	Chemonics until Dec. 2021	
		Display the mission and vision in the offices and at the entrance to the premises (facade)	NMCP Coordinator	▓			▓					
		Set up a Mission / Vision totem or poster on the front of the NMCP	NMCP Coordinator	▓				▓				
		Fund the communication and visibility activities of the NMCP	NMCP Coordinator	▓	▓	▓		▓				

2. Structure Organization chart

Strengths:
- The NMCP was created by Decree 18-214 of July 17, 2018, on the organization and functioning of the Ministry of Population and Health and fixing the powers of the Minister, in its section 2, sub-section 1, article 47, under l authority of the Directorate for the Control of Communicable Diseases
- Existence of an organizational chart of the DCDC including the NMCP

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
The organization chart is not formally adopted, nor applied in day-to-day management	Complete the DCDC/ NMCP restructuring process through the adoption of a final organizational chart	Organize an Advocacy meeting with high authorities to adopt an organization chart considering the interventions of the NSP Follow up and advocate with the MPH to accelerate the validation and signature process of the revised DCDC organization chart	MPH/DML Head of department Communicable Disease Control Department				High			MPH	N/A N/A	
The current organization is not appropriate to carry out its mission, the NMCP does not have all the staff and the departments/ sub-departments necessary to carry out its mission	Staff the NMCP in the positions provided for in the new DCDC/ NMCP organization chart	Advocate with the Human Resources Department/MSP to assign staff that meet the profiles of the vacant positions in the new organization chart Advocate with the TFP to recruit contractors for the positions not filled by the State	MPH/DR					Avg.			MPH/GF	

3. Policies and procedures

Strengths:
Existence of Policies & Procedures guiding the implementation and monitoring of malaria control interventions:
- The strategic documents (the national anti-malaria policy, the strategic plan for malaria control, the monitoring and evaluation plan, etc.)
- Documents that support the implementation and monitoring of interventions: normative documents (diagnostic and treatment guidelines, malaria control training documents, registers, monthly report, and tally sheets)
- The NMCP is governed by the regulations in force for the Civil Service

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
Lack of certain procedures and directives such as those for vector control, absence of a monitoring and evaluation manual accompanying the implementation of the 2018-2022 NSP extended to 2023 of a manual and standard operating procedure (SOP) for management supplies and stocks)	Provide the NMCP with non-existent procedures and guidelines (vector control, gas management, absence of a monitoring and evaluation manual accompanying the implementation of the 2018-2022 NSP extended to 2023)	Develop and validate during workshops, non-existing normative documents (vector control, PSM, monitoring and evaluation manual, etc.)	NMCP					Avg.		RBM/WHO	To research	

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
The NMCP does not have an internal policy document for the day-to-day management of human resources (governance documents): Code of conduct, Internal rules of the NMCP	Develop internal governance documents for the NMCP	Organize a workshop to present and validate NMCP governance documents (Code of conduct, Internal regulations)	NMCP	�			High			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	HRH2030 technical assistance facilitated the holding of the governance document validation workshop
Malaria control policy documents and malaria management guidelines are not updated (2016)	Revise the policy documents for the fight against malaria and the guidelines for the management of malaria	Organize a workshop to review and validate malaria policy documents and malaria management guidelines	MPH		▮			Avg.			GF	
Insufficient dissemination of operational guidelines-to level case management	Improve dissemination and availability of operational-level case management guidance documents	Reproduce and disseminate policy documents and guidelines on malaria case management	MPH			▮			Low	TFP	TFP	

4. Leadership

Highlights
- Dynamic, committed, and available department head supervised by a committed and available DCDC Director
- The fight against malaria is defined as a national priority, included in the overall vision of the fight against malaria "Central African Republic, the country where malaria is eliminated by 2030 for sustainable economic development and the well-being of the population"
- Government initiative to provide free care for children aged 0 to 5 and pregnant women

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
Insufficient teamwork and collaboration within the NMCP	Strengthen teamwork within the NMCP by holding regular periodic team meetings	Formalize the weekly coordination meetings within the NMCP: • Share with all staff the agenda before the weekly meeting • Determine a duration for holding meetings (start time - end time) • Systematically hold internal service meetings, to prepare for weekly meetings • Systematically hold meetings between heads of unit/service	NMCP	▮			High			Technical Advisor HRH2030 until December 2021	N/A	HRH2030 technical assistance has facilitated the realization of the holding of weekly team meetings every Thursday since December 2020
Insufficient internal communication within the NNMCP	Develop and implement an internal communication plan for the NMCP	Organize a workshop to develop and validate an internal communication plan • Mobilize resources for the development of the communication plan • Develop a communication plan for the program • Disseminate the communication plan • Identify the indicators allowing the monitoring of the implementation of the communication plan	NMCP		▮			Avg.				

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
	Improve internal communication through the holding of regular and periodic meetings	• Hold a weekly meeting for coordination and monitoring of activities with the section heads of the NMCS • Hold a weekly NMCP section meeting with collaborators • Hold a monthly NMCP coordination meeting with all staff • Organize phone calls with N-1, N-2, N-3, etc. to ensure the level of progress of the tasks or missions entrusted to them • Hold a formal feedback session with each N-1 or N-2 employee, etc. on its annual performance • Conduct individual interviews or focus groups during annual festive team-building outings for all staff • Facilitate in a rotating manner the responsibility of the management of the monthly coordination and follow-up meetings	NMCP				High			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	Technical assistance facilitated the realization of the holding of weekly team meetings every Thursday since December 2020
	Improve internal communication using digital tools	Create a WhatsApp group for NNMCP staff and another group for the Coordination team (C/NMCP and C/sections)					High			Technical Advisor HRH2030 until December 2021	N/A	

5. External Advocacy

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
Lack of *positive image* and *visibility* of the NMCP	Improve the visibility and notoriety of the NMCP	• *Develop quarterly newsletters, create a website, library, exchange platform and social networks (Facebook,)* • Communicate on the achievements of the NNMCP and their impact on malaria indicators through: *Newsletters, library, exchange platform, and social networks* • Develop and distribute a dynamic website for the NNMCP • Acquire a camera for the benefit of the NMCP for taking pictures • Create and distribute a Facebook account for the interest of the NMCP Facebook page *NMCP CAR*) • Boost or regularly update the website and/or the Facebook account	NMCP				High			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021/ WORLD VISION	

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
The funding mobilization rate for the fight against malaria is insufficient for the implementation of the NAP (85%) Lack of advocacy and negotiation capacity of DCDC/NMCP officials to mobilize additional financial resources needed to fill the gap in coverage of malaria control activities	Srengthen the *advocacy and negotiation capacity* of DCDC/NMCP officials outside the organization and with partners to mobilize additional financial resources and fill the coverage gap for malaria control activities in the Central African Republic	• Strengthen the capacities of the NMCP department head and the DCDC Director in Advocacy for the mobilization of financial resources • Develop a Resource Mobilization Plan (identify dedicated people, map funding sources) • Advocate for the mobilization of resources to ensure the coverage of all priority areas of intervention of the NSP 2018-2023 including supervision • Diversify financial partnerships	NMCP					Avg.		Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	

6. Coordination

Highlights
• Fluid and easy communication between the NMCP Department Manager and partners
• Existence of a collaboration with several international and local technical and financial partners
• Existence of a supply and stock management coordination unit meeting periodically

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
With Partners Existence of an informal communication framework with partners	Create a formalized communication and coordination framework	Set up a formal coordination and consultation framework for all partners through the holding of regular and periodic coordination meetings with partners (National Malaria Control Committee, task-force meetings, NMCP technical group meetings)	NMCP Coordinator				High	Avg.			Funding to seek	
Insufficient framework for consultation and coordination with partners in the fight against malaria (central, decentralized level) (technical working group for prevention, care)		Hold regular consultation executives' meetings. • Maintain discussions permanently by organizing discussion and consultation meetings relating to the fight against malaria • Formalize the framework for collaboration with the NNMCP, describing the roles and responsibilities of each actor involved in the fight against malaria in the CAR • Hold bi-annual meetings to review malaria control projects	NMCP Coordinator				High			Technical Advisor HRH2030 until December 2021	Funding to seek Chemonics until December 2021	

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
Lack of technical working groups on malaria with technical and financial partners (technical working group on prevention, case management)	Set up technical working groups on malaria (technical working group for prevention, case management)	• Create thematic working groups • Hold periodic and regular meetings of working groups on malaria (prevention, CM, PSM)	NMCP Coordinator		▓			▓		-	N/A	-
Insufficient framework for consultation and coordination with other MPH services	Set up a formal coordination and consultation framework with other MPH services: EPI/SR/ Primary care.	Organize regular and periodic coordination meetings with other MPH services; Expanded Immunization Program, Reproductive Health Service, and NMCP, Primary Health Care	NMCP/ EPI SR/SSP		▓	▓			▓		Funding to seek	
Delegation tasks: Insufficient delegation of tasks and consultation by the coordinator with the section heads to obtain their technical advice specific to their field: daily tasks only relied on two or three people, including the coordinator	Improve the delegation of tasks from the Coordinator to Heads of Section	• Delegate tasks to staff whose competence in the technical field relates to • Improve internal communication and the definition of the roles and responsibilities of each team member • Regularly follow up on the delegation of tasks through regular feedback and smooth communication in real time	NMCP	▓			▓			Technical Advisor HRH2030 until December 2021	N/A	
Multisectoral approach: Low involvement of other ministries in the fight against malaria	Strengthen multisectoral collaboration through the involvement of other ministries in the fight against malaria	• Create a multisectoral committee for the fight against malaria • Create a national malaria control committee and technical advisory groups coordinated by the DCDC/ NMCP	Head of the DCDC: Communicable Disease Control Department	▓	▓	▓			▓	Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	
Regional Communication - Decentralization Interviews conducted with district officials at the Bangui 3 health district level visited indicated inadequacies in the performance of integrated supervision in terms of quality and follow-up of the implementation of recommendations	SEE CHAPTER supervision											

1. Planning and problem-solving

Highlights
- Development of the NSP 2018-2022, extended to 2023, aligned with the NFM3 period, in a participatory, inclusive and multi sectorial manner with all NMCP stakeholders with technical, material, and financial support from WHO, UNICEF, RBM, the Global Fund
- The 2018-2023 NSP aligns with the 2020-2030 Sustainable Development Goals (SDGs)
- Existence of a mid-term program review mechanism and final review followed by the development of the strategic plan and the operational plan every 5 years
- Existence of an annual planning cycle, based on a top-down approach in effect throughout the health system
- Existence of an Interim Health Sector Plan (IHSP)

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
Insufficient data analysis process for problem-solving and decision making at central and partner levels	Improve the process of data analysis for problem-solving and decision making at central and partner levels	Develop a dashboard including a problem-solving plan (management of bottlenecks) for monitoring NNMCP activities	NMCP Coordinator	■			■			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	
Lack of an NMCP dashboard including the problem-solving plan (management of bottlenecks)	Provide a dashboard including a problem-solving plan (bottleneck management) for monitoring NNMCP activities			■	■	■	■					
Lack of annual operational work plan (AOP)	Provide annual operational work plan (AOP)	Provide the NMCP with an annual operational work plan (AOP)	NMCP Coordinator	■			■			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	
Lack of monthly work plan	Provide monthly work plan for NMCP	Develop a monthly work plan	NMCP Coordinator	■			■				Chemonics until December 2021	
Lack of an integrated operational action plan (PAIO) presenting in a holistic and exhaustive manner the annual budget and activities by heading and by partner	Provide the NMCP with an operational integrated action plan presenting in a holistic and comprehensive manner the annual budget and activities by heading and by partner	Develop an operational integrated action plan for the program presenting in a holistic and comprehensive manner the annual budget and activities by heading and by partner	NMCP Coordinator	■			■			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	

2. Supervisions

Highlights
- Existence of guides and monitoring tools at all levels of the NNMCP
- Existence of supervision guides and notebooks for monitoring recommendations filled in and kept at the FOSA level
- Existence of non-standardized integrated supervision report, written by supervisors and shared at the higher level and the FOSA
- Existence of guidelines on free treatment of malaria cases in terms of diagnosis and treatment
- Existence of Targeted free services for children under 5, pregnant women, and breastfeeding women draw people to health facilities
- Existence of integrated monitoring and supervision of interventions by the NNMCP and partners at the decentralized level:
  - The central level carries out integrated six-monthly supervision to the regions and health districts
  - The health regions carry out integrated quarterly supervisions to the health districts
  - And the health districts carry out monthly integrated supervisions to the FOSA (Health Training)
  - Word Vision (PR) and WFP are doing joint supervision in their areas

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
Insufficient tools and supervision report: • Lack of the reporting framework for integrated supervision teams • Lack of standardized integrated supervision summary report	Provide the NMCP with a reporting framework for integrated supervision	Develop and validate the supervision team report template and the standardized integrated supervision summary report template	NMCP Coordinator				High			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021/GF	HRH2030 technical assistance made it possible to develop and validate a framework for the supervision teams' report and a framework for a standardized summary report for integrated supervision
Insufficiency in carrying out integrated supervision which does not cover all aspects of the theme on malaria (quality of interventions and problem-solving)	Strengthen the conduct of integrated supervision	• Train supervisors in supervision techniques • Revise the malaria supervision grids (integrated grids) • Organize training sessions for supervision teams on malaria in the revised tools on integrated supervision • Organize post-supervision summary meetings • Follow up on recommendations	NMCP Coordinator					Avg.		Technical Advisor HRH2030 until December 2021	Chemonics until December 2021/GF	
Lack of uniformity with the interventions implemented by the different partners at the zones having the same levels of transmission	Develop a plan for the harmonization of the implementation interventions of the various partners in the fight against malaria	• Develop a plan for the harmonization of the implementation interventions of the various partners • Organize a validation workshop • Monitor the intervention harmonization plan	NMCP Coordinator				High			Technical Advisor HRH2030 until December 2021	To research/ GF	
Lack of mapping of TFPs for the fight against malaria by intervention and by zone (risk of duplication of funding and interventions, CC= NGO coordination committee)	Provide the NMCP with the mapping of TFPs for the fight against malaria by interventions and by zones	Organize a workshop to develop and validate the mapping of TFPs for the fight against malaria by interventions and by zones	NMCP Coordinator				High			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021/GF	

3. Monitoring and evaluation/oversight

Strengthens:
- Existence of a monitoring and evaluation section at the NMCP under the responsibility of a monitoring and evaluation assistant
- Existence of a monitoring and evaluation plan for the 2018-2022 national malaria control program
- Start of implementation of DHIS2 software

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
The DIHS2 software is in its early phase of implementation in CAR for data management in general	Strengthen the implementation of DHIS2 software	Scale up the DHIS software implementation	MPH NSHIS		▓	▒		▓			State/ Global Fund	
Absence of staff for data management within the NNMCP (Data Manager)	Staff the NMCP for data management	Recruit data management staff	MPH DCDC	▓			▓				Global Fund	
Lack of a monitoring and evaluation manual for the implementation of the 2018-2022 monitoring and evaluation plan	Provide the NMCP with an M/E manual for the implementation of the monitoring/ evaluation plan	Develop and validate an M / E manual for the implementation of the monitoring/evaluation plan	NMCP		▓			▓				
Lack of monthly, quarterly, semiannual, and annual monitoring mechanism of program performance	Provide the NMCP with a framework and tools for monthly, quarterly, semi-annual, and annual program performance monitoring	Develop monthly, quarterly, semi-annual, and annual monitoring tools (collection, analysis, and reporting) of program performance	NMCP	▓			▓			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	
Lack of annual activity report of the NMCP	Provide the NMCP with an annual activity report	Prepare an annual activity report to the NMCP	NMCP	▓			▓			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	
Insufficient training of health care providers on malaria CM	Strengthen the capacities of health care providers on malaria CM	Organize training sessions on malaria CM for health care providers	NMCP	▓	▓			▓		Technical Advisor HRH2030 until December 2021	GF	
Insufficient integration of malaria data management at the district level	Strengthen the integration of malaria data management in DHIS2	Suit district data managers on malaria	NMCP	▓				▓		Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	
Insufficient training of data managers	Strengthen the skills of data managers		NMCP	▓				▓		MPH	GF/TFP	
Insufficient reporting and validation of malaria-related data at the peripheral level	Strengthen the reporting and validation of data at the peripheral level	Organize data validation meetings at district level	MSP/ NHIS		▓	▒					GF/ WV	
		Provide health districts with VSAT networks	MSP/ NHIS		▓			▓			GF/ WV	
		Provide districts with resources to organize data validation meetings at the district level	MSP/ NHIS		▓	▒		▓			GF/ WV	

4. Administration and finance

Strengths:

Existence of technical and financial partners

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
Lack of resource mobilization to cover the NSP	Develop resource mobilization strategies (Develop an advocacy plan for financial resource mobilization)	Organize TEP round tables	DMLT/NMCP Coordinator					■			Funding to seek	
		Advocate the State to increase its financial participation	DMLT/NMCP Coordinator					■			Funding to seek	
		Seek and capitalize on other external financial resources and opportunities	DMLT/NMCP Coordinator					■			Funding to seek	
		Mobilize endogenous financial resources	DMLT/NMCP Coordinator					■			Funding to seek	
Insufficient communication on the management of financial and material resources for the implementation of activities	Improve communication on the management of financial and material resources for the implementation of activities	Disseminate/ share with resource persons the budget details that allow activities to be carried out	NMCP Coordinator					■		Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	

5. Supply chain and purchasing management

Strengths:
- Existence of a PSM section within the NMCP to be relocated to the level of the DCDC and of a PSM coordination unit that meets twice a week
- Existence of a distribution system where several actors are involved to ensure the distribution of ACTs, RDTs, and other malaria control inputs

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
Existence of a recent quantification committee that is not very functional	Strengthen the quantification committee to make it functional	Revitalize the quantification committee through the regular holding of meetings including the regular participation of the NMCP in these meetings and the allocation of resource persons in sufficient quantity	MHP					■		TFP	N/A	
Insufficient coordination of the structures involved in the management of supplies and stocks	Set up a framework for consultation, planning, and decision-making including the national part, the TFPs, and the bodies in the field	Formalize the establishment of the National Commission for the Supply of Essential Health Products (NCSEHP), which will be a framework for consultation, planning, and decision-making including the national part, the TFPs, and the bodies in the field	MHP/ Directorate of Medicines and Traditional Medicine and Pharmacy				■			Technical Advisor HRH2030 until December 2021	Funding to seek	

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
Stock-outs of inputs due to the long route for the delivery of WV via WFP to the health facilities	Establish a framework for collaboration Led by the NMCP in partnership with the Directorate of Medicines and Traditional Medicine and Pharmacy, MDU and program partners	Develop a national Purchasing and Inventory Management plan (PSM) led by the NMCP in collaboration with the Directorate of Medicines and Traditional Medicine and Pharmacy, MDU, and program partners	MHP/ Directorate of Medicines and Traditional Medicine and Pharmacy	▓				▓ (green)		Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	
	Set up a national procurement coordination committee under the leadership of the NMCP	Set up a national procurement coordination committee under the leadership of the NMCP	MHP/ Directorate of Medicines and Traditional Medicine and Pharmacy	▓					▓ (orange)	Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	
Insufficient HR dedicated to the coordination of supplies of antimalarial inputs	Assign sufficient and qualified HR for monitoring and coordination of supplies under the leadership of the NMCP	Recruit a PSM pharmacist within the NMCP to participate in the coordination of the supply committee	MPH	▓			▓ (red)			Technical Advisor HRH2030 until December 2021	GF	
Lack of a common annual supply plan for all partners	Provide the NMCP with a common annual supply plan for all partners	Develop a common annual supply plan for all partners	MPH	▓			▓ (red)			TFP	Funding to seek	
		Set up a committee to develop a common procurement plan		▓			▓ (red)			Technical Advisor HRH2030 until December 2021	GF	
The lack of a national Purchasing and Inventory Management (PIM) plan under the coordination and lead of the NMCP	Provide the NMCP with a national purchasing and inventory management plan) under the coordination and lead of the NMCP	Develop a national purchasing and inventory management plan under the coordination and lead of the NMCP	MPH	▓			▓ (red)			TFP	Funding to seek	
		Set up a committee to develop a national inventory management plan under the leadership of the NMCP		▓			▓ (red)			Technical Advisor HRH2030 until December 2021	GF	

1. Recruitment, staffing and retention of staff

Highlights
- The majority (93.33%: 13/15) of the staff are civil servants assigned by the State
- Recruitment of State contractors (1/15) according to specific needs
- Recruitment of contractors for the partners (1/15: 1 Technical advisor (Chemonics) has a very high level of competence and who advises and guides the Coordinator and his team in his decision-making

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
The Coordinator is not consulted during the assignment proposals by the MPH/DR	Involve the Coordinator in the process of assigning his staff	Advocate the Minister of Health to involve the Coordinator in the process of assigning and reassigning staff to the NMCP by obtaining his opinion on the proposed staff	MPH/NMCP	▓	▓				Low	-	N/A	
The current organization is not adequate to carry out its mission: the NMCP does not have all the staff necessary to carry out its mission	Staff the 3 sections of the NMCP as provided in the revised DCDC organization chart	Recruit staff to lead the 3 sections of the NMCP as provided for in the revised DCDC organization chart 1. Support Department • clinical management assistant • specific intervention assistant 2. Anti vector control section 3. IEC social mobilization section	MPH	▓				Avg.			STATE/TFP	

2. Retention

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
35% of the staff wants to leave the NNMCP.	Set up a policy of emulation and motivation of staff	Develop and validate a performance evaluation and motivation guide for NNMCP staff	MHP	▓			High			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	Activities in progress with the TA-HRH2030
The percent of **29%** with no opinion believe they will soon be retired by 2022	Plan staff retirements	Develop a matrix to plan for retirements	NMCP	▓			High			Technical Advisor HRH2030 until December 2021	N/A	

3. Roles and responsibilities

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
Lack of staff job descriptions	Define staff job descriptions	Develop and validate staff job descriptions	NMCP				High			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	Job description prepared by TC HRH20303
Lack of skills sheets	Define skills sheets	Develop and validate the skills sheets	NMCP				High			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	Sheets related to skills developed by TC HRH20303
Lack of written roles and responsibilities of staff	Improve the understanding of specific Roles and Responsibilities for each individual department through individual meetings and staff coaching	Periodically organize individual meetings and staff coaching to explain the job descriptions and the roles and responsibilities of each agent	NMCP				High			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	

4. Fair evaluation, reward, and consequence

Strengths:
Existence of decoration ceremonies made by the State each year

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
Absence of an incentive mechanism linked to performance	Develop an incentive procedure linked to performance	Develop a motivation document based on performance and validate during a workshop	NMCP				High			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	Activities carried out during the validation workshop of governance documents facilitated by TA HRH2030
Lack of a formal process of encouragement, of reward for a well-done job							High			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	

5. Feedback and capacity building

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
Lack of NMCP capacity building plan	Provide the NMCP with a staff capacity-building plan	Develop a training plan for NMCP staff	MPH/NMCP				High			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
Need to be expressed by staff for specific capacity building in the following areas: advocacy and resource mobilization, leadership, governance management (LDP *), Program / Project management, planning Monitoring-evaluation, communication, entomology, administrative management	Build staff capacities, particularly in the areas of advocacy, resource mobilization, leadership, governance management (LDP *), Program / Project management, planning Monitoring-evaluation, communication, entomology, administrative management	Exchange trip	MPH/NMCP					■		Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	
		Communication module through emails	NMCP Coordinator				■	■		Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	
		Organize retraining and continuing training sessions for staff	NMCP Coordinator					■		MPH TFP	Funding to seek	
		Train staff: • Advocacy, resource mobilization • Leadership, governance management (LDP *) • Program/ Project management • Planning/Monitoring/ Assessment • Communication • Entomology • Administrative Management	NMCP Coordinator					■		MPH TFP		

SECTION 4: ORGANIZATIONAL CULTURE

1. Internal communication and transparency

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
Insufficient internal communication: NMCP's style/ mode of internal communication is reserved in 66.67% of cases	Provide the NMCP with an internal communication plan	Mobilize resources for the development of the communication plan	NMCP Coordinator				■			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	
		Organize a workshop to develop and validate an internal communication plan	NMCP Coordinator				■			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	
		Disseminate the communication plan	NMCP Coordinator					■		Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	
		Identify the indicators allowing the monitoring of the implementation of the communication plan	NMCP Coordinator				■			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	
	Improve internal communication of staff members	Share with all staff the agenda before the weekly meeting	NMCP Coordinator				■			Technical Advisor HRH2030 until December 2021	N/A	
		Determine a duration for holding meetings (start time - end time)	NMCP Coordinator				■			Technical Advisor HRH2030 until December 2021	N/A	

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
Insufficient internal communication: NMCP's style/ mode of internal communication is reserved in 66.67% of cases *(continued from previous page)*	Create a meeting and formal consultation framework for the NMCP team	Hold a weekly meeting for coordination and monitoring of activities with the section heads of the NNMCP	NMCP Coordinator				High			Technical Advisor HRH2030 until December 2021	N/A	The TA-HRH2030 facilitated the realization of the holding of the weekly team meetings every Thursday since December 2020
		Hold a weekly NMCP section meeting with collaborators	NMCP Coordinator				High			Technical Advisor HRH2030 until December 2021	N/A	
		Hold a monthly NMCP coordination meeting with all staff	NMCP Coordinator				High			Technical Advisor HRH2030 until December 2021	N/A	
		Facilitate in a rotating manner the responsibility of the management of the monthly coordination and follow-up meetings	NMCP Coordinator				High			Technical Advisor HRH2030 until December 2021	N/A	
	Improve internal communication using digital tools	Create a WhatsApp group for NNMCP staff and another group for the Coordination team (C/ NMCP and C/sections)	NMCP				High			Technical Advisor HRH2030 until December 2021	N/A	
	Shortcoming when it comes to listening, getting feedback and the opinion of the staff	Systematically share meeting reports or documents produced to all members who participated in the said meeting or the preparation of said documents	NMCP				High			Technical Advisor HRH2030 until December 2021	N/A	
		Systematically copy, or blind copy or systematically forward to all employees who have contributed to the production of a document during transmission to an internal or external superior	NMCP				High			Technical Advisor HRH2030 until December 2021	N/A	
		Organize phone calls with N-1, N-2, N-3, etc. to ensure the level of progress of the tasks or missions entrusted to them	NMCP				High			Technical Advisor HRH2030 until December 2021	N/A	
		Hold a formal feedback session with each N-1 or N-2 employee, etc. on its annual performance	NMCP				High			Technical Advisor HRH2030 until December 2021	N/A	
		Conduct individual interviews or focus groups during annual festive team building outings for all staff	NMCP				High			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	

2. Teamwork

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
Insufficient teamwork and collaboration within the NMCP	Strengthen teamwork within the NMCP to	Strengthen the skills of staff in team management and leadership	NMCP	■	■		■			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	
		Share information	NMCP	■			■			Technical Advisor HRH2030 until December 2021	N/A	
		Strengthen the participatory contribution of each staff member to the activities	NMCP	■			■			Technical Advisor HRH2030 until December 2021	N/A	
		Define roles and responsibilities for each staff member	NMCP	■			■			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	
		Ensure a good distribution of tasks to each staff	NMCP	■			■			Technical Advisor HRH2030 until December 2021	N/A	
		Ensure accountability for activities carried out by team members	NMCP	■			■			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	
		Organize periodic and regular team meetings	NMCP	■			■			Technical Advisor HRH2030 until December 2021	N/A	
		Organize team building activities	NMCP	■			■			Technical Advisor HRH2030 until December 2021	Funding to seek	

3. Physical working environment

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
Non-existence of premises dedicated to the NMCP: temporarily installed in the premises of the Department of Preventive Medicine)	Provide the NMCP with adequate premises	Find and mobilize funding to acquire a building to house the NMCP	MPH		■					Technical Advisor HRH2030 until December 2021	MPH/TFP	
Insufficient working conditions at the NMCP: Insufficient number of office rooms, no meeting room, etc. **Improve working conditions** when it comes to computer and office equipment, Internet connection, means of transportation (motorcycle and 4x4 for field missions), facility cleanliness, laboratory equipment, electricity problem, etc.	Improve the working conditions of NMCP staff	Provide the NMCP with adequate working conditions: • Provide the NMCP with meeting, office • Equip the NMCP offices: air conditioning, lighting, office, computer equipment, internet, electricity, laboratory • Perform Hygiene: sanitary facilities, hygiene equipment, maintenance • Organize the space to be used: storage, archiving, ventilation • Equip rolling stock	NMCP	■			■			MPH	Funding to seek	

4. Motivation/demotivation factors

Strengths:
- Most of the staff considers the work they do as being important. 4.29/5
- Most of the staff is proud to work at the NMCP. (4,07/5)

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
Demotivation of Staff	Strengthen staff motivation at work	Develop and validate a performance evaluation and motivation guide for NMCP staff	NMCP	▓			▇			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	TA HRH2030 has developed a performance assessment guide presented and validated during the April 2021 workshop
		Provide a performance evaluation and motivation guide for NMCP staff	NMCP/MPH	▓			▇			Technical Advisor HRH2030 until December 2021	GF	
		Encourage the development and recognize the capacity of staff for the work done through active listening to staff, letter of congratulation, certificate of satisfaction, *congratulations, certificate of encouragement, award of recognition for a job well done*	NMCP/MPH	▓	▓		▇			Technical Advisor HRH2030 until December 2021	N/A	

5. Staff engagement

Strengths:

Increase in staff engagement level from 3.52 (Nov 2020) to 4.30 (April 2021)

Improvement Areas	Recommendations	Solutions/ Improvement Activities	Person in charge	Term of Maturity			Priority			Technical Support	Funding Sources	Observations
				Short term 2021-2022	Med. term 2022-2023	Long term 2023-2024	High	Avg.	Low			
Staff are generally not hired: overall average score is **3.52** (less than 4)	Improve the level of staff engagement	Organize staff training in Leadership Management Governance LDP+	NMCP		▓		▇			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	The level of staff engagement increased from 3.52 (Nov. 2020) to 4.30 (April 2021) following actions carried out by the NMCP with the support of TA-HRH2030
		Set up a solidarity fund for birth and death)	NMCP		▓			▇		Technical Advisor HRH2030 until December 2021	N/A	
		Organize team building activities (women's day, meals, birthdays, birth, death)	NMCP		▓		▇			Technical Advisor HRH2030 until December 2021	Chemonics until December 2021	

VI. Appendices

APPENDIX A: DCDC Organization Chart - Version 2020

The implementation of the national policy adheres to the various national and international commitments and instruments in the fight against malaria, the PTSS 2015-2017, the RCPCA 2017-2021, the SDG3 in relation to Malaria, HIV, Tuberculosis, TN Diseases, Hepatitis, Waterborne Diseases and Other Communicable Diseases, the Framework for the Implementation of the Global Technical Strategy for Malaria 2016-2030 in the African Region.

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                                              DIRECTOR
   ┌──────────────┬──────────────────┬────────────────┬──────────────────┬──────────────────┐
Head of        Head of HIV, STI    Head of Malaria   PSM Coordinator   Monitoring &        Financial &
TB Service     & Viral Hepatitis   Program           (TB/HIV &         Evaluation          Administrative
                                                     Malaria)          Coordinator         Manager
```

Head of TB Service
- Head of Childhood TB Section
  - Child TB Assistant
    - Drivers
- Head of TBMR Section
  - TBMR Assistant
- DOT Department Head
  - DOT Assistant
- Head of TB/HIV Section
  - TB/HIV Assistant
    - Secretaries

Head of HIV, STI & Viral Hepatitis
- Head of HIV Care Section
  - Support Assistant
    - Drivers
- Head of Pediatric Care Section
  - VC Assistant
- Head of IST & CM Comorbidities with Hepatitis Section
  - Assistant of CM, IST & Liver
    - Secretaries
- Community Aspects Section Head

Head of Malaria Program
- Head of Malari Support Section
  - Assistant CM Malaria
    - Drivers
- VC Deparment Head
  - VC Assistant
- Social Mobilization Section Head

PSM Coordinator (TB/HIV & Malaria)
- Head of PSM TB/HIV & Malaria Section
  - PSM TB Malaria Assistant
    - Secretaries
  - PSM HIV Malaria Assistant
  - PSM Malaria Assistant

Monitoring & Evaluation Coordinator
- TB M&A Assistant
- HIV M&E Assistant
- Assistant of M&E Malaria

Financial & Administrative Manager
- Accountant
  - Administrative Secretary

APPENDIX B: Concept note of the rapid assessment of the organizational capacity of the national malaria control program in the Central African Republic

Background

The purpose of this technical assistance is to assess the organizational and management capacities of the Malaria Control Program (NMCP) in the Central African Republic and to guide the technical assistance to be provided by the 2030 Human Resources for Health Program. (HRH2030), with support from the United States Agency for International Development (USAID) This evaluation should enable the NMCP to strengthen the implementation, monitoring and follow-up of its strategic plan to achieve its objectives for the fight against malaria. The findings and recommendations of this assessment will be used to develop a capacity building action plan that can be supported by the CAR government, HRH2030 and its malaria partners as the country engages in long-term efforts, to eliminate malaria.

Scope of the assessment

The assessment will consist of evaluating the capacities of the NMCP to carry out its management and coordination role, having regard to the objectives and results set out in the national strategic plan for malaria control. The following tasks will be carried out during the evaluation mission:

- Conduct a systematic review of existing evaluation reports on the institutional performance of the NMCP supported by the government of the Central African Republic and its partners in the fight against malaria
- 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.
- Assess the adequacy of roles and responsibilities regarding the objectives and results pursued in the National Malaria Strategic Plan, as well as synergistic approaches to operate as a team
- Identify challenges the program is facing in conducting its day-to-day interventions as well as conducting strategic thinking to achieve the objectives and results of the national malaria strategic plan
- 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.
- 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
- Interview the ministry of health officials to discuss their views and recommendations in the context of growth of malaria portfolio and opportunities for strengthening the management of the program.
- Assess opportunities to decentralize NMCP interventions and ways to promote bottom-up planning and accountability of key players mainly regarding the performance of the supply chain
- Review lines of communication with the Ministry of Health to ensure the NMCP receives oversight and supports needed to conduct coordination activities in a smooth manner
- Assess existing coordination mechanisms at the central, regional, and operational levels, in line with the RBM Partnership guidance for coordination
- 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

Context of the evaluation

A similar assessment was supported by PMI in Niger, Ivory Coast, Chad, Togo in 2019 and 2020 respectively. This evaluation was also conducted by Open Development, as a member of the HRH2030 program consortium. The lessons learned from the methodological approach and the implementation of this evaluation will be used to carry out this evaluation in the Central African Republic. A toolkit was developed in Niger and adapted in CAR. It will be reused and adapted to the local context, by using the following methods:

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

The final report will serve as a deliverable to assist the NMCP in strengthening its organizational, management and investment capacity for the HRH2030 program. The report will be written in French and should include:

1. An executive summary presenting the highlights of the findings and recommendations.

2. Recommendations to the Ministry of Health and the NMCP to improve current organizational structure and strengthen its management and coordination operations.

3. The recommendations should be concrete, practical, clearly linked to assessment results, and designed to be implemented.

4. Where appropriate, a proposal for an organization chart and any suggestions concerning the staff profiles, resulting from the observations and information gathered during the evaluation, should be included in the report.

EVALUATION TEAM

Role/Title	Key tasks	Organization	Location
Team leader	Oversees the implementation of activities and coordinates the team, drawing on lessons learned and best practices from the experience of conducting a similar assessment in the Central African Republic	Open development consultant	Abidjan, Ivory Coast
Expert in public health and malaria	Bring important clinical and public health knowledge about malaria	Open development consultant	Abidjan, Ivory Coast

PROVISIONAL TABLE

Pre-assessment: mid-November 2020

- Review of the documentation, including the completion of a documentation analysis.
- Finalize evaluation tools and identify key stakeholders.
- Socialize with the NMCP to assess and identify a point of contact within the NMCP.

Assessment phase: November 2020

- Apply evaluation tools, including conducting interviews and collecting data
- Schedule a mid-term briefing with HRH2030 to take stock of progress made/challenges met.
- Conduct the Analysis of the data and summarize the results.
- Present the results to the NMCP and organize a "brainstorming and action plan development" workshop
- Develop achievable recommendations.

Report phase: no later than xxx 2021

- Write a final report with a summary outlining the highlights of the findings and recommendations.
- Distribute the report to key stakeholders and incorporate comments into the final report.
- Present results to key stakeholders as needed.

APPENDIX C: List of people met (interviewed)

N°	Last and First Names	Organizations	Functions	Contacts/Email
1	Nzongo Sebastien	NMCP	Monitoring and Evaluation Assistant	236 72906949.
2	Modomale Leon	NMCP	Head of IEC Section	+236 75204011
3	Fibala Eric	NMCP		+236 72782228.
4	Dr Georges Hermana	NMCP	Epidemic Trainee	+236 72719897
5	Dr Findiro Leocadie	NMCP		+236 72446194.
6	Danzi-Moyeni Claudine	NMCP	Midwife	+236 75449401.
7	Dr Christophe Ndoua	NMCP	Coordinator	236 75045308.
8	Somisse Zita Marcelle	NMCP	Head of Secretary	236 72877406.
9	Mandazou Placide	NMCP	Driver	236 75206359.
10	Kongba Antoine	NMCP	Antivector control Assistant	+236 70956100.
11	Ketteyangninza Delphine	NMCP	Assistant to the Chief / Office Secretary	+236 75052248.
12	Guezza Dieudonne	NMCP	Head of Vector Control Section (VC)	236 72273066.
13	Guefio Raymond	NMCP	Case Management assistant	236 72141918.
14	Dr Banthas Bata Marie Née Sana Ifolo	DCDC	DIRECTOR	mariecharlottesana@yahoo.fr +236 75043589.
15	Vivens Nzabikiramo	WFP/ GF	Project Manager	vivens.nzabikiramo@wfp.org +236 72187599.
16	Dr Adelaide Ouabo	MSF-HOLLAND	Medical Coordinator	Car-medco@oca.msf.org +236 75827844/ 72687517.
17	Gademe Collection	DWB	4 Actions Advisor	Cons-special-adviser@oca.msf.org +236 75104540.
18	Dr Emmanuel Kitele	UNICEF	Health Specialist MCH	ekiteze@unicef.org +236 70550270/75501846.
19	Dr Komangoya-Nzonzo Aristide Desire	WHO	Advisor for the fight against malaria and others (HIV, TB, hepatitis)	
20	Olivier Byicaza	World Vision	Project Manager	olivier_byicaza@wvi.org
21	Issa Chitou	Mentor Initiative	Program Coordinator	Comed.car@mentor-initiative.net +236 75857749
22	Berine Grace	Mentor Initiative	Data manager	Menx.pnoun@mentor-initiative.net 236 72231631
23	Bami-Ozias	Health District of Dengui 3	District Chief Medical Officer	236 72268008.
24	Ngbo-Dibele Prosper	Health District of Dengui 3	Malaria Focal Point	23624 72777470.
25	Assana Georgine	UHC from Bede Com branch from (FOSA)	Malaria Manager	+236 7252011721.

ATTENDANCE LIST FOR THE FEEDBACK MEETING OF THE PRELIMINARY RESULTS OF THE NMCP EVALUATION - NOVEMBER 27, 2020- BANGUI- CAR

Last and First Names	Entity	Telephone
Nzongo Sébastien	NMCP	75 20 23 42.
Modomate Léon	NMCP	75 20 40 11
Dr Banthas Marie Charlotte	DCDC	75 04 35 89.
Dr Georges Hermana	Epidemiology Statistics	75 28 6117.
Ing Fibala Eric	NMCP	7278 22 28.
Dieudonné Guezza	SLAV	72 27 30 66.
Danzi Mofini Claudine	NMCP	75 44 94 01.
Dr Christophe N'doua	NMCP	75 04 53 08.
Dr Miyigbena Pépin	Technical Advisor -HRH2030	72 65 48 94.
Dr Yéboué Jean-Jacques	Consultant	225 07 07 87 46 51.
Dr Traoré Melly	Consultant	225 01 03 37 83 27.

APPENDIX D: Results of the internal communication survey - NMCP Central African Republic - November 2020

Introduction

Relational coordination or internal communication is essential in the performance of organizations. Indeed, coordination through frequent, high-quality communication, supported by common goals, shared knowledge, and mutual respect, enables organizations to better achieve the desired results. It is a mutually reinforcing process of interaction between communication and the relationships established to integrate tasks" (Gittell, 2002a: 301).

The data collection tool designed by HRH2030 has been adapted to the context of the CAR's Malaria Control Program (NMCP). The assessment consisted of interviewing staff from all sections of the NMCP on their communication and relationships with colleagues from other sections of the NMCP by referring to the main items developed in this tool. A total of 10 question items were sent to all staff. One identification question from the section answering the question, seven (7) item questions on the characteristics of communication as presented in Table 1, one (1) question on the level or quantity of information received by sections and an open question on the intention to improve the information management process.

All items were measured on a scale of 1 to 5, with 1 meaning "never," 2 meaning "rarely;" 3 denoting "From time to time;" 4 equals "Often" and 5 "constantly."

TABLE 1: MAIN QUESTIONS RAISED DURING INTERVIEWS WITH NMCP STAFF IN CAR

N°	Survey item	Main question asked to staff
1	Frequent communication	How often do you communicate with colleagues in the program?
2	Accurate communication	Do colleagues communicate with you accurately?
3	Timely communication	Do colleagues communicate with you in a timely manner?
4	Problem solving communication	When problems arise in your work, do colleagues work with you to solve the problem?
5	Shared knowledge	How aware are colleagues of your work?
6	Mutual respect	How much respect do colleagues have for your work?
7	Shared goals	To what extent do colleagues share your goals for your work?

Staff responded to each question for each department evaluated, including their own.

Staff were asked to evaluate their communications with other departments, not with specific people within these departments. The scores are not meant to provide information on the "best" departments, or the departments that have the "worst" communication/relationship with the other departments. The scores are intended to provide information on relationships between technical departments so that HRH2030 and the ICBF can find ways to strengthen these relationships.

Selection of respondents and sample size

The NMCP Coordinator informed all the agents during the introductory meeting moderated by him. The tool was then distributed in the meeting room after a brief presentation by one of the international consultants. A total of 14 NMCP agents/managers have participated in the evaluation. The 14 survey forms were retained because all their items were completed so all were included in the analysis.

Analysis

The fourteen (14) investigation files retained and were analyzed. For each survey question, a matrix was constructed to display scores between sections. The scores for each cell were calculated by averaging all participant scores for that cell.

In addition to a matrix for each component, a general matrix was constructed which shows the average of the scores of the 7 main themes of Brandeis' relational coordination orientation. This matrix does not include the additional question about the amount of information exchanged between departments. All matrix tables were then formatted using a heat map to highlight the strengths of the communication/relationship between the two departments (darker green) and those still needing to be improved (Red).

Regarding the open question on suggestions to improve information exchange, responses were coded into 5 categories: governance-related responses (information sharing, participation in decision-making, communication for problem solving, etc.), responses to capacity building issues, responses to internal communication, responses to relationship issues (Team Spirit), responses that cannot be categorized (NMCP reorganization, improvement working conditions, improved planning).

Qualitative responses were also stored to provide guidance for further discussions with the NMCP.

Results

The main results are:

- A general matrix for the relational coordination index (Table 2)
- Matrix tables for each of the seven components of relational coordination (Matrix of components: tables 3 to 9)
- A matrix table for the additional question on the amount of information exchanged (table 10)
- Brief notes on overall trends identified in the matrices
- The results of the open question

A) GENERAL DATA PROVIDED ON ALL COMPONENTS OF COMMUNICATION

TABLE 2: RELATIONAL COORDINATION CONSIDERING ALL THE COMPONENTS: GENERAL DATA

General (Scale between 1 and 5)						
	NMCP coordination	NMCP Adm/ Finance	IEC/ Social Mobilization Unit	NMCP VC	NMCP CM	NMCP S/E
Coordination	3.14	2.94	3.18	2.96	3.00	2.98
CM	2.21	1.36	1.36	1.57	2.36	1.79
IEC/ Social Mobilization Unit	1.57	1.71	4.43	2.00	1.29	1.14
S/E	3.86	1.57	2.43	1.71	2.86	4.86
VC	2.29	1.29	2.43	3.07	2.21	1.93
ADMINISTRATION	3.14	2.29	1.00	1.00	1.00	1.29

Internal communication in general remains to be improved. This improvement in communication concerns practically all sections of the NMCP with 92% of the scores which is less than 4

B) FREQUENCY OF COMMUNICATION

The frequency of communication between NMCP staff was appreciated during this evaluation. But the role of communication is not merely informational. Frequent communication helps to build relationships through the familiarity that grows from repeated interaction. Indeed, in the theory of networks, strong links are defined mainly and sometimes only in terms of frequency.

TABLE 3: FREQUENCY OF COMMUNICATION FOR DATA TRANSMISSION. INFORMATION ANALYSIS AND PROCESSING

QUESTION 2 / frequency (Scale between 1 and 5)						
	NMCP2 coordination	NMCP Adm/ Finance2	IEC/ Social Mobilization Unit2	NMCP VC2	NMCP CM2	NMCP S/E 2
Coordination	3.29	3.57	3.29	2.86	3.14	2.86
CM	2.50	1.50	1.50	2.00	2.50	2.00
IEC/ Social Mobilization Unit	2.00	2.00	5.00	3.00	2.00	1.00
S/E	5.00	1.00	2.00	2.00	3.00	5.00
VC	2.50	1.00	2.50	4.00	2.50	1.50
ADMINISTRATION	**3.00**	**2.00**	**1.00**	**1.00**	**1.00**	**1.00**

The frequency of communication must be improved at NMCP because **89%** of the scores are below 4.

C) PRECISION/ CLARITY IN COMMUNICATION

The effective coordination of work depends not only on frequent and rapid communication, but also on accurate communication. If updates are received frequently and in a timely way but the information is inaccurate, either an error will occur, or instead a delay will occur as staff halts the process to seek more accurate information. Consistent with this reasoning, Charles O'Reilly and Karlene Roberts showed that accurate communication plays a critical role in task group effectiveness. The accuracy of communication can also have implications on reliability and therefore affect the likelihood of knowledge seeking, as suggested recently by Daniel Levin and Rob Cross. On the other hand, some claim that high quality connections can exist independently of the communication frequency.

TABLE 4: CLARITY OF COMMUNICATION FOR DATA TRANSMISSION, INFORMATION ANALYSIS AND PROCESSING

QUESTION 3 / clarity (precision) (Scale between 1 and 5)						
	NMCP2 coordination	NMCP Adm/ Finance2	NMCP IEC/ Social Mobilization Unit2	NMCP VC2	NMCP CM2	NMCP S/E 2
Coordination	3.43	3.14	3.29	3.00	3.14	3.29
CM	2.00	1.00	1.00	1.50	2.00	1.50
IEC/ Social Mobilization Unit	1.00	1.00	5.00	1.00	1.00	1.00
S/E	5.00	3.00	3.00	2.00	2.00	5.00
VC	2.50	1.00	2.50	4.00	2.00	2.00
ADMINISTRATION	**3.00**	**1.00**	**1.00**	**1.00**	**1.00**	**1.00**

At the level of the NMCP CAR, the precision in the communication must be greatly improved: 89% of scores are below 4

D) TIMELY COMMUNICATION

Communication can be frequent but always of poor quality. On the one hand, it may lack speed. In coordinating highly interdependent work, timing can be critical. Delayed communication may result in errors or delays, with negative implications for organizational outcomes. While timely communication has not been widely recognized as essential to the coordination of highly interdependent work, the research from Wanda Orlikowski and Joanne Yates, as well as the more recent research from Mary Waller, confirm the importance of timely communication for the proper execution of tasks. While recognizing the importance of frequent communication for the coordination of highly interdependent work, relational coordination goes far beyond the mere frequency of communication.

TABLE 5: TIMELY COMMUNICATION TO DEVELOP THE DATA TRANSMISSION PROCESS, AND THE INFORMATION ANALYSIS AND PROCESSING

QUESTION 4 / timely (Scale between 1 and 5)						
	NMCP2 coordination	NMCP Adm/ Finance2	IEC/ Social Mobilization Unit2	NMCP VC2	NMCP CM2	NMCP S/E 2
Coordination	3.00	2.57	3.14	2.86	3.00	3.00
CM	3.00	1.50	1.50	1.50	3.00	2.00
IEC/ Social Mobilization Unit	2.00	2.00	5.00	2.00	1.00	1.00
S/E	4.00	3.00	2.00	1.00	2.00	5.00
VC	2.50	1.50	2.00	4.00	2.00	1.50
ADMINISTRATION	**3.00**	**1.00**	**1.00**	**1.00**	**1.00**	**1.00**

Timely communication is an internal communication gap that needs to be improved: **89%** of scores are below 4

E) COMMUNICATION IN PROBLEM SOLVING

Task interdependencies often result in problems that require joint problem-solving. Hence, effective coordination requires that participants engage in problem-solving communication. But the more common response to interdependence is conflict as well as blaming and the avoidance of blame. As J. Edward Deming predicted in his work on quality.

Total quality management, which involves blaming rather than solving problems, reduces opportunities to solve problems, with negative consequences for performance. William Stevenson and his colleagues, as well as Saul Rubinstein, have explored more deeply the role that problem-solving communication plays in the coordination of highly interdependent work.

TABLE 6: JOINT PROBLEM-SOLVING WHEN THEY APPEAR IN THE DEVELOPMENT OF THE PROCESS OF DATA TRANSMISSION, AND THE INFORMATION ANALYSIS AND PROCESSING

QUESTION 5 / problem solving through communication (Scale between 1 and 5)						
	NMCP2 coordination	NMCP Adm/ Finance2	IEC/ Social Mobilization Unit2	NMCP VC2	NMCP CM2	NMCP S/E
Coordination	3.14	2.86	3.00	2.86	3.00	3.00
CM	2.00	1.50	1.50	2.00	2.50	2.00
IEC/ Social Mobilization Unit	1.00	1.00	5.00	1.00	1.00	1.00
S/E	3.00	1.00	3.00	2.00	2.00	5.00
VC	2.00	1.00	2.00	3.00	1.50	1.50
ADMINISTRATION	**5.00**	**5.00**	**1.00**	**1.00**	**1.00**	**1.00**

Communication in problem solving seems problematic and needs to be improved within the NMCP: 89% of scores are below 4

F) KNOWLEDGE SHARING

Although many of the most recent theories emphasize the importance of shared knowledge or shared understandings, the theory of relational coordination asserts that shared knowledge or shared understandings are necessary but not sufficient. If effective coordination is to be put in place, participants must also be bound by relationships of common objectives and mutual respect. Together, these three relational dimensions form the basis of a coordinated collective action (Gittell, 2006).

TABLE 7: KNOWLEDGE OF THE WORK DONE BY THE OTHER DEPARTMENTS

QUESTION 6 / knowledge of the work of others (knowledge sharing) (Scale between 1 and 5)						
	NMCP coordination	NMCP Adm/ Finance	IEC/ Social Mobilization Unit	NMCP VC	NMCP CM	NMCP S/E
Coordination	3.14	2,71.	3.57	3.43	3.00	3.00
CM	2.00	1.00	1.00	1.00	2.00	1.00
IEC/ Social Mobilization Unit	2.00	2.00	5.00	2.00	1.00	1.00
S/E	4.00	1.00	3.00	2.00	3.00	5.00
VC	2.00	1.00	2.00	4.00	3.00	2.00
ADMINISTRATION	3.00	3.00	1.00	1.00	1.00	1.00

Knowledge of the work done by other sections seems to be a problem at NMCP and needs to be improved: 89% of the score below is above 4.

G) MUTUAL RESPECT AT WORK

Effective coordination requires that participants respect other participants in the same work process. Disrespect is one of the potential sources of division among those who play different roles in each work process. Occupational identity serves as a source of pride, as well as a source of invidious comparison. Members of distinct occupational communities often have different status and may bolster their own status by actively cultivating disrespect for the work performed by others, as illustrated by John Van Maanen and Stephen Barley. When members of these distinct professional communities are engaged in a common work process, the potential for these divisive relationships to undermine coordination is evident. By contrast, respect for the competence of others creates a powerful bond and is integral to the effective coordination of highly interdependent work.

TABLE 8: RESPECT BY OTHER COLLEAGUES FOR WORK DONE BY ONESELF

QUESTION 7 / respect for one's work by others (mutual respect) (Scale between 1 and 5)						
	NMCP coordination	NMCP Adm/ Finance	IEC/ Social Mobilization Unit	NMCP VC	NMCP CM2	NMCP S/E
Coordination	3.57	3.29	3.57	3.29	3.29	3.29
CM	2.00	1.50	1.50	1.50	2.50	2.00
IEC/ Social Mobilization Unit	2.00	2.00	5.00	3.00	2.00	1.00
S/E	4.00	1.00	3.00	2.00	3.00	5.00
VC	3.00	2.00	3.00	3.00	3.00	3.00
ADMINISTRATION	3.00	3.00	1.00	1.00	1.00	1.00

Mutual respect appears to be inappropriate at the NMCP and needs to be strengthened. 92% of the score is above 4.

H) SHARING OF OBJECTIVES

The ability of the staff to coordinate their work effectively is also influenced by the quality of their relationships, especially the extent of shared objectives, knowledge sharing and mutual respect. Effective coordination depends on the high level of the staff's shared objectives for the work process in which they are engaged. With a set of shared objectives for the work process, the staff has a powerful bond and can more easily come to compatible conclusions about how to respond as new information becomes available. However, shared objectives are often lacking for staff working in different functional areas. In their classic work on organizations, James March and Herbert Simon described the negative outcomes that occur when staff pursue their own functional objectives without referring to the work process objectives in which they are engaged. Theorists such as Richard Saavedra and his colleagues, and Ruth Wageman more recently, have identified common objectives as playing an important role in coordinating highly interdependent work.

TABLE 9: OBJECTIVES SHARING FOR THE DEVELOPMENT OF THE DATA TRANSMISSION, INFORMATION ANALYSIS AND PROCESSING PROCESS

QUESTION 8/ sharing of objectives (Scale between 1 and 5)						
	NMCP coordination	NMCP Adm/ Finance	IEC/ Social Mobilization Unit	NMCP VC	NMCP CM	NMCP S/E
Coordination	2.43	2.43	2.43	2.43	2.43	2.43
CM	2.00	1.50	1.50	1.50	2.00	2.00
IEC/ Social Mobilization Unit	1.00	2.00	5.00	2.00	1.00	1.00
S/E	2.00	1.00	2.00	1.00	2.00	5.00
VC	1.50	1.50	1.50	1.50	1.50	1.50
ADMINISTRATION	2.00	1.00	1.00	1.00	1.00	1.00

The sharing of objectives must be improved at NMCP: 94% of scores are below 4

I) AMOUNT OF INFORMATION RECEIVED

Relational coordination is a form of coordination based on communication and relationships that had to be particularly important to achieve high performance under conditions of great interdependence of tasks, uncertainty, and time. In these circumstances, effective coordination should be particularly dependent on the quality of communication and the relationships among participants.

TABLE 10: LEVEL OF INFORMATION RECEIVED FROM OTHER DEPARTMENTS FOR THE INFORMATION MANAGEMENT PROCESS

QUESTION 9/ quantity of information received (Scale between 1 and 5)						
	NMCP coordination	NMCP Adm / Finance	IEC/ Social Mobilization Unit	NMCP VC	NMCP CM	NMCP S/E
Coordination	2	2	2	3	3	2
CM	3	3	2	2	2	2
IEC/ Social Mobilization Unit	2	2	5	3	1	1
S/E	3	1	2	1	2	1
VC	3	2	2	3	2	2
ADMINISTRATION	5	5	5	1	1	1

The level of information received from the other sections remains to be reviewed: 89% below 4

J) RECOMMENDATIONS FOR IMPROVING THE PROCESS OF INTERPERSONAL COMMUNICATION

DIAGRAM 1: MAIN RECOMMENDATIONS PROPOSED BY THE INTERVIEWEES

The internal communication survey of MCP-CAR
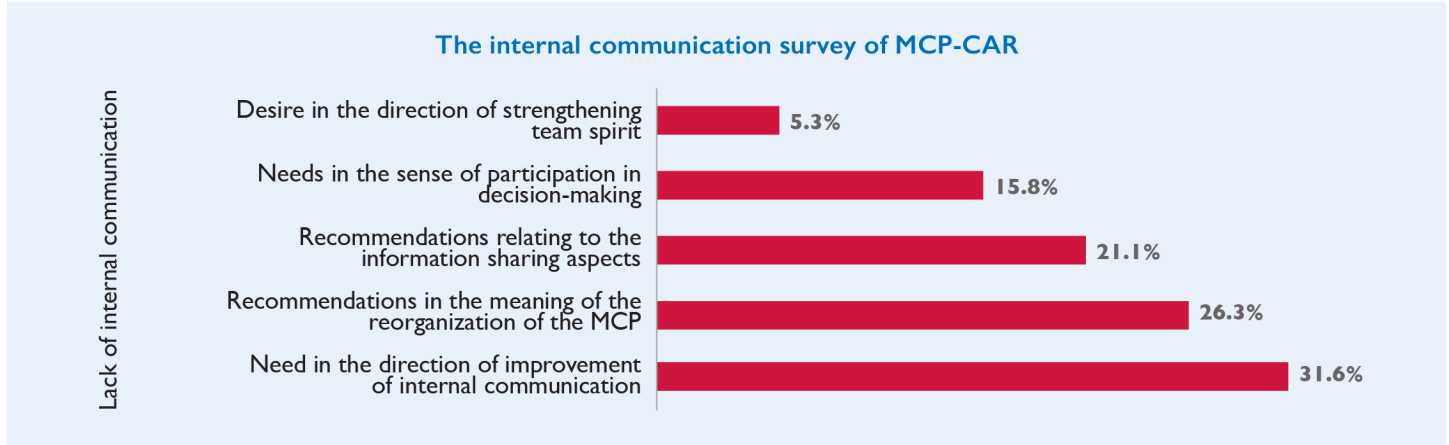
As shown in Figure 1 above, the 14 participants included in the analysis made a total of nineteen (19) detailed recommendations as follows:

- 6 Needs in the direction of improvement of internal communication 31.6
- 5 recommendations in the meaning of the reorganization of the NMCP 26.3
- 4 made recommendations on information sharing (57%) 21.1%
- 3 Needs in the sense of participation in decision-making 15.8%
- 1 need in the direction of strengthening team spirit 5.3%

In view of these results most of the recommendations go to the place of **improving governance** (information sharing (21.1%), Participation in decision-making (15.8%). Responses related to internal communication represent 31.6%; those related to relationship problems (Team spirit in 5.3%) and responses that cannot be classified in any category (reorganization of the NMCP (26.3%).

No recommendations related to capacity building issues were mentioned (0%). Neither improved working conditions (0%), nor improved planning (0%).

# APPENDIX E: Staff Engagement Survey Results - NMCP CAR Organizational Capacity Assessment, November 2020

The Engagement Survey reflects commitment to work and teamwork. The survey forms were administered to 14/14 people (100%) of the NMCP. From the 14 people administered, we had collected 100% of the survey sheets and all were retained for analysis. The survey sheets included: 16 questions and answers scored on a standard scale of 1 to 5 (1 being strongly disagree to 5 being strongly agree), as well as five (5) additional open questions. Staff engagement is expressed through 6 determining factors: 1) Belief in one's work and the organization; 2) Belief in their ability to do the job; 3) Positive relationships with your organization, team, and coworkers; 4) Recognition and reward; 5) Future prospects with your organization; and 6) Ability to influence decisions about your work. The analysis of the questionnaires was done at three levels determining three categories of employees:

1. **Engaged:** 4 - 5: These employees are loyal and psychologically dedicated to the organization. They are more productive, more likely to stay in their jobs, less likely to have accidents at work, and less likely to be dishonest. These employees have most of their needs met to excel at work.

2. **Not engaged:** 3 – 4: These employees can be productive, but they are not psychologically connected to their organization. They are absent the most and more inclined to leave their work. These employees have many of their needs met to excel at work, but many others are not met.

3. **Actively disengaged:** 1- 3: These employees are physically present but psychologically absent. They are not happy with their work and insist on sharing this state of mind with other colleagues. These employees have most of their needs unmet to excel at work.

Results
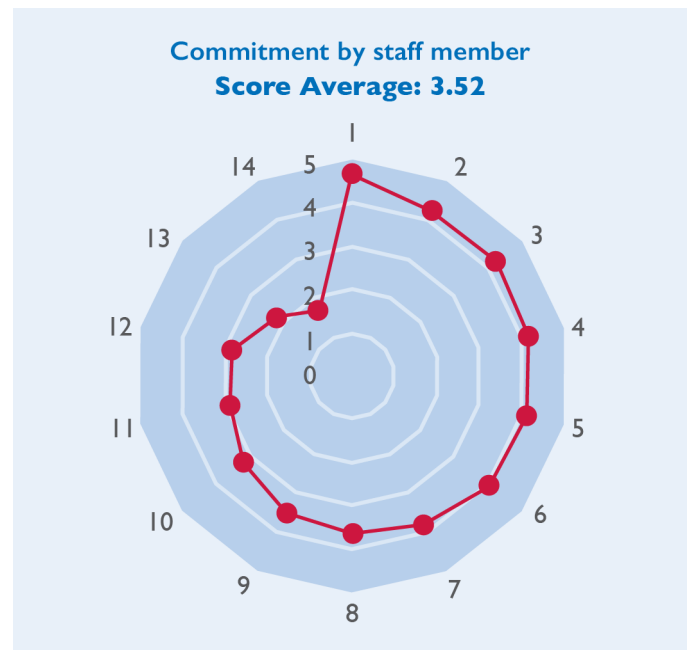
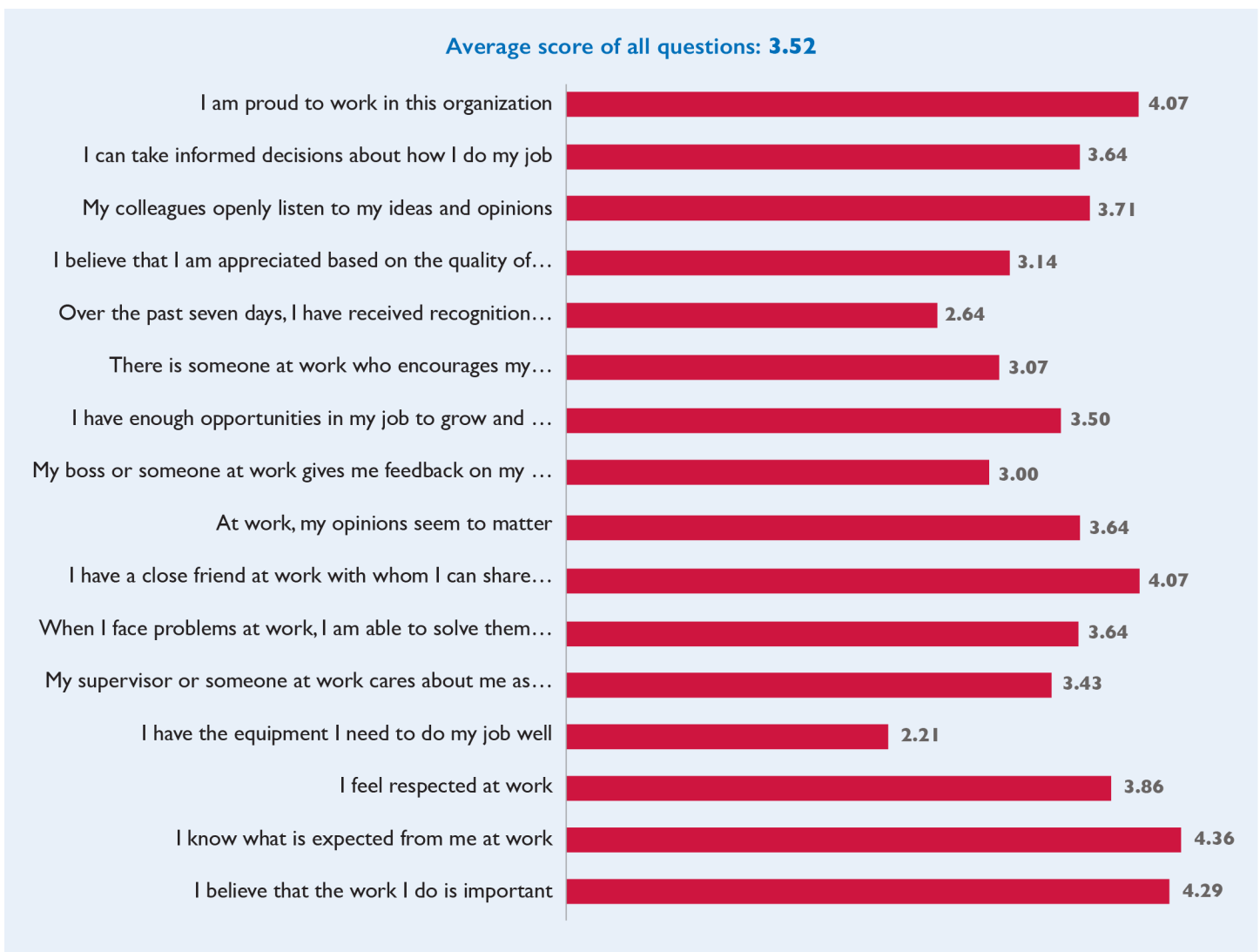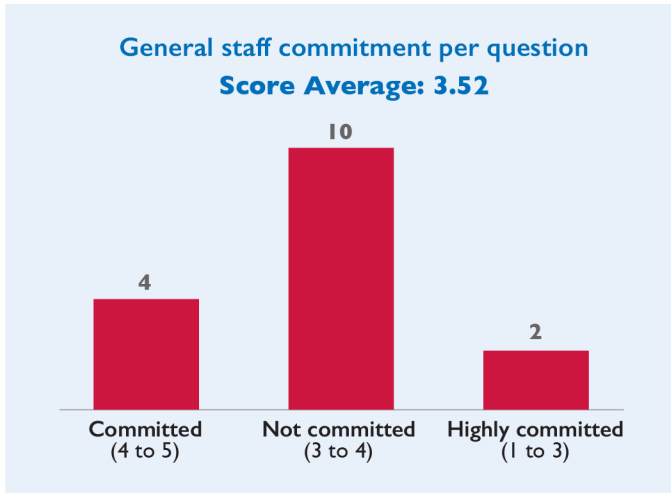### I. AT THE LEVEL OF GENERAL STAFF ENGAGEMENT AT THE NMCP

I.A. BY INDIVIDUAL
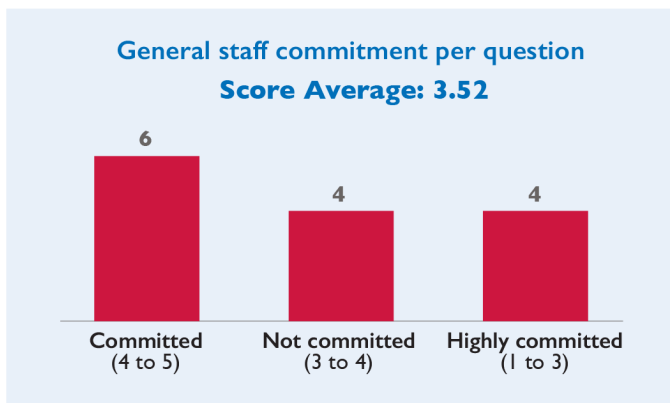
The average score for general staff engagement is 3.52 / 5 and reflects a staff that **is not engaged.** At the individual level, 6/14 people are engaged because they have a score between 4 and 5 versus 4/14 people not engaged (score between 3 and 4) and 4/14 strongly disengaged (score between 1 and 3).

IB. ENGAGEMENT RESULT BY QUESTION

General staff commitment per question
Score Average: 3.52

Committed (4 to 5)	Not committed (3 to 4)	Highly committed (1 to 3)
4	10	2

Average score of all questions: 3.52

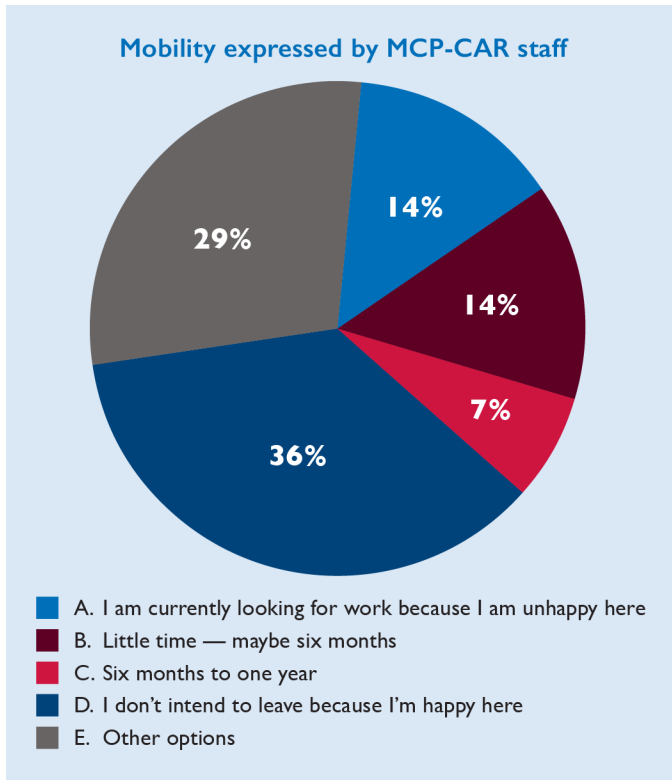| Question	Score
I am proud to work in this organization	4.07
I can take informed decisions about how I do my job	3.64
My colleagues openly listen to my ideas and opinions	3.71
I believe that I am appreciated based on the quality of…	3.14
Over the past seven days, I have received recognition…	2.64
There is someone at work who encourages my…	3.07
I have enough opportunities in my job to grow and …	3.50
My boss or someone at work gives me feedback on my …	3.00
At work, my opinions seem to matter	3.64
I have a close friend at work with whom I can share…	4.07
When I face problems at work, I am able to solve them…	3.64
My supervisor or someone at work cares about me as…	3.43
I have the equipment I need to do my job well	2.21
I feel respected at work	3.86
I know what is expected from me at work	4.36
I believe that the work I do is important	4.29

The average score for the questions is 3.52, which reflects a staff that as a whole is not engaged. Of the 16 questions asked, 4 questions had a staff engagement score between 4 and 5 compared to 10 questions with a score between 3 and 4; and 2 questions with a score between 1 and 3 (These are the questions on staff motivation and work materials).

II. FUTURE PROSPECTS WITH ONE'S ORGANIZATION

Mobility expressed by MCP-CAR staff

14%

14%

7%

29%

36%

- **A.** I am currently looking for work because I am unhappy here
- **B.** Little time — maybe six months
- **C.** Six months to one year
- **D.** I don't intend to leave because I'm happy here
- **E.** Other options

The prospects of the staff with the NNMCP is reflected in the survey on the level of **retention** of NNMCP staff. Following the analysis of the survey sheets: 36% of the staff answered that they feel good and do not want to leave to the question of the Engagement Survey "I do not intend to leave because I am happy here" against 35% who are considering leaving the NNMCP and 29% are without an opinion. Among the 35% who wish to leave the NNMCP, 14% are currently looking for another job because they feel unhappy at the NNMCP, 7% estimate that they will leave in six months to one year, and 14% in less than six months. The 29% with no opinion believe they will soon be retired by 2022.

III. POSITIVE RELATIONSHIPS WITH ONE'S ORGANIZATION, TEAM, AND CO-WORKERS

The positive relationships that the staff has with the NNMCP, their department and colleagues are revealed at several levels through the Engagement Survey.

IIIA. RELATIONSHIP WITH THE SECTION HEAD AND COLLEAGUES: CONSIDERATION

My supervisor or someone at work cares about me as a person
Score Average: 3.43
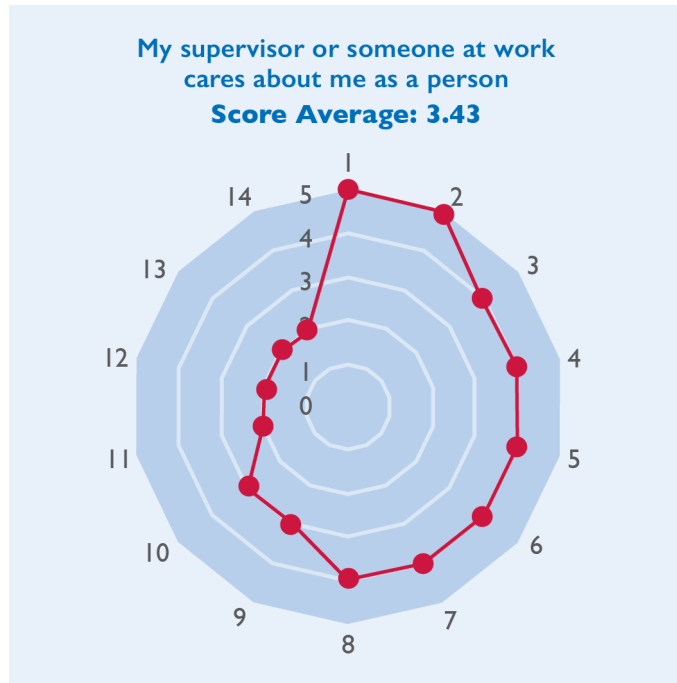
Staff at work feel that they are not considered by their superiors and/or colleagues. To the question on "My supervisor or someone at work cares about me as a person" the average score is 3.43 which reflects an inadequacy in the relationship of staff between their boss and their colleagues at work.

IIIB. PRIDE TO WORK AT THE NMCP

I am proud to work in this organization
Score Average: 4.07

Most of the staff is proud to work at the NNMCP. To the question "I am proud to work within this organization," the average staff score is 4.07 and reflects the pride of the staff in belonging to the NNMCP and working there.
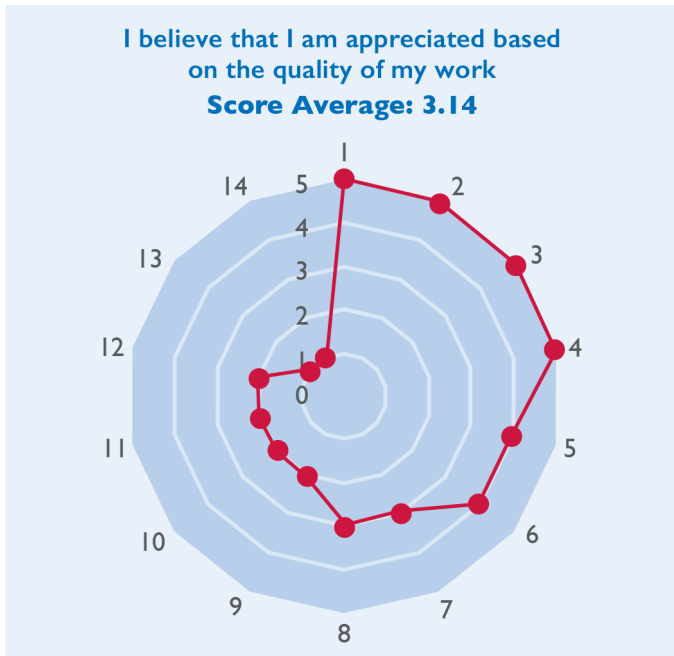
IIIC. RESPECT AT WORK

I feel respected at work
Score Average: 3.86

7 The majority of the staff does not feel sufficiently respected at work (3.81/5). This is justified to the question "I feel respected at work" with an average score of 3.86.

IV. BELIEF IN ONE'S WORK AND IN THE ORGANIZATION

IV1. EVALUATION OF ONE'S WORK

I believe that I am appreciated based on the quality of my work
Score Average: 3.14

In general, the NNMCP staff considers that they are not evaluated according to the quality of their work. To the concern raised during the engagement survey "I think I'm evaluated according to the quality of my work," the average score is 3.14 which reflects this shortcoming.

IV2. PROFESSIONAL DEVELOPMENT

There is someone at work who encourages my development
Score Average: 3.07
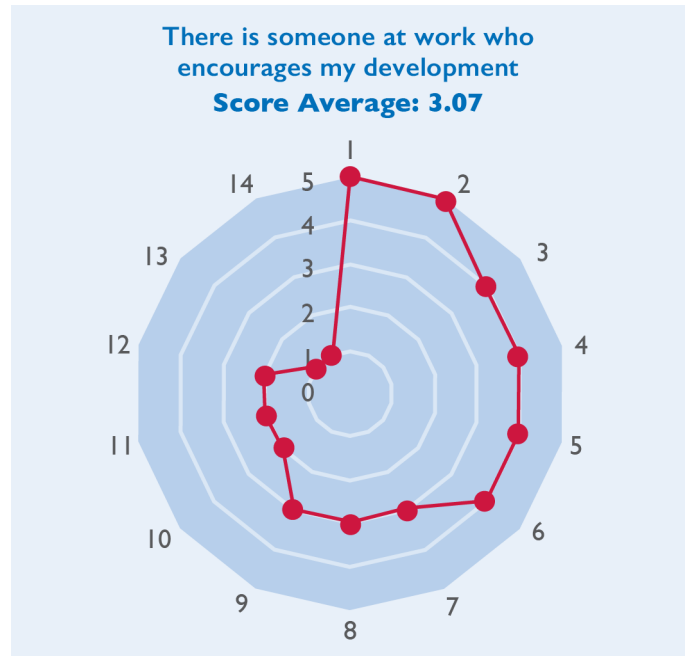
The concern raised during the survey stating "'Is there someone at work who encourages my professional development;'" the average score is 3.07. This reflects that staff generally feel that there is insufficient encouragement for their development at work.

IV3. OPPORTUNITY AT WORK

I have enough opportunities in
my job to grow and develop
**Score Average: 3.14**

To the question "Do I have enough opportunities in my work to grow and develop professionally," the average score is 3.50, which reflects the lack of engagement to foster opportunities for staff to grow and develop in general.

IV4. WORK EQUIPMENT

I have the equipment I need
to do my job well
Score Average: 2.21

All NNMCP agents do not feel they have all the necessary equipment to do their job well (3.5/5). This was strongly expressed in the question "Do I have the equipment I need to do my job well" with an average score of 2.21.

IV5. IMPORTANCE OF THE DONE WORK
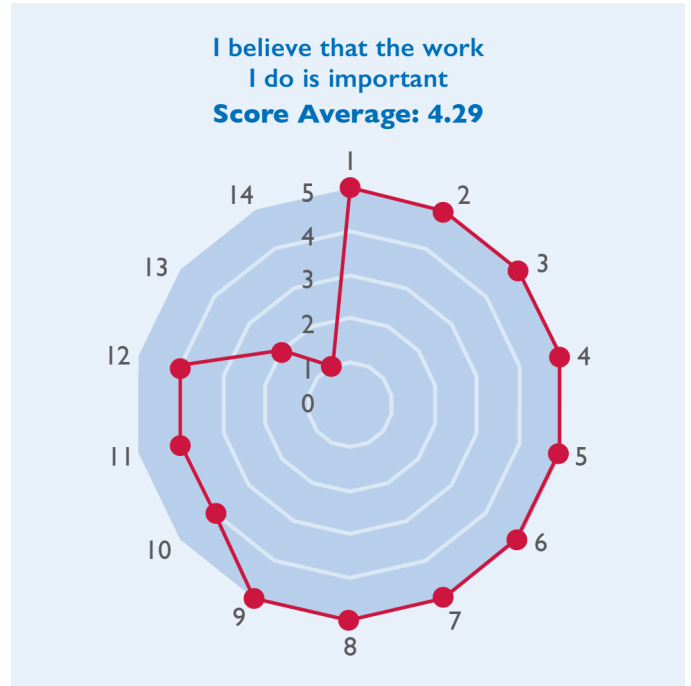
I believe that the work
I do is important
Score Average: 4.29

Most of the staff considers the work they do as being important. This is shown in the answers to the concern "I think the work I do is important" with an average score of 4.29.

IV6. FRIENDSHIP AT WORK

I have a close friend at work with whom
I can share my ideas or problems
Score Average: 4.07
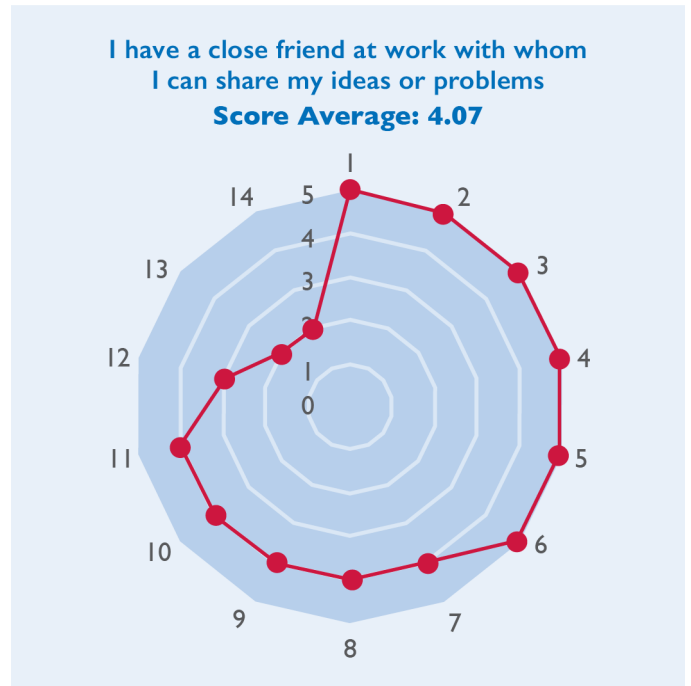
The friendship of the agents at the NMCP is really reinforced at work. To the concern "I have a close friend at work with whom I can share my ideas or problems," the average score is 4.07.

## V. BELIEF IN ONE'S ABILITY TO DO THE WORK

V1. DECISION

I can take informed decisions about how I do my job
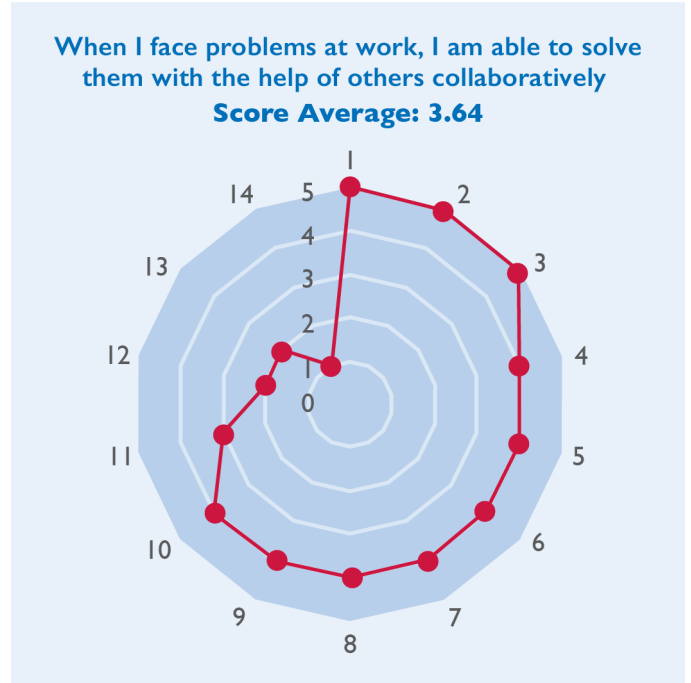**Score Average: 3.64**

In general, staff feel they cannot take informed decisions about how they do their work. This shortcoming is expressed in the question "I can make informed decisions on how I do my job," the average score is 3.64.

V2. LISTENING

My colleagues openly listen to my ideas and opinions
Score Average: 3.71
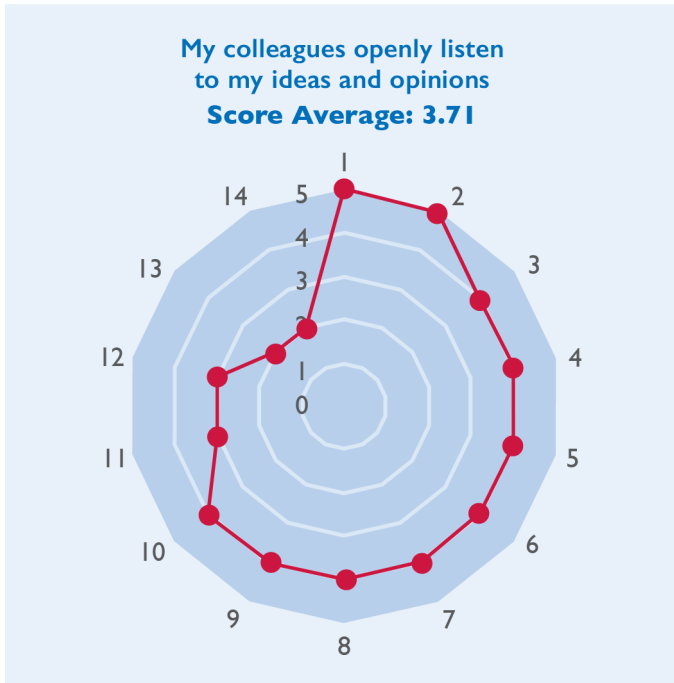
"My colleagues openly listen to my ideas and opinions," the Average Score is 3.71 and reflects the fact that in general the ideas and opinions of the staff are not sufficiently considered.

V3. HELP

When I face problems at work, I am able to solve them with the help of others collaboratively
Score Average: 3.64

Most staff at NMCP feel they have support when they have difficulties or problems at work to resolve issues. This deficiency is expressed in the response to the question "When I face problems at work, I am able to solve them with the help of others" with a mean score of 3.64.

V4. ROLE.
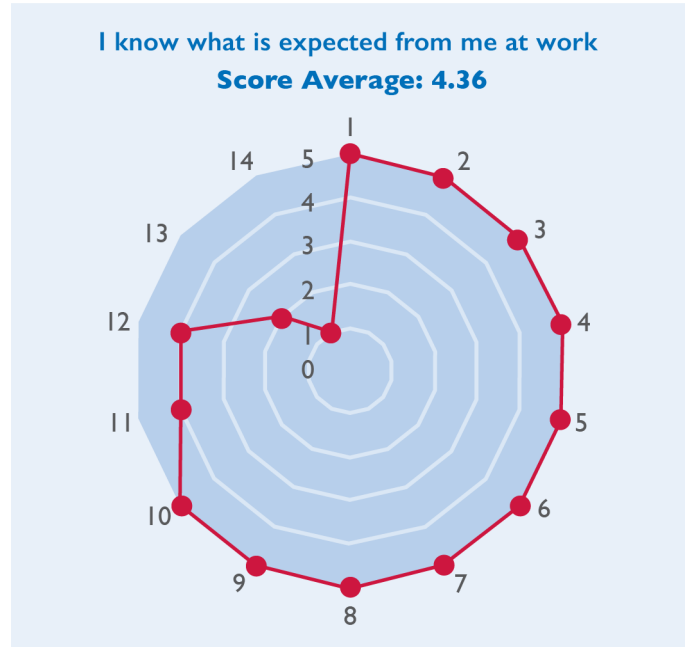
I know what is expected from me at work
Score Average: 4.36

Most of the PLP agents know what is expected of them in their work. This is confirmed by an average score of 4.36 on the question "I know what is expected of me at work."

VI. RECOGNITION AND REWARD

Recognition and reward at the NMCP is strongly criticized at the NNMCP. The staff feels they do not have recognition for a job well done. This resulted in an average score of 2.64 for the concern "In the last seven days I have received recognition or praise for doing a good job."
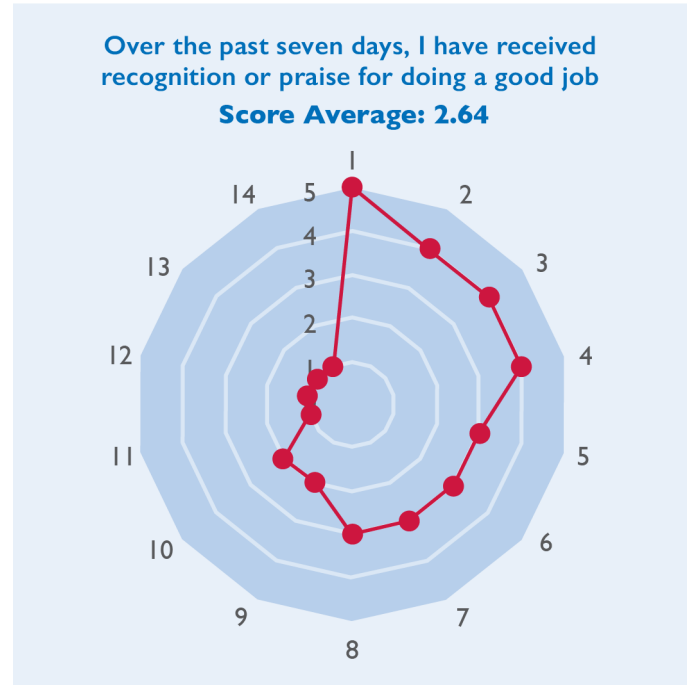
Over the past seven days, I have received recognition or praise for doing a good job
Score Average: 2.64

VII. ABILITY TO INFLUENCE DECISIONS ABOUT YOUR WORK

VII1. FEEDBACK

My boss or someone at work gives me feedback on my work
Score Average: 3.00

The agents estimate a lack of internal communication or feedback. They feel that they have no feedback from their supervisor in their working environment. At the question "My supervisor or someone at work gives me feedback on my work," the average score is 3.00 confirming this shortcoming in terms of internal communication among staff.

VII2. OPINION
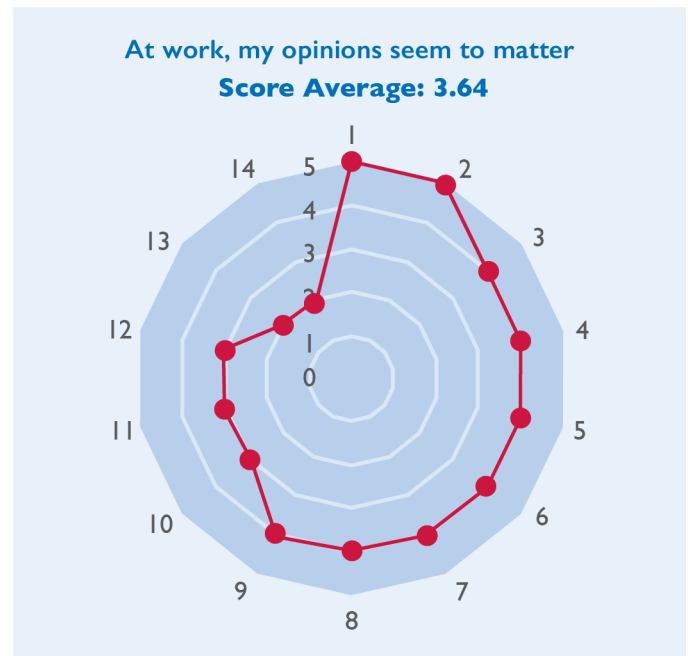
At work, my opinions seem to matter
Score Average: 3.64

Agents in general feel that their opinions do not matter enough at work. The average score is 3.64 for the concern "At work, my opinions seem to count," reflecting the fact that their opinion is not considered.

STAFF ADVICE FORMULATED AT THE COORDINATION PLACE AND THE NNMCP

A2 What would you say to the NNMCP leadership-coordination team and the NNMCP if you could?

Notification of coordination and MCP staff

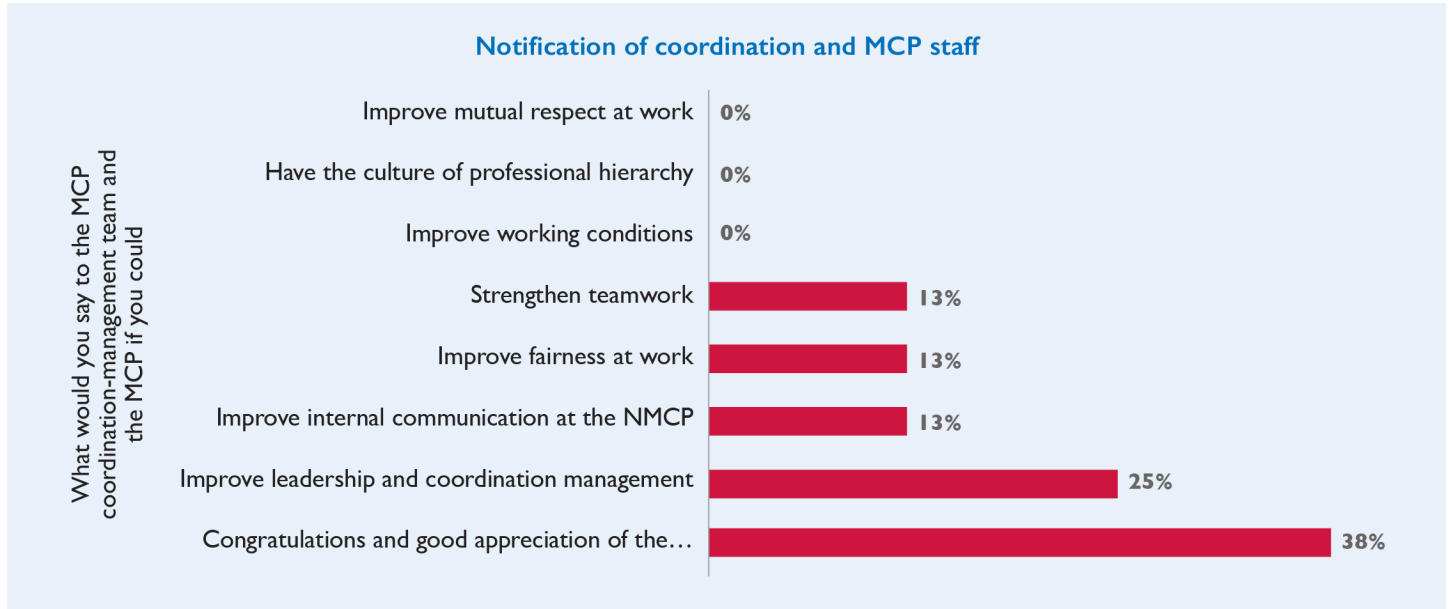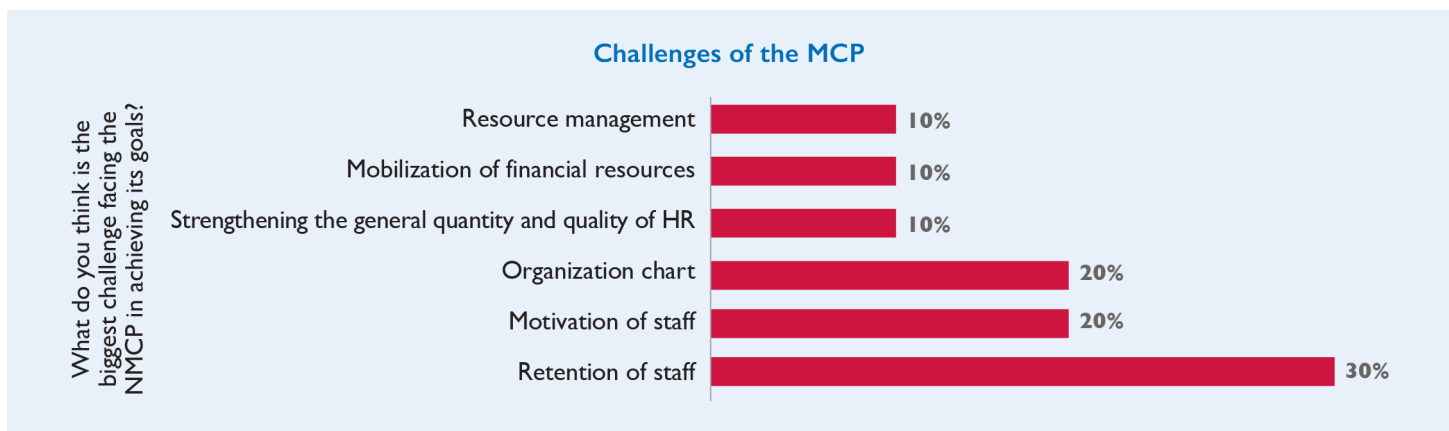|	
Improve mutual respect at work	0%
Have the culture of professional hierarchy	0%
Improve working conditions	0%
Strengthen teamwork	13%
Improve fairness at work	13%
Improve internal communication at the NMCP	13%
Improve leadership and coordination management	25%
Congratulations and good appreciation of the…	38%

What would you say to the MCP coordination-management team and the MCP if you could

When asked, "What would you say to the NMCP Coordination Team and the NMCP generally if you could?"

The staff in a 1st time congratulated and encouraged the leadership and the good management of the coordination of the NMCP in 38%. However, that estimates the coordinator can improve his leadership and coordination management in 25%; improve internal communication in 13%, improve fairness in 13% and improve teamwork in 13% as well.

THE BIGGEST CHALLENGES FACED BY THE NNMCP

In your opinion, what is the greatest challenge facing the NNMCP in achieving its objectives?

The biggest challenge for the NMCP to achieve its objectives according to staff is the challenge of staff training (30%) followed by motivation (20%), then the adequacy of the organization chart (20%), the strengthening of human resources in quantity and quality (10%), the mobilization of financial resources (10%) and finally the good management of resources (10%).

Challenges of the MCP

Resource management	10%
Mobilization of financial resources	10%
Strengthening the general quantity and quality of HR	10%
Organization chart	20%
Motivation of staff	20%
Retention of staff	30%

What do you think is the biggest challenge facing the NMCP in achieving its goals?

NAME 5 STRENGTHS OF THE NNMCP

The five strengths identified by staff when the question was addressed to them are in order of importance: **the proper execution of planned activities (11%), regular presence at work (11%), Support from technical and financial partners (11 %), Leadership and coordination management (11%), Mutual respect (11%) and HR competence (11%).**

Other strengths cited: good collaboration with partners (6%), Availability of normative documents (6%), Team spirit (6%), Availability of inputs (6%), Availability of rolling stock (6%), Staff motivation) (6%)

Five strengths of the MCP

Results	
Motivation of Staff	6%
Availability of rolling stock	6%
Availability of inputs	6%
Team spirit	6%
Availability of normative documents	6%
Good collaboration with partners	6%
HR competency	11%
Mutual respect	11%
Leadership and coordination management	11%
Support from technical and financial partners	11%
Regular presence at work	11%
Good execution of planned activities	11%

NAME 5 WEAKNESSES OF THE NNMCP

Five weaknesses of the MCP

Weakness	Percentage
Lack of career plan	2%
Database maintained only by the principal recipient	2%
Lack of supervision	2%
Equity	2%
Organizational chart not adapted	2%
Lack of job profile	4%
Insufficient rolling stock	4%
Lack of team spirit	4%
Staff formation problem	4%
Insufficient organization of missions	4%
Insufficient management of resources	4%
Staff management problem	4%
Insufficient HR	6%
Insufficient office equipment and hardware	12%
Infrastructure problem	12%
Lack of staff motivations	16%
Lack of internal communication	16%

Results

The five weaknesses named by the staff when they were asked the question on engagement:

1st: Lack of internal communication (16%), Lack of staff motivation (16%): Infrastructure problem (12%); Insufficient office equipment and equipment (12%) and insufficient human resources (6%)

Other: Staff management problem (4%), Insufficient resource management (4%), Insufficient organization of missions (4%), Staff training problem (4%), Lack of team spirit (4%), Insufficient rolling stock (4%), Lack of job profile (4%), Unsuitable organization chart (2%), Fairness (2%), Lack of supervision -2%), database maintained by the principal recipient (2%), lack of career plan (2%).

APPENDIX F: Results of the second NMCP CAR organizational capacity assessment staff engagement survey, April 2021

The survey forms were administered to 13/13 people (100%) of the NMCP. Of the 13 people administered, we had collected 12 or 92.31% and all were retained. A member of staff was absent for sick leave.

Results of the Second Survey

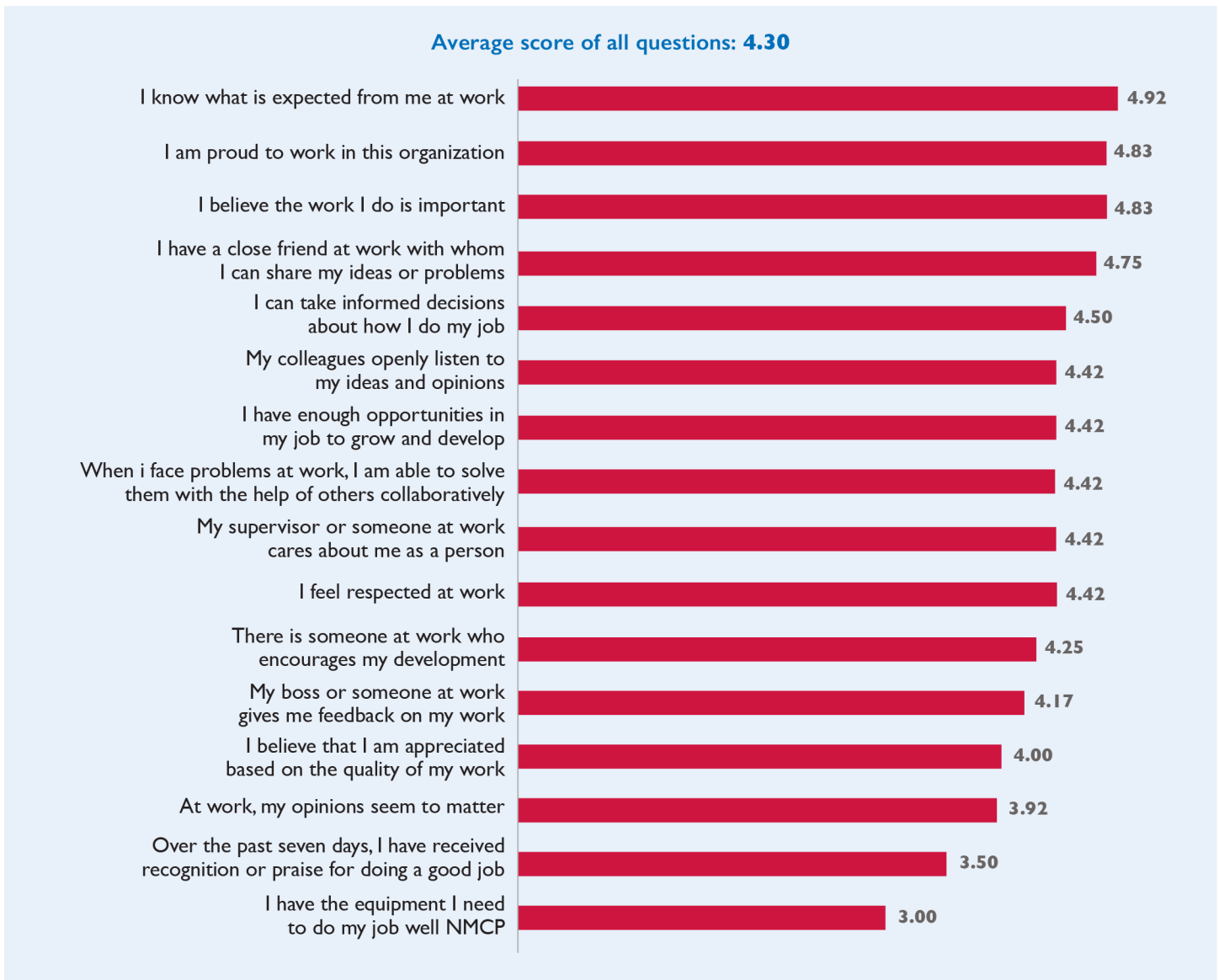### I. AT THE LEVEL OF GENERAL STAFF ENGAGEMENT AT THE NNMCP

I.A. BY INDIVIDUAL

Commitment by staff member
Score Average: 4.30

General staff engagement
Score Average: 4.30
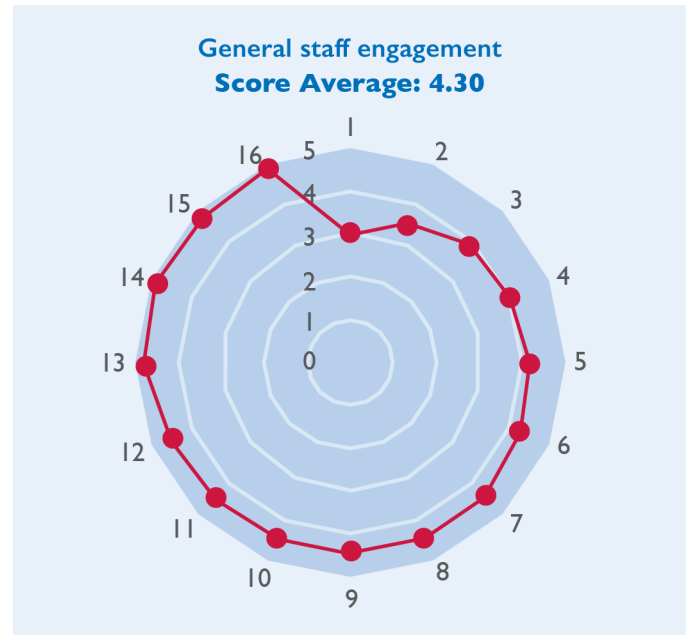
The average score for overall staff engagement is 4.30/5 and reflects a **staff as a whole that is engaged**. At the individual level, 9/12 people are engaged because they have a score between 4 and 5 versus 3/13 people not engaged (score between 3 and 4) and 0/14 strongly disengaged (score between 1 and 3).
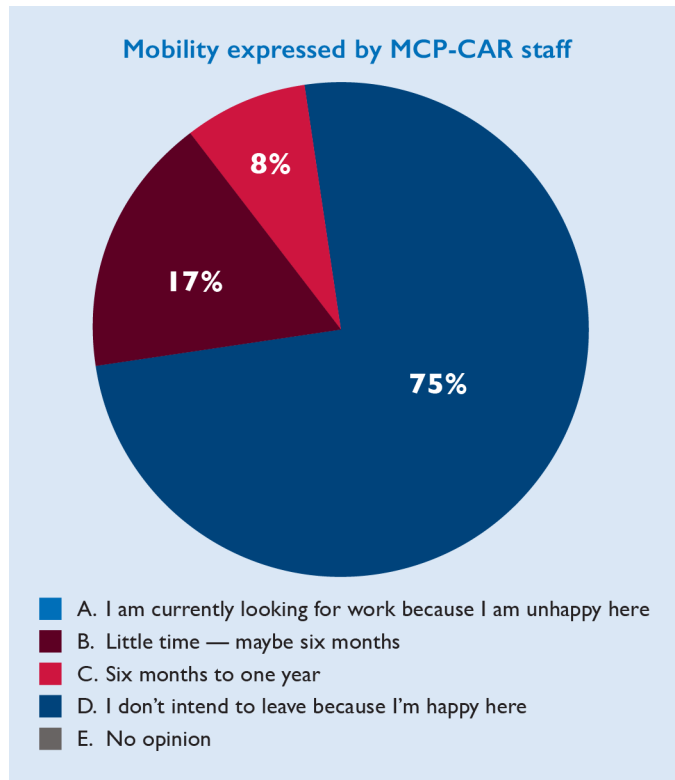
I.B. BY ASKING

General staff commitment per question
Score Average: 4.30

Average score of all questions: 4.30

Question	Score
I know what is expected from me at work	4.92
I am proud to work in this organization	4.83
I believe the work I do is important	4.83
I have a close friend at work with whom I can share my ideas or problems	4.75
I can take informed decisions about how I do my job	4.50
My colleagues openly listen to my ideas and opinions	4.42
I have enough opportunities in my job to grow and develop	4.42
When i face problems at work, I am able to solve them with the help of others collaboratively	4.42
My supervisor or someone at work cares about me as a person	4.42
I feel respected at work	4.42
There is someone at work who encourages my development	4.25
My boss or someone at work gives me feedback on my work	4.17
I believe that I am appreciated based on the quality of my work	4.00
At work, my opinions seem to matter	3.92
Over the past seven days, I have received recognition or praise for doing a good job	3.50
I have the equipment I need to do my job well NMCP	3.00

The average score of the questions is 4.30 and which reflects a staff who as a whole is committed. Of the 16 questions asked, 13 questions had staff engagement with a score between 4 and 5 versus 3 questions with a score between 3 and 4: and 0 questions with a score between 1 and 3.

II. FUTURE PROSPECTS WITH ONE'S ORGANIZATION

Mobility expressed by MCP-CAR staff

- A. I am currently looking for work because I am unhappy here
- B. Little time — maybe six months
- C. Six months to one year
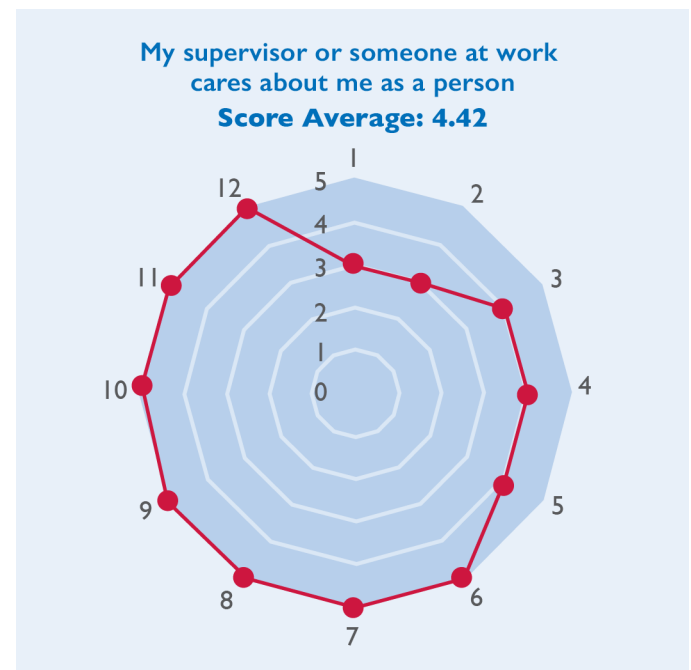- D. I don't intend to leave because I'm happy here
- E. No opinion

The future prospects of the staff with the NNMCP are reflected in the survey on the level of retention of NNMCP staff. Following the analysis of the Staff Engagement Survey; 75% of the staff answered that they feel good and do not want to leave to the question of the Engagement Survey "I do not intend to leave because I am happy here" against 25% who are considering leaving the NNMCP and 0% are without an opinion. Among the 25% who wish to leave the NMCP. The reason given is that they will be retiring in this year 2021 so actively seek a door to showcase themselves upon their effective retirement.

III. POSITIVE RELATIONSHIPS WITH ONE'S ORGANIZATION, TEAM, AND CO-WORKERS

The positive relationships that the staff has with the NNMCP, their department and colleagues are revealed at several levels through the Engagement Survey.

III.A. RELATIONSHIP WITH THE DEPARTMENT HEAD AND COLLEAGUES: CONSIDERATION

The staff feels well considered by their department heads and colleagues. To the question "My supervisor or someone at work cares about me as a person," the average score is 4.42 which reflects the good relationship between colleagues at work and the department head.

My supervisor or someone at work cares about me as a person
Score Average: 4.42

III.B. PRIDE TO WORK AT THE NMCP

I am proud to work in this organization
Score Average: 4.83

Most of the staff is proud to work at the NNMCP. To the question "I am proud to work within this organization," the average staff score is 4.83 and reflects the pride of the staff in belonging to the NNMCP and working there.
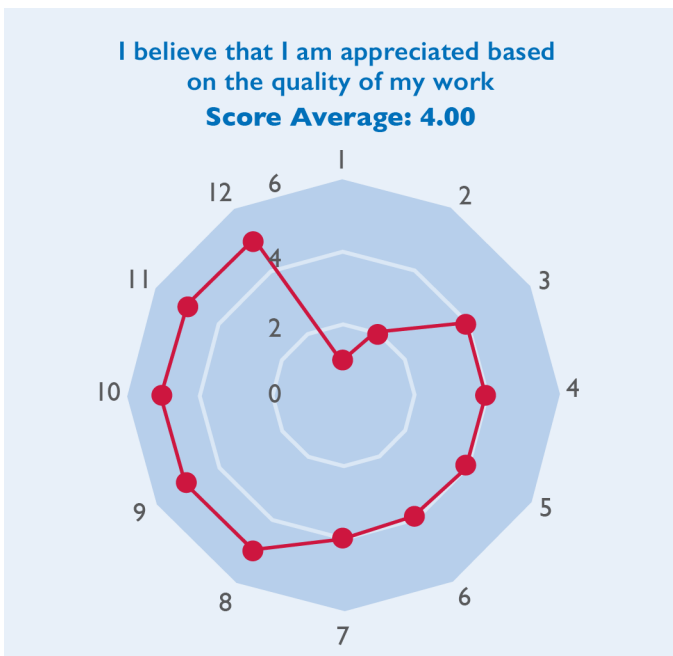
III.C. RESPECT AT WORK.

I feel respected at work
Score Average: 4.42

Most of the staff feels respected at work. This is justified in the question "I feel respected at work" with an average score of 4.42.


IV. BELIEF IN ONE'S WORK AND IN THE ORGANIZATION

IV.A. EVALUATION OF ONE'S WORK

I believe that I am appreciated based on the quality of my work
Score Average: 4.00

In general, the NNMCP staff feel that they are not evaluated according to the quality of their work. To the concern raised during the engagement survey "I think I'm evaluated according to the quality of my work," the average score is 4.00 which reflects this shortcoming.

IV.B. PROFESSIONAL DEVELOPMENT

There is someone at work who encourages my development
Score Average: 4.25
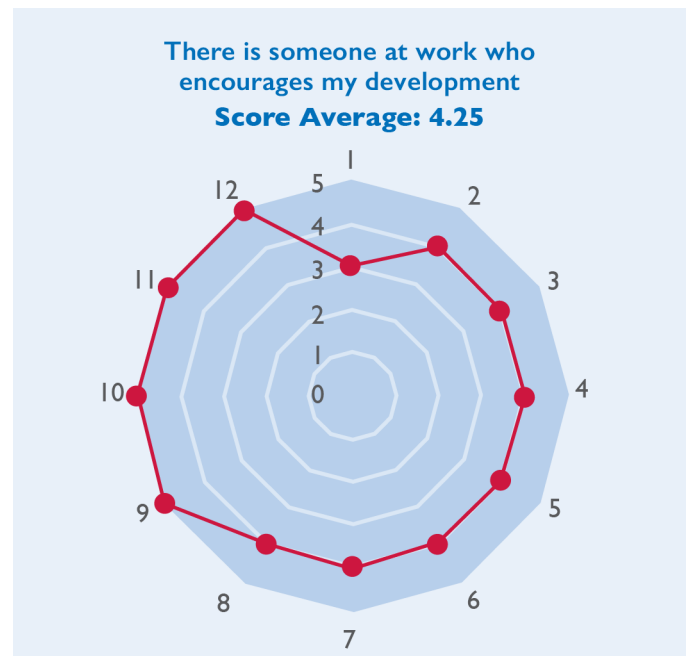
To the concern raised during the survey that "there is someone at work who encourages my development," the average score is 4.25. This shows that the staff generally feel that they have encouragement for their development at work.

IV.C. OPPORTUNITY AT WORK

I have enough opportunities in my job to grow and be developed
### Score Average: 4.42

"I have enough opportunities in my work to grow and develop," the average score for this question was 4.42, reflecting the existence of opportunities for staff to grow in their work and to develop in general.

IV.D. WORK EQUIPMENT
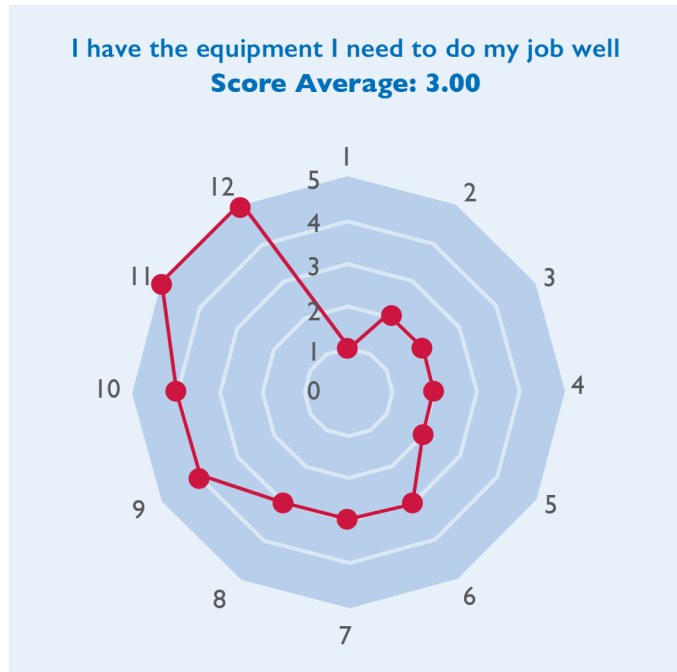
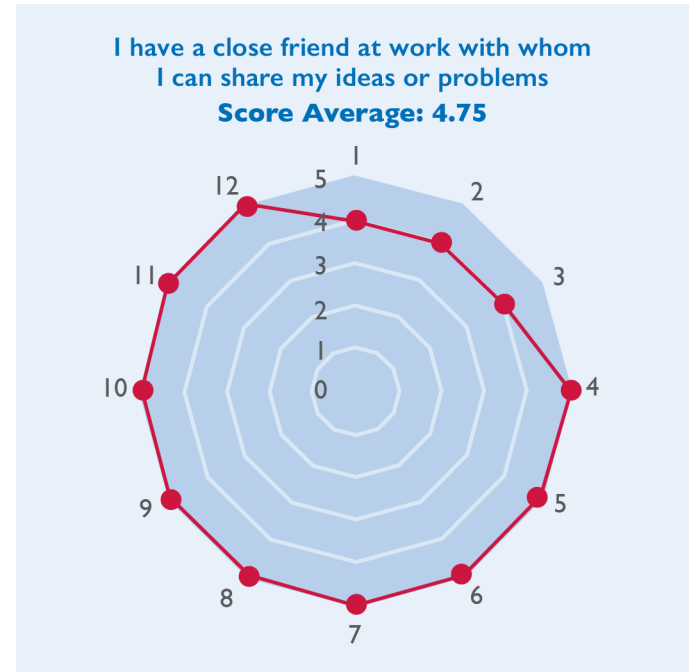### I have the equipment I need to do my job well
Score Average: 3.00

All NNMCP agents do not feel they have all the necessary equipment to do their job well (3.5/5). This was strongly expressed in the question "I have the equipment I need to do my job well" with an average score of 3.00.

IV.E. IMPORTANCE OF THE DONE WORK
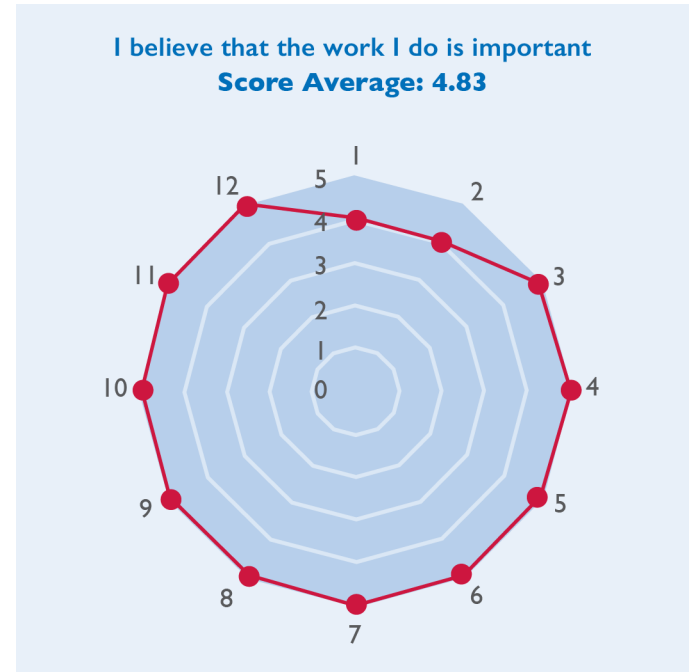
I believe that the work I do is important
Score Average: 4.83

Most of the staff considers the work they do as being important. This is shown in the answers to the concern "I think the work I do is important" with an average score of 4.83.

IV.F. FRIENDSHIP AT WORK

I have a close friend at work with whom I can share my ideas or problems
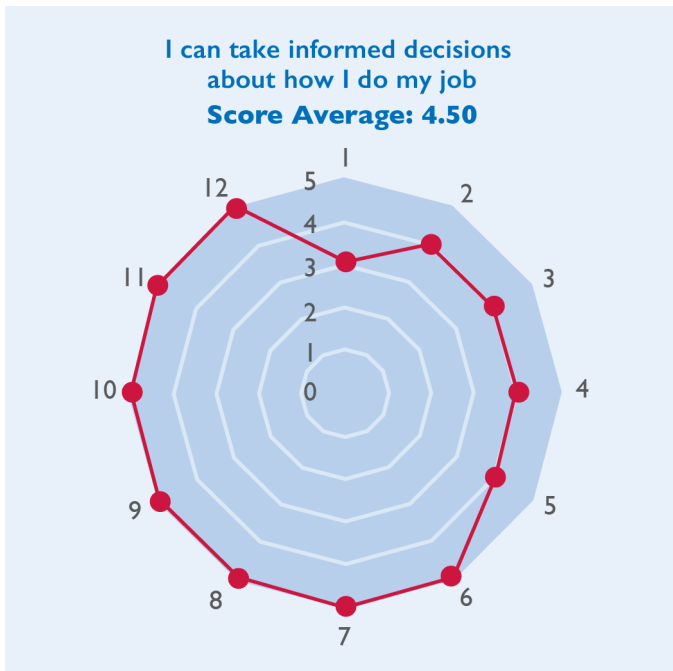### Score Average: 4.75

The friendship of the agents at the NMCP is really reinforced at work. For the concern "I have a close friend at work with whom I can share my ideas or problems," the average score is 4.75.

V. BELIEF IN ONE'S ABILITY TO DO THE WORK

V.A. DECISION

I can take informed decisions about how I do my job
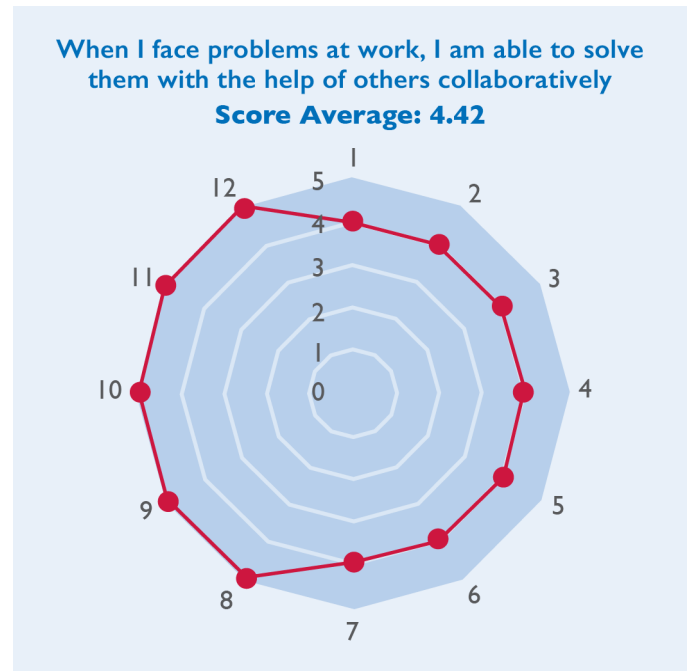**Score Average: 4.50**

In general, staff feel they cannot take informed decisions about how they do their work. This shortcoming was expressed in the question "I can make informed decisions about how I do my job," the average score was 4.50.

V.B. LISTENING

**My colleagues openly listen to my ideas and opinions**
Score Average: 4.41
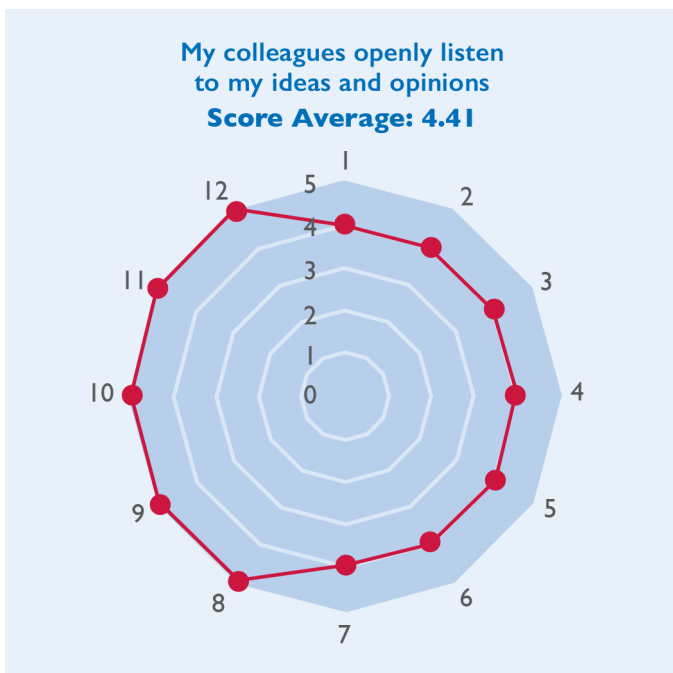
"My colleagues openly listen to my ideas and opinions," the Average Score is 4.41 and reflects the fact that in general the ideas and opinions of the staff are not sufficiently considered.

V.C. HELP

When I face problems at work, I am able to solve them with the help of others collaboratively
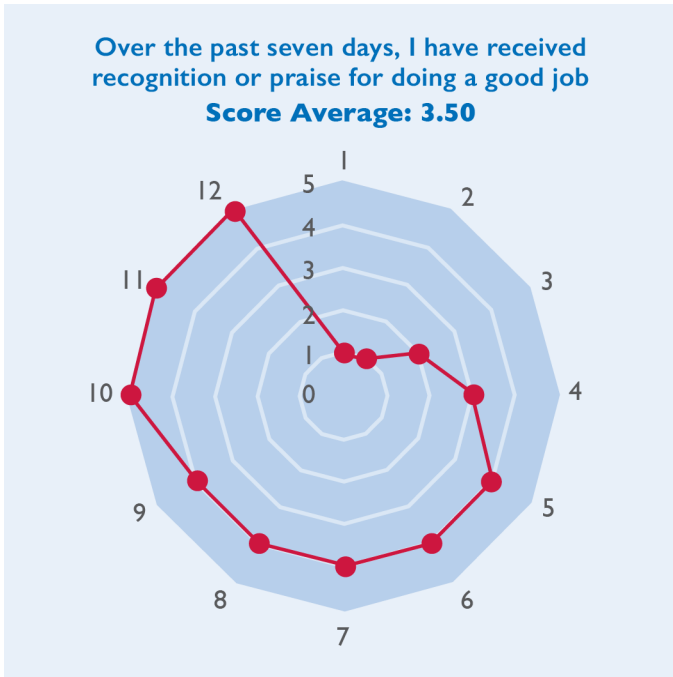**Score Average: 4.42**

Most staff at the NMCP feel they have support when they face issues or difficulties at work to solve problems. This is expressed in the answer to the question "When I face problems at work, I am able to solve them with the help of others" with an average score of 4.42.

V.D. ROLE
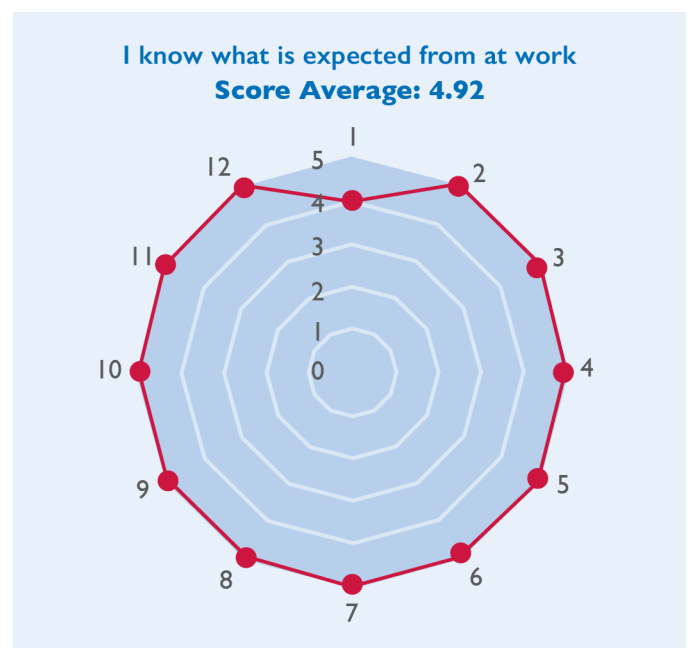
I know what is expected from at work
Score Average: 4.92

Most of the PLP agents know what is expected of them in their work. This is confirmed by an average score of 4.92 on the question "I know what is expected of me at work."
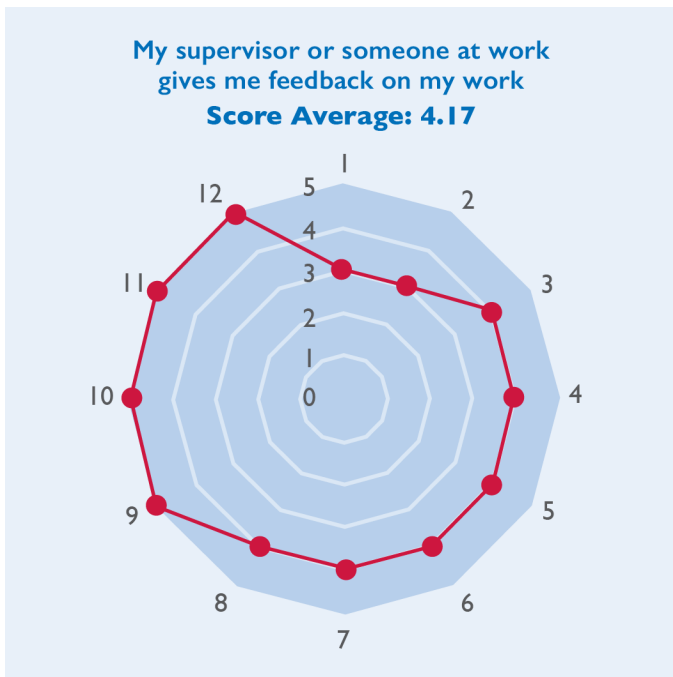
VI. RECOGNITION AND REWARD

Over the past seven days, I have received recognition or praise for doing a good job
Score Average: 3.50

Recognition and reward at the NMCP are strongly criticized. The staff feels they do not have recognition for a job well done. This resulted in an average score of 3.50 for the concern "In the last seven days I have received recognition or praise for doing a good job."

VII. ABILITY TO INFLUENCE DECISIONS ABOUT YOUR WORK

VII. A. FEEDBACK

My supervisor or someone at work gives me feedback on my work
Score Average: 4.17

VII.B. OPINION

At work, my opinions seem to matter
Score Average: 3.92

Agents consider good internal communication or feedback. They feel they get feedback from their supervisor in the course of their work. At the question "My supervisor or someone at work gives me feedback on my work," the average score is 4.17 confirming this shortcoming in terms of internal communication among the staff.
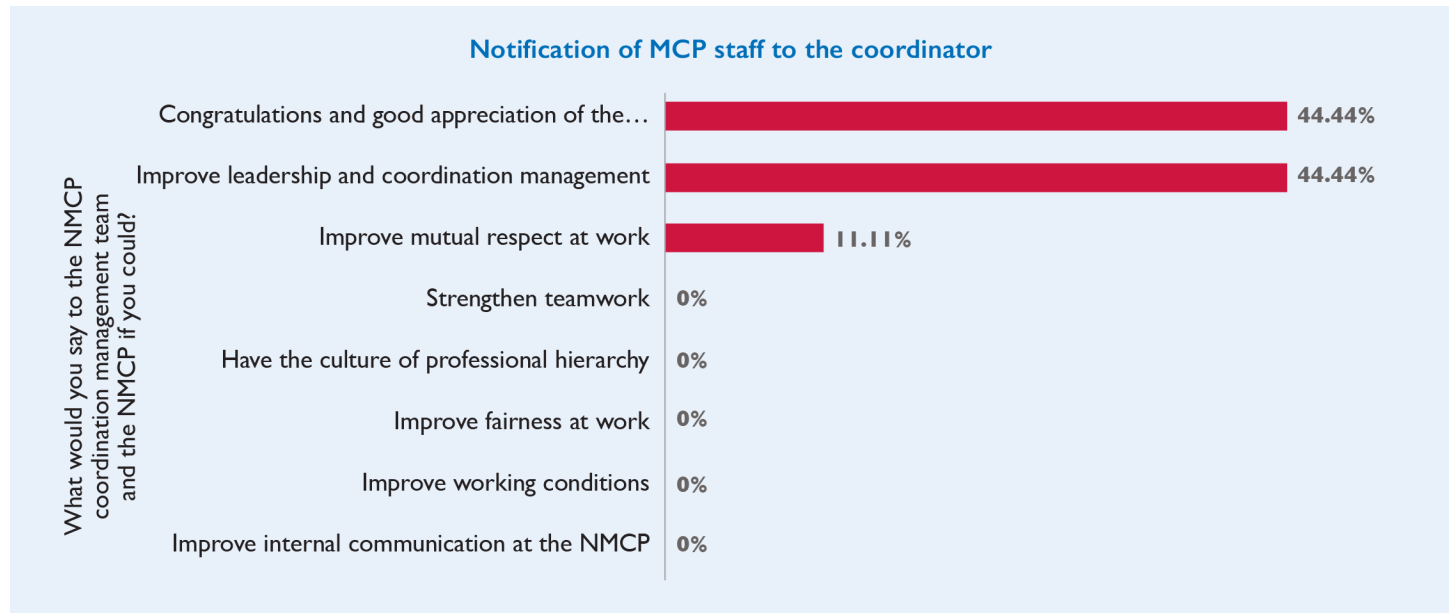
Agents in general feel that their opinions do not matter enough at work. The average score is 3.92 for the concern "At work, my opinions seem to count," reflecting the fact that their opinion is not considered.

VIII. STAFF ADVICE FORMULATED AT THE COORDINATION PLACE AND THE NNMCP

Question A2: What would you say to the NNMCP coordination-management team and the NNMCP if you could?

Notification of MCP staff to the coordinator

Congratulations and good appreciation of the…	44.44%
Improve leadership and coordination management	44.44%
Improve mutual respect at work	11.11%
Strengthen teamwork	0%
Have the culture of professional hierarchy	0%
Improve fairness at work	0%
Improve working conditions	0%
Improve internal communication at the NMCP	0%

What would you say to the NMCP coordination management team and the NMCP if you could?

When asked, "What would you say to the NMCP Coordination Team and the NMCP generally if you could?"
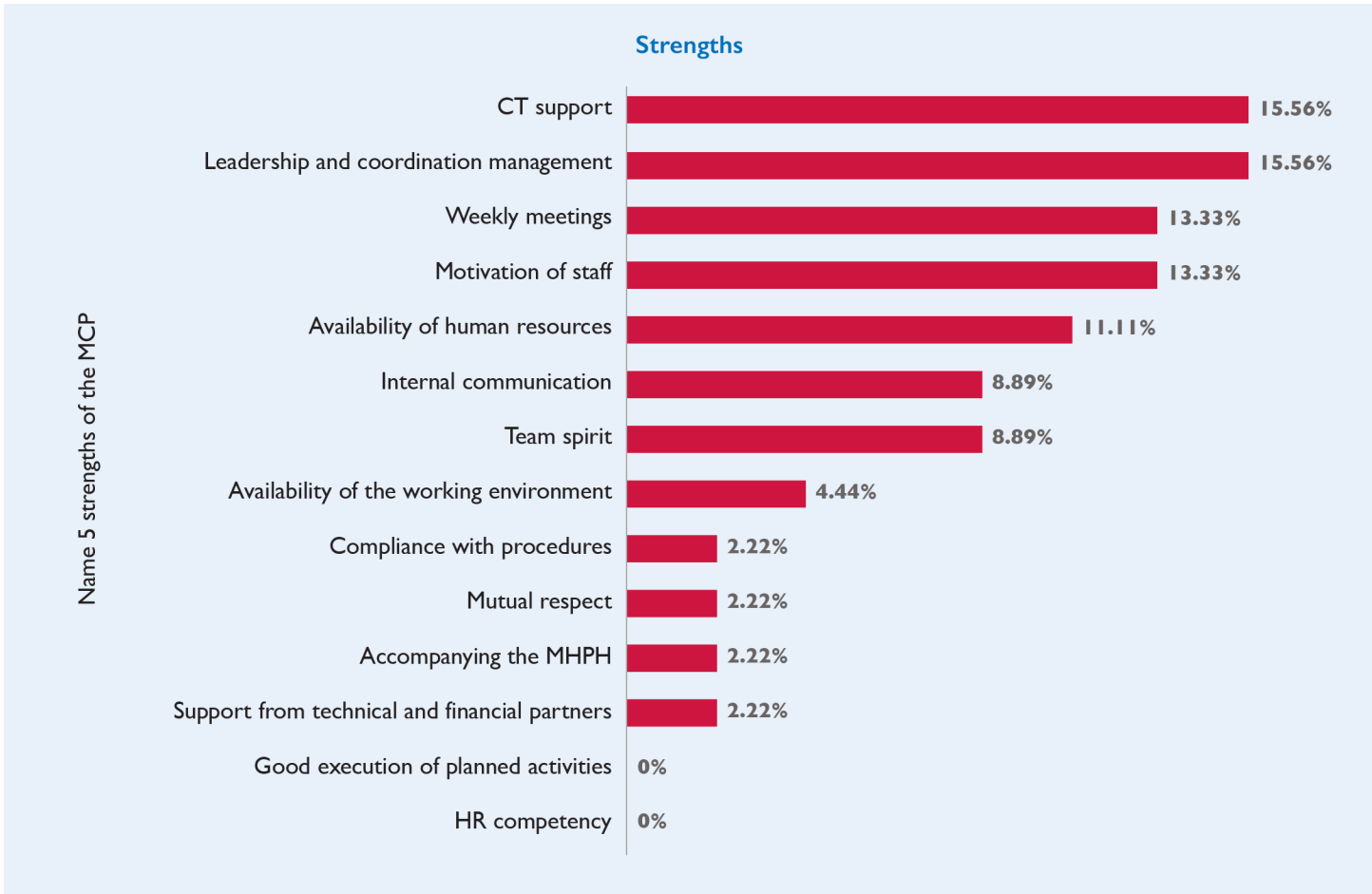
The staff initially congratulated and encouraged the leadership and good management of the NMCP coordination in 44.44%. They believed that the Coordinator could improve their leadership and management of coordination in 44.44% of cases and improve mutual respect at work in 11.11% of cases.

IX. THE BIGGEST CHALLENGES FACED BY THE NNMCP

Question A3: In your opinion, what is the greatest challenge facing the NNMCP in achieving its objectives?

Challenges of the NMCP

Improve staff engagement	27.27%
Improve resource mobilization for malaria funding	27.27%
Improve teamwork	18.18%
Facilitate Global Fund procedures	9.09%
Review regulations	9.09%
Improve leadership and management	9.09%

In your opinion, what is the greatest challenge facing the NMCP in achieving its objectives
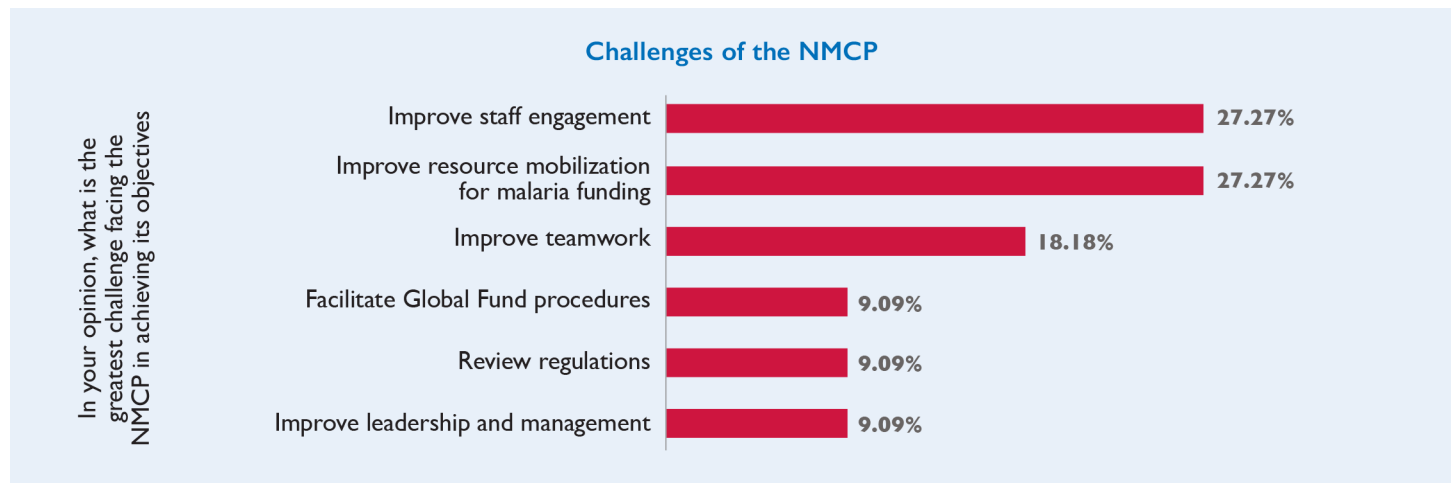
The biggest challenge for the NMCP to achieve its goals according to staff is staff engagement (27.27%) and resource mobilization (27.27%), improving teamwork (18.18%).
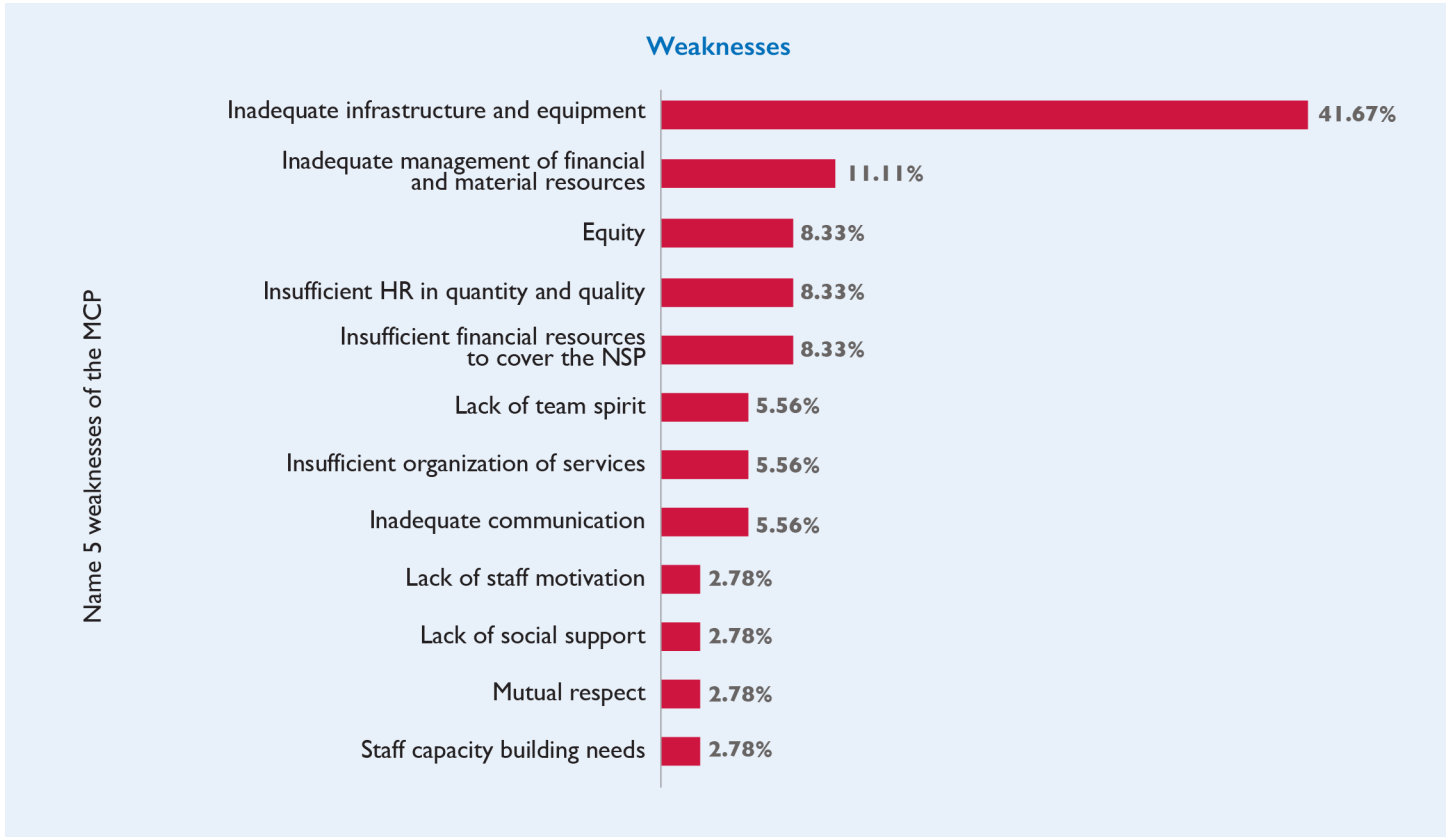
Strengths

Name 5 strengths of the MCP	
CT support	15.56%
Leadership and coordination management	15.56%
Weekly meetings	13.33%
Motivation of staff	13.33%
Availability of human resources	11.11%
Internal communication	8.89%
Team spirit	8.89%
Availability of the working environment	4.44%
Compliance with procedures	2.22%
Mutual respect	2.22%
Accompanying the MHPH	2.22%
Support from technical and financial partners	2.22%
Good execution of planned activities	0%
HR competency	0%

X. NAME 5 STRENGTHS OF THE NNMCP

The five strengths identified by staff when asked were:

The first five:
1st: Support from the Technical Advisor (15.56%),
1st ex: Leadership and coordination management (15.56%),
3rd: Weekly meetings (13.33%)
3rd ex: Staff motivation (13.33%)
3rd ex: Human resources availability (13.33%)

XI. NAME 5 WEAKNESSES OF THE NNMCP

Weaknesses

Name 5 weaknesses of the MCP	
Inadequate infrastructure and equipment	41.67%
Inadequate management of financial and material resources	11.11%
Equity	8.33%
Insufficient HR in quantity and quality	8.33%
Insufficient financial resources to cover the NSP	8.33%
Lack of team spirit	5.56%
Insufficient organization of services	5.56%
Inadequate communication	5.56%
Lack of staff motivation	2.78%
Lack of social support	2.78%
Mutual respect	2.78%
Staff capacity building needs	2.78%

The five weaknesses named by the staff when they were asked the question on engagement:

1st: Lack of infrastructure and equipment (41.67%)
2nd: inadequate management of financial and material resources (11.11%)
3rd: Equity (8.33%)
3rd ex: insufficient HR quantity and quality (8.33%)
3rd ex: Insufficient financial resources to cover the NSP (8.33%)

APPENDIX G: Workshop to develop the action plan for strengthening the organizational capacity of the NNMCP of the Central African Republic, coupled with the validation of the NNMCP governance documents from April 6 to 10, 2021 - Ledger Bangui Hotel

BACKGROUND - INTRODUCTION

In the Central African Republic, malaria is endemic and remains a major public health problem (63% of reasons for consultations in 2017, including 52% of children under 5; an increase over the past 5 years in malaria-related deaths from 17 to 72 cases per 100,000 inhabitants in 2013 and 2017, of which 58.80% of deaths concerned children under 5 years old according to the 2018-2023 NSP).

The purpose of this technical assistance was to assess the organizational and management capacities of the Malaria Control Program (NMCP) in the Central African Republic and to guide the technical assistance to be provided by the 2030 Human Resources for Health Program. (HRH2030), with support from USAID. This evaluation should enable the NMCP to strengthen the implementation, monitoring and follow-up of its strategic plan to achieve its objectives for the fight against malaria. The findings and recommendations of this assessment will be used to develop a capacity building action plan that can be supported by the CAR government, HRH2030 and its malaria partners as the country engages in long-term efforts, to eliminate malaria.

OBJECTIVES OF THE WORKSHOP

- Providing a reminder of the context and purpose of the evaluation
- Presenting the objectives and methodology of the evaluation
- Sharing and discussing the preliminary results of the NMCP Organizational Capacity Assessment
- Discussing improvement solutions to consider and identifying priorities and practical interventions to consider through an action plan.

EXPECTED RESULTS

- The participants are reminded of the context and purpose of the evaluation
- The objectives and methodology of the evaluation are presented to the participants
- Preliminary results of the organizational capacity evaluation of the NMCP are shared and discussed
- Solutions for improvement, priorities, and practical interventions to be considered are identified, shared, discussed, and reported in an action plan.

METHODOLOGY

The workshop was organized into plenary presentations, group work, followed by discussions and plenary feedback.

APPENDIX H: List of documents reviewed

1. National Malaria Control Guidelines, Boali, October 2016
2. Decree n ° 18-214 on the organization and functioning of the Ministry of Health and the Population fixing the powers of the Minister (organizational chart of the MPH)
3. National supervision guidelines within the framework of the national malaria control program in CAR, Version, Bimbo May 2018
4. Roadmap for strengthening the NHIS (draft)
5. Organizational chart of the Communicable Disease Control Department
6. NMCP 2019 Action Plan
7. Strategic plan for institutional strengthening of the national health information system (NHIS), March 2017
8. National Malaria Strategic Plan 2018-2022 extended to 2023
9. Monitoring and evaluation plan for the national malaria control program 2018-2022
10. Update on Malaria activities in 2020,
11. CAR National Malaria Control Policy, October 2016
12. Power point presentation, general information on malaria
13. Proposed projected organizational chart of the Malaria Control Program (NMCP) by 2025,
14. Report of the workshop on the management of malaria in the CENTRAL AFRICAN Republic, January 29, 2019
15. Report of the final performance review of the national malaria control program of the Central African Republic, 2012-2017
16. 2019 report on the activities of the Malaria Control Program.
17. Summary of activities for 2019, Doctors Without Borders
18. The Final version of 2019 MPH work plan

About HRH2030

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

Global Program Objectives

I. **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.

II. **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.

III. **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.

IV. **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.

Program Partners

- Chemonics International
- American International Health Alliance (AIHA)
- Amref Health Africa
- Open Development
- Palladium
- ThinkWell
- University Research Company (URC)

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