

ASSESSMENT | MARCH 12, 2020

Assessment of the Organizational Capacity of the National Malaria Control Program (NMCP) in Chad

U.S. President's Malaria Initiative

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Acronyms/abbreviations

AAP	Annual Action Plan	OD	Organizational development
DHMT	District Health Management Team	P&P	Policies and Procedures
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria	PALAT	Projet d'Appui à la lutte contre le Paludisme au Tchad
HRH2030	Human resources for Health in 2030	FP	Malaria Focal Point
IESS	Integrated Epidemiological Surveillance Service	PMI	U.S. President's Malaria Initiative
IRS	Indoor Residual Spraying (IRS)	PR	Principal Recipient of the Global Fund
LLIN	Long-lasting, Insecticide-Treated Mosquito Nets	PSM	Procurement and Supply Management
MCSP	Malaria Control Support Project	RDT	Rapid Diagnostic Test
M&E	Monitoring and Evaluation	R&R	Roles and Responsibilities
MMR	Maternal Mortality Ratio	SBCC:	Social and Behavior Change Communication
MOPH	Ministry of Public Health (<i>Ministère de la Santé Publique</i>)	TFP	Technical and Financial Partners
NGO	Non-Governmental Organization	ToR	Terms of reference
NMCP	National Malaria Control Program in Côte d'Ivoire	TWG	Technical Working Group
MHDM	Medical Health District Manager	UNICEF	United Nations Children's Fund
NSP	National Malaria Strategic Plan	USAID	United States Agency for International Development
OAP	Operational Action Plan	WHO	World Health Organization

Executive Summary

The purpose of this evaluation was to assess the organizational and management capacity of Chad's National Malaria Control Program (NMCP) and to guide the technical assistance provided to the NMCP by the Human Resources for Health in 2030 (HRH2030) program, with the support of the U.S. President's Malaria Initiative (PMI). The findings and recommendations of this assessment will be used to develop a capacity-building plan that can be supported by HRH2030 and the NMCP's malaria partners, thereby furthering the country's long-term efforts to eliminate malaria.

Methods: The assessment used the organizational development (OD) model defined by Burke and Lewin (1992). This four-quadrant theory of change model focuses on the human element of organizational development derived in part from McKinsey's 7S framework. Quadrant 1 defines the organizational framework; quadrant 2, the system; quadrant 3, human resources; and quadrant 4, culture. The first and fourth quadrants represent transformational elements that can catalyze or influence change, while the second and third quadrants are the transactional elements necessary to implement and sustain change.

The assessment of the NMCP took place in four phases: (i) a document review; (ii) semi-structured interviews with key informants and surveys gauging the internal engagement and communication of NMCP staff; (iii) a two-day organizational reflection workshop attended by NMCP coordinators and section heads, representatives of the Ministry of Public Health (MOPH), and the provincial, departmental level, and technical/financial partners. During this workshop, preliminary results of the semi-structured interviews and staff engagement/internal communication surveys were presented and discussed, and later; and (iv) the final assessment results were shared with the coordination team, section heads, the HRH2030 representative, and technical/financial partners (including WHO, PALAT/UNDP).

Observations/results: The assessment results suggest aligning the NMCP's vision with the vision of the Global Malaria Control Technical Strategy (2016-2030), and restructuring the NMCP to focus on improving leadership, coordination, communication, and management. Strengthening the leadership and capacity of human resources, reorganizing the sections, and improving collaboration, coordination, management, and communication, the use of data for decision-making, along with rewarding and encouraging good performance will enable the NMCP to make enormous progress toward developing a positive culture. The results of interviews and stakeholder surveys indicate that, with the dynamic determination, availability, and

open-mindedness of the NMCP coordination, and employees' belief in the importance of their work, the NMCP can overcome organizational barriers and exercise its full leadership role in guiding partners toward the goals of malaria control. Following the assessment, an action plan for sustainable organizational change has been developed, which includes a five-step strategy and a series of recommendations for key steps. The assessment also proposed a time-bound operational action plan resulting from the reflection workshop and changes to the current NMCP organizational chart to enhance its functionality.

Section I: Organizational Framework

1. *Vision and mission:* Although clearly defined in the National Malaria Strategic Plan (NSP) 2019-2023, the assessment noted that the NMCP's vision is not aligned with the 2016-2030 Global Malaria Elimination Vision. In addition, the mission and vision are not visible or known by the majority of assessment participants.
2. *Structure:* The organizational chart is from 2016, and is not up to date, as the NMCP has undergone structural changes that are not reflected in it.
3. *Policies and Procedures:* The NMCP has prescriptive documents to guide activity implementation. The assessment, however, found an insufficient awareness or knowledge of the procedures manual and the operational plans for procurement and stock management, and a lack of compliance with some procedures, in particular those relating to procurement. In addition, there is no code of conduct, statutes, or internal regulations specific to the NMCP and aligned with the country's internal regulations and civil service code.
4. *Leadership/Coordination:* The NMCP's coordination team is dynamic, open to change, and guided by a political will and commitment at the highest level to fight against malaria. However, its advocacy and negotiating capacity to mobilize additional financial resources is insufficient to fill the gap in coverage of malaria control activities in Chad. Accelerating the

establishment of the national malaria committee and technical advisory groups will help improve the NMCP's leadership, coordination, and day-to-day management. NMCP coordination challenges are related to (i) partnerships, due to a lack of a formal framework for consultation involving all partners involved in the fight against malaria; and (ii) multi-sectoralism, because despite the existence of frameworks at the provincial level (the monthly health meeting led by the governor) and at the central level (epidemic control committee), it is clear that the fight against malaria is insufficiently discussed and coordinated.

Section 2: Systems

1. *Planning and problem-solving:* Chad's 2019-2023 NSP was developed in a participatory and inclusive manner. This document has made it possible to develop other operational plans, such as the NMCP's Annual Action Plan and the Global Fund Action Plan. These plans should be consolidated into an integrated plan that holistically and comprehensively presents the annual budget and activities by section and partner. It should also be noted that the country must make efforts to include malaria control activities in certain provincial health development plans. In addition, there is a deplorable lack of problem-solving plans.
2. *Tracking progress:* Progress is tracked through weekly meetings of coordinators and section heads; monthly coordination meetings between the NMCP, PALAT and UGP, which are irregularly held; supervisory visits and periodic field visits in collaboration with the provincial districts and delegates to address problems related to key malaria indicators. However, the assessment noted the lack of a scoreboard to review progress and reschedule/reprogram unrealized or delayed activities; the lack of a data analysis process for problem-solving and decision-making at the central and partner levels; and the lack of a monitoring mechanism for program performance.
3. *Supervision activities:* The NMCP has supervisory tools for each level of the health pyramid, and the various relevant stakeholders have been trained in their use. However, supervisory activities were highly criticized and were the subject of repeated complaints from interviewees during the assessment. Criticisms included: insufficient dissemination of new supervisory tools and a lack of quality formative supervision. The current supervision of health delegations, districts, and health centers lacks coordination/alignment of interventions being implemented by some partners in the same areas, adequate completion of management and data collection tools, and fails to comply with certain malaria control guidelines.
4. *Monitoring and evaluation:* The assessment noted collaboration with the Integrated Epidemiological Surveillance Service (IESS) that tracks progress of malaria cases on a weekly basis; the existence of a monitoring and evaluation (M&E) plan; meetings to validate semi-annual and quarterly data; integrated formative supervision at the decentralized level; recognition in the form of congratulations, certificates, and encouragement to high-performing districts in 2016; and the development of the NSP in a participatory and inclusive manner. However, it also noted the lack of a M&E manual to accompany the 2019-2023 M&E plan; the lack of a monthly, quarterly, and semi-annual monitoring mechanism; and the lack of data management staff within the NMCP. It is clear that the quality and use of malaria data for decision-making needs to be improved.
5. *Finance:* The NMCP receives state funding and funds from multiple international donors including the WHO, USAID, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, the People's Republic of China, UNICEF, RBM, ESSO, UNFPA, UNDP, Jhpiego, the Malaria Consortium, ADF, MSF/France and the Mentor Initiative. However, the mobilization of resources to cover all NSP activities remains low (59.6% of the 2014-2018 NSP; 74% for the 2019-2023 NSP). Financial management is subjected to annual audits. Audit recommendations, FMSTP management letters, and feedback from interviewees indicates that the NMCP needs to improve its financial and accounting management by strengthening the administrative and financial human resources section; establishing internal monitoring and audit controls; and improving communication.
6. *Supply chain management/purchases:* The NMCP has a procurement and supply management (PSM) section, a quality assurance plan, and, in April 2019, a national medicines conference was held in Chad. Interviewees noted the overall availability of drugs and inputs at the central and provincial levels, with less availability at the peripheral level, as well as inadequacies in inventory management at the district and health center level. A reported failure in the coordination of the antimalarial input supply chain poses a major challenge for NMCP in relation to: (i) out-of-stock malaria control inputs (LLINs,

medicines, and other consumables); (ii) the lack of a supply chain coordination and monitoring framework (monthly stock reconciliation meeting, quarterly back-information workshops); (iii) poor quality of consumption data (discrepancies between consumption and required quantities); (iv) lack of coordinated planning and monitoring of the input supply chain (regarding controlling the quantities of inputs provided by partners and the quantities available on the ground by the NMCP); and (v) lack of a common annual supply plan for all partners.

Section 3: Human Resources

1. *Recruitment:* More than 80% (37/46) of NMCP staff are state-assigned civil servants whose profile does not necessarily meet the needs of the program. However, since 2017, the coordinator's opinion (on assignments) has been considered during the assignment proposals by the MSP/HRD.
2. *Retention:* Thirty-seven (37) percent of the staff surveyed want to leave the NMCP (10% are currently looking for work because they feel unhappy; 20% estimate that they will leave in six months to a year, and 7% say they will leave in less than six months). Chad's economic context has been marked by austerity measures with wage reductions since 2014. Interviewees frequently cited issues of financial motivation; this explains their search for other professional opportunities and reflects the need to establish staff motivation and retention policies.
3. *Roles and responsibilities:* The document review noted the existence of job descriptions for all staff. Interviews revealed the NMCP staff's lack of knowledge of these descriptions, because they weren't discussed or understood. The evaluation recommends clear descriptions of the roles and responsibilities for those involved in NMCP activities.
4. *Fair assessment, rewards, and consequences:* Recognition and rewards were strongly criticized by the NMCP staff interviewed, who cited the lack of a formal incentive process, and stated that they receive no recognition when their jobs are well done. This feedback resulted in an average score of 2.69/5 during the engagement survey. In addition, there is no evaluation mechanism related to staff performance by either the MOPH or the NMCP.
5. *Feedback:* Staff feel they need to be supported in their day-to-day work. This support can come either from the supervisor, a team member, or a friend within the organization. The engagement

survey recorded average scores of 3.34/5 on feedback and 3.69/5 on development support, reflecting the need to improve timely feedback.

6. *Capacity building:* Interviewees' average score on their ability to make informed decisions about how they do their job was 3.69/5. Areas for capacity building needs were as follows: advocacy, resource mobilization, leadership, governance, program/project management, malaria monitoring, M&E, supply and inventory management, operational research, financial management, entomology, and microscopy certification.

Section 4: Organizational Culture

1. *Internal communication and transparency:* Half of those surveyed characterized the NMCP's internal communication style/methods as passive. The primary reason for this characterization was the absence of monthly coordination team meetings to inform personnel of news/developments, achievements, or problems relating to planned activities. These meetings would also be a forum where leadership could solicit the views of staff.
2. *Teamwork:* Collaboration between sections occurs occasionally during certain activities.
3. *Commitment/motivating factors:* Employees generally believe in their work but are often demotivated, in particular, in terms of financial motivation. Relationships between colleagues and supervisors are generally considered to be positive. However, there is an insufficient consideration of NMCP staff's opinion in decision-making.
4. *Working environment:* The NMCP team recognizes that a considerable effort has been made to improve working conditions in terms of (local) equipment and infrastructure. This effort must be continued because there are still needs for computers and office equipment, internet connectivity, vehicles, lab equipment, reliable electricity, and maintenance.
5. *Staff engagement:* The assessment showed that the staff was not generally committed to achieving the NMCP's mission and objectives, with an average score of 3.77/5. At the individual level, 11/30 people are engaged (scores of 4 and 5); 16/30 people are not engaged (scores of 3 and 4), and 3/30 were strongly unengaged (scores between 1 and 3). The opinion of the section managers was generally pessimistic among 40% of those surveyed (4/10), and optimistic in 20% (2/10). This low level of optimism reflects the need to consider the creation of a policy for staff engagement and motivation.

I. NMCP Context

In Chad, malaria is endemic and remains one of the major obstacles to the country's socio-economic development. According to the 2017 Directory of Health Statistics, malaria is the leading cause of consultations (24.36%), hospitalizations (34.67%), and mortality (41.01%). According to the 2017 National Survey of Malaria Indicators, the prevalence of malaria among children ages 6 to 59 months was 40.9% compared to 29.8% in 2010. The General Directorate of the MOPH ensures the coordination of programmatic activities including those of the NMCP, governed by Decree Number 1250/Cab/Min/SP/008/1998 of July 22nd, 1998 on the [NMCP's] establishment, organization, and functions. The organizational chart developed in January 2016 indicates that the NMCP has three levels: coordination, departments, and sub-departments. The NMCP is headed by a coordinator assisted by a deputy. In addition, nine (9) department heads are in charge of the following units: administration and finance, IEC/SBCC, laboratory, vector control, case management and chemoprophylaxis, supply and inventory management, follow-up evaluation, epidemiological monitoring, research and development training. The NMCP is assisted in carrying out its activities by two technical advisers. (Source: NSP mid-term review, 2014-2018).

The NMCP reports to the General Directorate of the Ministry of Health and collaborates with the following structures: The Directorate of Reproductive Health and Vaccination for malaria and pregnancy and the routine distribution of LLINs; the Health Services Organization and Funding Mechanism Directorate (*Direction de l'Organisation des Services de Santé et des Mécanismes de Financement*) for patient care at the community level; the Health Cooperation and Partnership Direction (*Direction de la Coopération et du Partenariat pour la Santé*) for cooperation and financing related to health; the Program Management Unit of the Global Fund for coordinating partner financing; Reproductive, Maternal and Infant Health/Family Planning/Nutrition for integrated management of childhood illnesses (IMCI); the MOH's Communication Service for advocacy, social mobilization, and awareness of the fight against malaria; the SDSIS for malaria data; the IESS for routine monitoring; the Pharmaceutical Central Purchasing Office and the Provincial Supply Pharmacies for the storage and distribution of anti-malarial products; the Faculty of Human Health Sciences and the National School of Health and Social Workers (ENASS) to take into account malaria control interventions in training programs and research. The NMCP also collaborates with Provincial Health Delegations (PHDs) and health districts for the coordination and implementation of malaria control interventions at the operational level.

The NMCP is not an implementation body; its goal is to ensure universal access to malaria prevention and treatment interventions for all at-risk populations through technical and financial support and

development partners. The NMCP's mission is to develop and enforce malaria control standards,

Reference 1. Objectives and strategies to fight malaria in Chad

The **general objective** of the NSP 2019-2023 is to contribute to improving the health of the population in Chad.

The **specific objectives** aim to reduce malaria mortality and morbidity by 75% from 2015 levels, especially for children under 5 and pregnant women.

Expected results by the end of 2023:

- At least 80% of the population at risk of malaria will be protected by effective prevention interventions;
- 100% of malaria cases will be diagnosed and treated according to national guidelines in health facilities and at the community level;
- At least 80% of epidemics in at-risk districts will be detected and circumscribed;
- At least 95% of relevant facilities will provide timely, comprehensive and quality data on key malaria control indicators;
- 80% of the population will adopt behaviors favorable to the fight against malaria;
- The institutional capacity of the program will be strengthened to ensure effective management of malaria control at all levels.

Source: NSP (2019-2023 - Page 11-12)

strategies, and guidelines; monitor implementation; and coordinate and evaluate interventions at the national level.

The fight against malaria in Chad is in the control phase. Malaria control strategies are being implemented by the health districts as part of an integrated package of preventive and curative health services. These strategies include the curative and preventive treatment of malaria, the surveillance and management of epidemics (early detection and response), communication (SBCC, social mobilization, and advocacy), and the strengthening of interventions to support program management. To ensure that the policies and strategies defined by the NMCP are implemented in the field, the NMCP has a Provincial Focal Point at the provincial level under the coordination and supervision of the Provincial Health Delegate (PHD); and, at the district level, a District Focal Point under the coordination and supervision of the District Chief Medical Officer.

As a government entity, the NMCP receives state funds from the Ministry of Finance through the MOPH. The bulk of the funding for malaria activities comes from external partners, mainly the Global Fund, the World Bank, the People's Republic of China, the WHO, UNICEF, RBM, ESSO, the UNFPA, the UNDP, Jhpiego, the Malaria Consortium, AFD, and Medecins Sans Frontieres (MSF)/France. These partners are collaborating with the NMCP to strengthen its institutional and managerial capacity in order to fulfill its role in achieving Chad's key malaria control goals. Collaboration is established through various mechanisms, including technical assistance for the coordination and implementation of malaria control, the development of strategic and normative documents (the NSP), and the financing of annual work plan activities. NGOs also play an important role in helping some health districts to implement community-based malaria control strategies. (Source: NSP 2019-2023 - Pages 28-30).

In Chad, the responsibility of the Global Fund Principal Recipient (PR) is assumed by the UNDP through the Malaria Control Support Project in Chad (PALAT) for the NFM2 Malaria 2018-2020 grant. A transition/devolution mechanism at the MOPH was initiated through the establishment of the Global Fund Project Management Unit (PMU) as Sub-Recipient (SR) and the NMCP as Sub-Sub-Recipient (SSR).

II. Assessment Goals and Objectives

The purpose of this assessment was to evaluate the organizational and management capabilities of Chad's NMCP and to guide the technical assistance to be provided to the NMCP by HRH2030, with the support of the U.S. President's Malaria Initiative (PMI).

This assessment should allow the NMCP to strengthen its implementation, oversight, and monitoring of the strategic plan to achieve the set objectives and goals for malaria control. The findings and recommendations will serve to develop a capacity building action plan that may be supported by the Government of Chad, HRH2030, and the NMCP's malaria control partners as the country engages in the long-term efforts to eliminate malaria.

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

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

The interviews with NMCP key personnel, both technical and administrative, aimed to assess their perspectives on the program coordination's organizational structure and performance in terms of strengths, weaknesses, challenges, and opportunities.

III. Assessment Method

The assessment was conducted by a team of three people, including a team leader with expertise in the public health and M&E sectors, and two consultants, one of them a local public health specialist physician with expertise in health program management, and the other a biostatistician engineer with good clinical and public health knowledge of malaria and extensive experience working with the NMCP in Chad. The evaluation team drew on decades of experience in Chad's public health system, with a focus on systems improvement and organizational development, in order to design the organizational development model and the methodology for conducting the rapid assessment.

According to the terms of reference, the evaluation had to be "rapid"; data collection could not last more than two weeks. Data collection and analysis took place between August 20 and September 7, 2019. The rapid assessment was supported by the PMI as part of USAID's HRH2030 program. The opinions expressed in this publication do not necessarily reflect the views of USAID, PMI, or the US Government. The complete ToRs can be found in Appendix A.

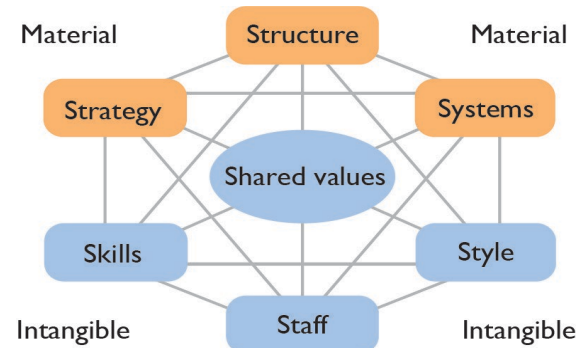
Organizational Development (OD) Model and Theory of Change

The OD approach and the theory of change used in this evaluation are based on two popular approaches to organizational assessment and improvement and reflect the evaluation team's experience in public health and performance improvement. First, the evaluation team drew on the McKinsey 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 (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 transformative elements (immaterial) of an organization, such as mission/vision, leadership and culture, as well as transactional elements (material) such as structure,

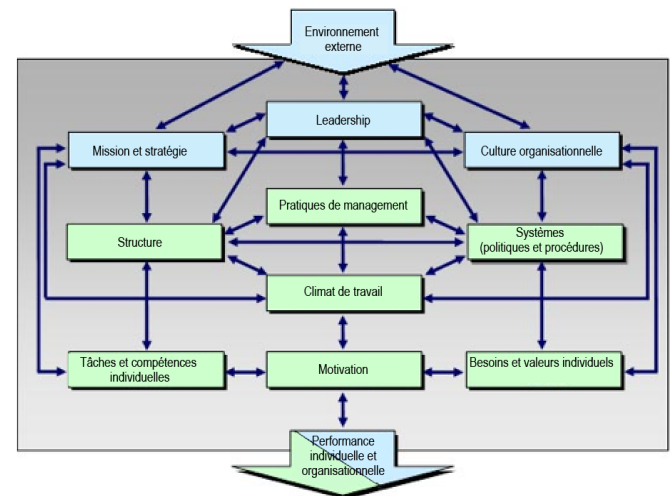
management, and systems, while also adding important details. Burke and Lewin's theory of change proposes 12 useful categories to guide organizational diagnosis and to plan for and manage organizational change (see Figure 2).

Figure 1: McKinsey 7S Model



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

Figure 2: Organizational Development Model



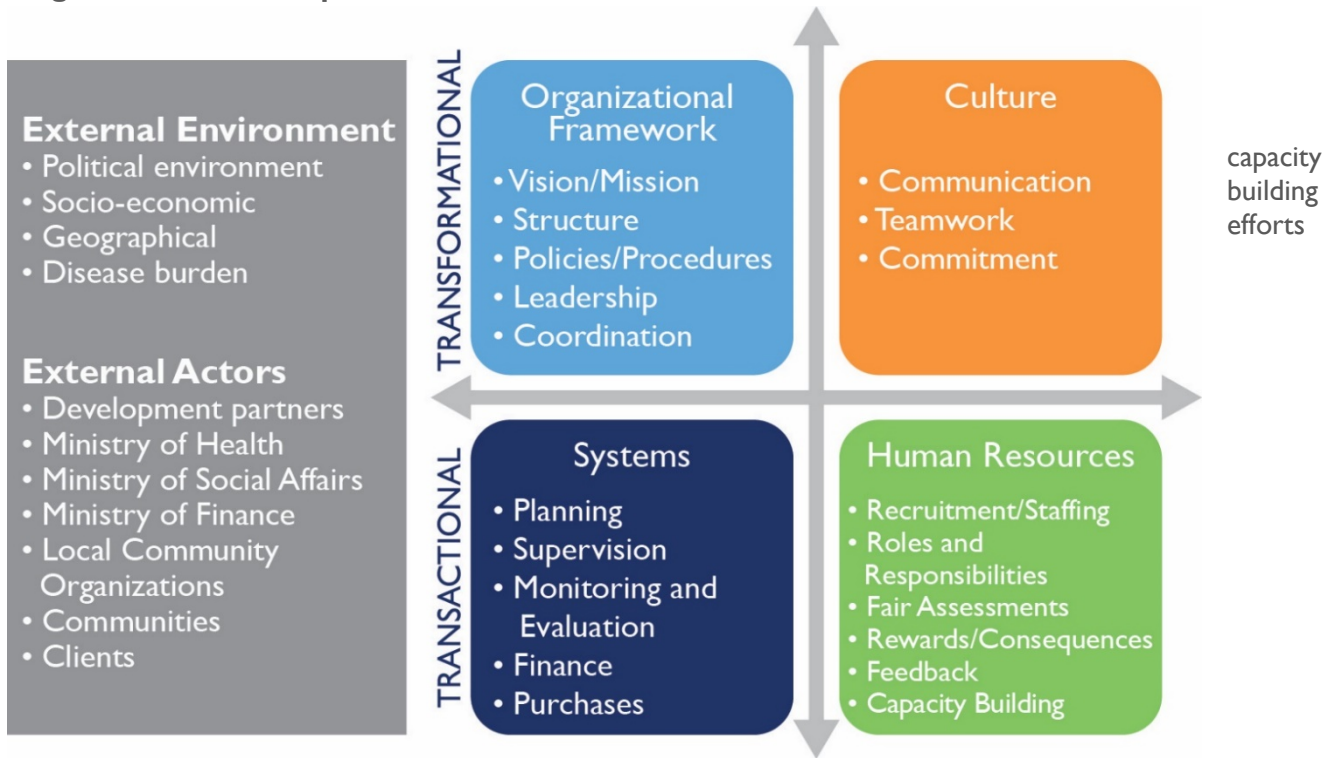
Source: Adapted from 7S by McKinsey and W Burke, G Lewin, 1992

For this assessment, the evaluation team developed an OD model that reformulates the 12 categories of Burke and Lewin into four quadrants: Quadrant 1 defines the organizational framework; quadrant 2, the system; quadrant 3, human resources; and quadrant 4, the culture. The first and fourth quadrants represent transformational elements that can catalyze or influence change within an organization, while the second and third quadrants are the transactional elements necessary to implement and sustain change. It is the interworking of these four quadrants that determines how well an organization is positioned to lead for

change and achieve its desired impact. To recognize the external factors (political, social, environmental, etc.)

that affect the success of an organization, the evaluation team also took into account the environment and external players in the OD model (see Figure 3).

Figure 3: Organizational Development Model



Evaluation Approach and Tools

Using the above-mentioned OD model as a guide, the assessment team conducted a rapid organizational assessment of the NMCP, through a mixed approach that included four phases: (i) a review of key documents, (ii) semi-structured interviews and staff engagement and internal communication surveys, (iii) facilitation of an organizational reflection workshop, and (iv) follow-up on the workshop recommendations and presentation of final results to the NCMP.

Documentation review

To be fully informed of the NMCP's operating context, and prior to adapting the evaluation tools to the context in Chad, the evaluation team conducted a review of existing documentation. The documentation review provided information on the history of the NMCP and the context in which it operates, current statistics on malaria, and the environmental challenges. One of the main documents reviewed was the program performance review (February 2019) to examine the NMCP's capacity to assume its role and identify its main managerial challenges. The evaluation and subsequent

provided a perspective on the technical assistance to be provided to the NMCP.

Semi-structured interviews

The evaluation team conducted semi-structured interviews with 40 key informants from the National Coordination of the NMCP, and the Provincial Delegation of Ndjamena, District of Ndjamena Center and the Ardep-Djournal Health Center, as well as the MOPH's main stakeholders and the NMCP's technical and financial partners. Key informants were selected in consultation with the NMCP and the HRH2030 technical advisor. The evaluation team then adapted seven (7) separate semi-structured interview guides, as well as two survey tools, to the Chadian context to support the assessment process.

1. *Interview Guide No. 1* was developed for the NMCP coordination team and department 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 with a total of ten (10) people interviewed.

2. Interview Guide No. 2 was developed for the regional and departmental levels and focused on coordination with the central NMCP and the decentralized level of the MOPH. The main topics included supervision, data collection/M&E, and coordination of field activities with the NMCP. The interviews were conducted with managers and took place in Ndjamen, for one interviewee.
3. Interview Guide No. 3 was developed for the regional and departmental malaria focal points and focused on coordination with the central NMCP and the decentralized level of the MOPH. The main topics of this interview included supervision, data collection/M&E, and coordination of field activities with the NMCP. The interviews were conducted with managers and took place in Ndjamen, for a total of two (02) interviews.
4. Interview Guide No. 4 was developed for NMCP partners and focused on collaboration, communication, and providing insight into the opportunities and challenges faced by the NMCP. Interviews were conducted with eight (8) technical and financial partners (representing the Malaria Consortium, WHO, UNICEF, Médecins sans Frontières/France, UNDP/MCSPC, UNFPA, ESSO, and Jhpigo).
5. Interview Guide No. 5 was developed for the relevant managers and officials at the MOPH. It focused on themes related to program management, collaboration, and communication, and interviewees' perspectives on the opportunities and challenges faced by the NMCP. Interviews were conducted with sixteen (16) MOPH officials.
6. Interview Guide No. 6 was developed for health centers and focused on themes related to the availability of service provision guidelines for prevention and care, the availability of standards and guidelines documents, and interviewees' perspectives on opportunities and challenges faced by the NMCP. One person was interviewed.
7. Interview Guide No. 7 was developed for NGOs and focused on issues related to the challenges of coordinating community-based interventions and understanding interviewees' perspectives on opportunities and challenges faced by the NMCP. This tool was not used during this assessment.

The semi-structured interviews were conducted by a team of three, with one person leading the interview and the other two taking notes. The answers to the interviews were entered verbatim in Word and sorted by topics and key phrases in Excel. Theme categories

and key phrases have been grouped into the four main quadrants described in the OD model. When evaluating the consistency of the interviews conducted and the information collected during the document review, the evaluation team found that the challenges and opportunities were well documented. (See the list of interviewees in Appendix B).

The surveys were conducted using two specific tools:

Tool 1, Employee Engagement Survey: The Employee Engagement Survey is a confidential survey recommended to be implemented in a group environment, such as a staff meeting with more than 12 respondents, in order to ensure confidentiality. The survey, adapted from Gallup Q12, seeks to understand the accountability of the staff and their commitment to influencing organizational change (Wellins et al., 2007; Gallup 1993-1998). The survey contains 16 questions classified on the standard Likert scale ranging from 1 to 5, regarding these six areas: (i) respondent's belief in their work and in the organization; (ii) belief in their ability to do the job; (iii) positive relationships with the organization, team, and co-workers; (iv) recognition and reward; (v) future with the organization and (vi) whether respondent is empowered to influence decisions relating to their work. In addition, the survey includes five open-ended questions asking how long the respondent plans to stay at the NMCP, what they would like to communicate to 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 30 NMCP staff members to whom the engagement survey 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 (Appendix D).

Tool 2, Internal Communication Survey: This NMCP survey is a confidential survey also recommended to be administered in a group environment, such as a staff meeting, to ensure confidentiality. Its purpose is to assess relational communication, interviewing the staff of all NMCP services about their modes of communication and their relations with colleagues from other departments. The survey tool (initially used by HRH2030's Colombia activity, adapted from the Brandeis relational coordination survey) has been adapted to the context of Chad's NMCP. All items were

measured on a scale of 1 to 5, with 1 being “Never” and 5 being “Always” or “Constantly.” For each question, a matrix was developed to determine the scores between departments. In addition to a matrix for each component, an overall matrix was developed that determines the average scores of seven main themes, as follows: (i) precision/clarity of the communication; (ii) frequency of communication; (iii) problem-solving; (iv) shared goals; (v) knowledge-sharing; (vi) mutual respect; and (vii) timely (useful) communication). All matrix tables 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-ended question on suggestions to improve information exchange, responses were coded into five categories: Answers related to (i) governance; (ii) capacity building issues; (iii) communication; (iv) relationship problems; and (v) answers that cannot be classified in any category. Twenty-eight (28) of the thirty (30) NMCP staff members who received the form 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 C).

Reflection workshop

Preliminary findings of the semi-structured interviews, the engagement survey, and the internal communication survey were shared with the NMCP management team, and representatives from the MOPH, a province, a health district, and some technical and financial partners during a two-day workshop. The assessment team

presented the assessment approach and the preliminary findings according to the four quadrants of the OD model, and facilitated group sessions so that participants could discuss the findings and identify possible solutions. The groups were asked to prioritize the interventions and identify those they thought they could do themselves, with the help of the MOPH, and those they felt needed external expertise and funding. More importantly, they were asked to describe the current state of the organizational structure and to specify what a revised structure would look like. The revised organization chart is included in the relevant sections of the report. (The agenda and the list of participants are presented in Appendix E.)

Review of the recommendations from the reflection workshop

Following the reflection workshop, the findings from the interviews, the engagement survey, and the internal communication surveys were reviewed with HRH2030's technical advisors to clarify some of the points raised during the focus group interviews and discussions, and to consider which solutions were the most useful and informative.

Presentation of the assessment's final results

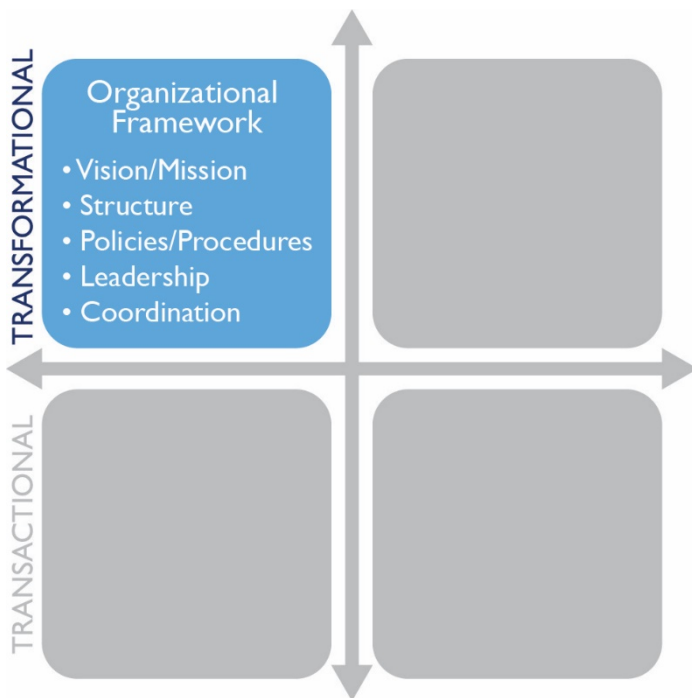
The final results of the organizational capacity assessment were presented to the NMCP coordination team during a meeting with NMCP section heads, the HRH2030 representative, and technical/financial partners (WHO, PALAT/UNDP). The NMCP coordination team accepted the final results and recommendations, reaffirming its commitment to ownership and implementation of the recommendations, which will also be shared with the general directorate of the MOPH and the technical and financial partners. The evaluation team found that some of the recommendations regarding the visibility of the NMCP vision had already been implemented, thus signaling the desire for change by the coordination team.

IV. Observations and Findings

The assessment findings are presented by the OD model's thematic areas and were drawn from the semi-structured interviews, the engagement surveys, and the internal communication survey done with the NMCP, the MOPH, and their partners.

Section I: Organizational Framework

Figure 4: Organizational Framework



The organizational framework (Figure 4) refers to the general organization through five (5) elements: vision and mission; structure, in terms of organizational structure and decentralization; policies and procedures; leadership; and coordination and external communication. At the end of the semi-structured interviews with the partners, the following results emerged:

(a) Vision and Mission

The vision and mission are what the management and employees of the organization think and declare to be the organization's main objective. 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).

Reference 2. Vision and mission of the NMCP

Vision: The strategic plan for malaria control in Chad 2019-2023 is firmly in the control phase of the fight against malaria in order to contribute to the realization of the vision: "to make Chad an economically strong country where there is no risk of dying from malaria."

Mission: To achieve the Sustainable Development Goals as part of its 2019-2023 Strategic Plan, the NMCP will pursue its mission to develop and enforce malaria control standards, strategies ensuring universal access for population and guideline, to monitor the implementation, to coordinate and evaluate interventions at the national level in accordance with the sectoral health policy (NHDP3 2018-2021) and the WHO strategic framework.

Source: NSP, 2019-2023

A vision and mission for fighting malaria in Chad are described in the National Malaria Strategic Plan 2019-2023 (see reference 2). This vision is that of the Government of Chad and not that of the NMCP, and it has been defined in a participatory manner with all stakeholders, in connection with the national policy of the fight against malaria (2014-2030) and the National Health Development Plan 3 (2018-2021).

The mission described in the NSP allows the NMCP to develop and enforce malaria control standards, strategies to ensure universal access to all inhabitants of Chad, and guidelines to monitor implementation, and to coordinate and evaluate interventions at the national level.

The assessment noted that the NMCP's vision is not aligned with the Global Technical Strategy for the fight Against Malaria 2016-2030. Furthermore, the vision is not displayed in the NMCP offices or in a place visible

to all. Half of the interviewees didn't explicitly or clearly mention the vision and mission statements, even though they stated that they had access to revised and approved "strategic and normative documents" from 2018, such as the NSP 2019-2023.

NMCP managers have an average experience of five years (ranging between three and nine years), and their knowledge of the organization and its strategic issues correlates positively with the duration of time they have spent in the program.

(b) Structure

Structure is the disposition of functions and people needed to ensure the effective implementation of an organization's mission and vision. Organizational structure is often defined by an organizational charter or bylaws conferring upon the organization 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.

The NMCP's 2016 organizational chart outlines organizational structures and functions, roles and responsibilities (job descriptions) for the various departments and staffing; it does not, however, include any arrows indicating reporting and communication relationships. The NMCP has undergone structural changes that are not reflected in the official organization chart. For example, the research and development department head position is not filled, and the public accountant position recently assigned to the NMCP is not included in the organizational chart. The assessment also found there was no organizational chart at the provincial (regional) and departmental levels.

In addition, the current organization is not appropriate to carry out the NMCP's mission, since the NMCP does not have all the necessary departments/sub-departments and staff. This necessitates the reorganization of certain departments/sub-departments related to strategic orientations (prevention, patient care, communication, research, monitoring, M&E, etc.), and must also take into account the financial implications in terms of recruiting positions, as follows:

- I. Recruit/assign one logistician, one data manager (biostatistician engineer or statistician) and one internal auditor, all three assigned to the NMCP coordination.

2. Administration and Finance department: Reorganize into three sub-departments: (i) Finance and Accounting; (ii) Administration; and (iii) Contracting-Archiving sub-department. Plus, recruit/assign a procurement specialist, a finance expert, and an archivist.
3. Patient care department: Reorganize into four sub-departments: (i) clinical care; (ii) laboratory (biological diagnosis); (iii) training; and (iv) community intervention.
4. Create a Prevention department with three sub-departments: (i) vector control (Entomology-PID); (ii) seasonal chemoprophylaxis; (iii) pregnancy and malaria (Intermittent Preventive Treatment [IPT]). Plus, recruit/assign an entomologist and create an insectarium within the NMCP.
5. Monitoring/Evaluation department: Rename as "Monitoring, Evaluation, and Operational Research" department, and reorganize it into five sub-departments: (i) Planning; (ii) monitoring & evaluation; (iii) operational research; (iv) epidemiological monitoring; (v) epidemics response.
6. Recruit/assign: One IT specialist (network and maintenance, development and updating of the NMCP website, electronic archiving, etc.).
7. Rename the "IEC-SBCC communication and partnership" department and reorganize into two sub-departments: (i) IEC-SBCC; and (ii) partnership-resources mobilization. Plus, recruit/assign the required staff.
8. Procurement and Supply Management (PSM) department: Reorganize into two sub-departments: (i) quantification and supply; and (ii) malaria inputs management.

(c) Policies and Procedures

Policies and procedures (P&P) provide the written norms, guidelines and rules necessary for an organization's optimal functioning. However, P&P are only effective if they are implemented and monitored throughout an organization.

Respondents mentioned the existence of policies and procedures for the NMCP, most of which had been updated in 2018 and include:

1. The Financial Management and Accounting manual (Global Fund procedures)
2. Strategic documents (the national malaria control policy, strategic plan for malaria control, monitoring

and evaluation plan, etc.)

3. Normative documents on malaria control: (relating to) case management, preventive care, supervisory care, training, malaria epidemics response, vector control, etc.
4. Standard Operating Procedures for the NMCP's Procurement and Supply Management, which are not sufficiently disseminated, do not facilitate its coordinating role for the supply chain, and often create misalignment and confusion among partners.
5. Current regulations of the MOPH (which govern the NMCP's day-to-day management).

Although these P&P support the implementation of interventions, some stakeholders at the national and provincial levels, as well as some partners, indicated that they are insufficiently disseminated.

Furthermore, despite the existence of these documents, there is an absence of certain internal procedures for day-to-day management including human resources management. The NMCP does not have a Code of Conduct, a document that aligns the actions and behavior of the staff with legal requirements; nor does it have bylaws and rules defining the structure of the organization and defining certain rights, authorities, privileges or specified functions. Although the NMCP is governed by existing MOPH regulations, a program code of conduct and internal regulations would be beneficial to improve the daily management and staff management by instilling in them common vision and values.

The assessment also noted a lack of knowledge and dissemination of the PSM operational plan procedures manual. In fact, some interviewees reported that antimalarial drug donations were granted without the NMCP being informed and without compliance to guidelines. See the quote below.

“Some partners go directly in the health districts to carry out field activities without informing the NMCP.”

(Interviewee)

This situation sometimes creates overstocks in some districts and shortages in others.

From a financial point of view, one problem was also reported in terms of following procurement procedures. The NMCP reported implementing state procedures while some procurement processes were initiated by the PR/PALAT, governed by Global Fund

procedures (SMC activity).

(d) Leadership

Leadership is defined as the ability of a director to provide overall organizational direction to advance the organization's mission; leaders often serve as role models for the staff. 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.

Interviews with various stakeholders, including those within the NMCP, described a dynamic and available coordination team with a spirit of openness, however, others were more critical and felt that coordination within and outside the NMCP should be strongly strengthened. One interview noted:

[There is] “a lack of a formal consultation framework for the malaria control partners and weak leadership to play its role of coordinating the fight against malaria in the country, because the NMCP has difficulties in bringing its partners together.”

External advocacy

Government agency leaders play a critical role in obtaining resources and support for achieving the mission of the organization. The government of Chad has identified the fight against malaria as a national priority, inscribed in its global vision: *to make Chad an economically strong country where there is no risk of dying from malaria*. The country's highest political authorities endorsed the 2016-2030 global malaria eradication resolutions and initiatives of the WHO and the Sahel Malaria Eradication Project (SAME) in 2018. This government priority is reflected in the initiative that began in 2007 for free healthcare for children aged 0 to 5 and for pregnant women, and the detaxation of antimalarial products in 2017. This engagement is expressed at the highest level of the state, through the scheduling of a monthly health coordination meeting (on the 24th of each month) under the chairmanship of the Head of State, who received the *Alma Award* (African Leaders Malaria Alliance) in 2014.

Despite this strong government engagement, the rate of mobilization of health financing, including for malaria, was 40.4% for 2014-2018, 24% of which came from the government; 69% from the Global Fund; and 7% from

the rest of the partners, with disbursements sometimes late (source: Program review checklist, page 7).

The interviews revealed that the positive image and the visibility of the NMCP needed to be strengthened, as well as the advocacy and negotiation capacity of NMCP leaders when outside the organization and with partners, in order to mobilize additional financial resources and fill the gap in coverage for malaria control activities in Chad.

Providing organizational direction

Leaders provide organizational direction by setting and communicating goals and objectives to align the organization with its mission and vision. 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.

The strategic objectives are set out in the Malaria NSP and the annual objectives are defined in the Annual Action Plan (AAP). The coordination and the department heads hold weekly meetings to discuss and review activities to achieve these objectives, but in practice these meetings are not productive because they do not allow for evaluation of the progress against the AAP or the five-year goals outlined in the NSP. In addition, this monitoring only concerns AAP activities that are funded by the partners and/or the state.

The interviews also revealed a lack of monthly meetings for the entire NMCP team, an inadequate formal framework of dialogue with the partners in the fight against malaria (central and decentralized level, partners through a Malaria Control National Committee or task force meetings), and the lack of a formal technical meeting between the NMCP and the technical partners (such as technical working groups on prevention, patient care, etc.). These different frameworks and consultative bodies should make it possible to significantly improve the coordination of the NMCP, to give it a better visibility among partners.

Asked about some of the weaknesses of the organization, one interview said:

“People are usually pessimistic when it comes to the achievement of the objectives by the NMCP due to weak coordination.”

Being a model

Leaders are also expected to serve as a model for the organization, providing organizational direction through example. Respondents cited, “The engagement of the coordinator to ensure the success of the NMCP.” By authorizing his deputy to sign checks in his absence, the coordinator allows a delegation of tasks ensuring the continuity of the implementation of activities during his absence, but the interviewees nonetheless pointed out insufficient follow-up in delegated tasks, sometimes resulting in a delay in carrying out certain activities, such as seasonal malaria chemoprevention (SMC), for which the procurement process was delayed due to a communication problem.

(e) Coordination

Coordination via 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 in a timely manner, by informing them of progress made; but just as importantly, the challenges they face and how they will address them.

Communication with partners

The NMCP works with several international and local technical and financial partners. The majority of respondents indicated as a weakness the lack of a coordination framework and formal consultation involving all partners involved in the fight against malaria, including their counterparts at the decentralized level. This coordination framework should result in the scheduling of regular and periodic coordination meetings (quarterly meetings of the Malaria Control National Committee), with technical partners (formal technical meeting through technical working groups) in a context of open dialogue and openness and routine information from the field.

It has also been reported that there is a lack of communication and coordination of activities with certain partners in health districts. For example, some partners implement seasonal malaria chemoprevention (SMC) activities in non-eligible areas: In fact, according to the SMC eligibility criteria, only health districts in stratum II (moderate transmission) should be concerned by this intervention.

Internal Communication within the NMCP

The internal coordination and communication are just as critical. If the purpose of external communication is to inform and reassure partners that their resources are in good hands, whether financial or human, internal communication and collaboration is intended to engage and support the different stakeholders within the organization to achieve their programmatic objectives. Gaps in internal coordination and communication were visible throughout the assessment, and they affect each department's ability to implement its activities.

Within the NMCP, the coordinator and heads of departments hold weekly meetings to review their progress against planned activities, exchange information, and evaluate the performance of the unit.

Outside this formal meeting framework, the interviews revealed a consultation by the coordinator with department heads who said they were consulted regularly for their technical advice specific to their field and are appointed to participate in technical meetings within their area of expertise to represent the NMCP on behalf of the coordinator.

“The coordinator consults us regularly to get our opinions on the areas of our expertise and takes them into account when making decisions or transmitting information” (Interviewee)

Supporting Bodies

The NMCP is supported by a financing support body through the MOPH's PMU for managing partner financing (GF, GAVI, World Bank, etc.); its implementation is relatively new and as yet, no collaborative framework has been established to determine its working arrangements including meeting frequency. There is, however, a monthly coordination meeting between the NMCP; the PR of the GF PALAT, the NAC, and the PMU, but it is not held regularly.

Another priority will be to strengthen multisectoriality through the involvement of other ministries in the fight against malaria. However, the assessment noted the existence of a multisectoral framework through the anti-epidemic committee, to which it was reported that the NMCP participation was irregular.

The acceleration of creation of the Malaria Control National Committee and the technical advisory groups, coordinated by the MOPH and NMCP through the signing of a ministerial decree, is also a major challenge

where the NMCP needs to improve its leadership, coordination, and day-to-day management.

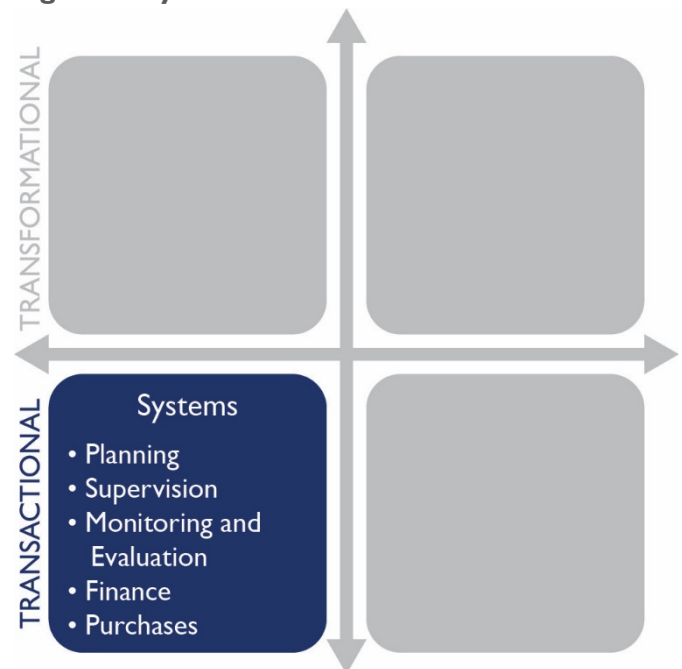
Regional Communication: Decentralization

Interviews conducted at the provincial delegation level and with district officials revealed the existence of a governor-led monthly health meeting (provincial level), and a deficiency in the completion of formative supervision, as well as in their involvement/participation in the development of the NSP.

It was also reported that despite the existence of a one-off collaboration between the NMCP and the city halls during certain activities (IRS), the collaboration remains insufficient.

Section 2: Systems

Figure 5: Systems



The second section of the OD model examines the transactional systems (Figure 5) 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 of these systems. Management plays a key role in ensuring that these operating systems function as intended. Management practices are what managers do on a daily basis to use the human, material, and systems resources available to them to carry out

the organization's 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 its partners recognize many areas of improvement that relate to the systems as a whole (planning, monitoring/evaluation, oversight, finance, inventory management, and procurement, etc.). Similarly, managers (coordination, department heads) need training and advice on how to manage their staff more effectively.

(a) Planning and Problem Solving

Planning Process

The NSP 2019-2023 was developed in a participatory, inclusive way with all NMCP stakeholders and with the support of the WHO and other technical and financial partners in alignment with the NHDP 2016-2020.

The NMCP follows an annual planning cycle with a top-down approach, through the development of annual plans and operational action plans (OAPs) adapted at provincial and departmental level, as follows: (i) The NSP is broken down into an Operational Action Plan by the NMCP; (ii) Planning is done jointly for community activities (ASC trainings); (iii) the expression of needs is done with PALAT.

Apart from the NMCP AAP, there is also the State Action Plan, the Global Fund Action Plan, and the Activity Implementation Assessment (PUDR), and the implementation rate of activities, which are strengths in terms of planning. Its problem-solving process relies on the existence of normative policy documents, guidelines, diagnostics, treatment available on service delivery sites. There are also tools for inventory management, consultation records, and tools for collecting and transmitting Monthly Malaria Report (MMR) and Monthly Activity Report (MAR) data.

However, an inadequacy of malaria control activities within some provincial health development plans (PHDs) has been reported.

“The NMCP has involved all stakeholders in the various NSP 2014-2018 reviews and the development of the NSP 2019-2023.”

“Only the activities eligible for funding are planned.”
(Interviewees)

Monitoring Progress

The NMCP holds regular weekly coordination meetings (led by the Coordinator and/or the Deputy) with department heads to review and discuss activities and share and review reports on the quarterly Annual Action Plan.

Progress monitoring is also done through:

1. Monthly coordination meeting between the NMCP, PALAT, and the PMU, but these are not regularly held.
2. Biannual supervision visits from the central level to the provincial delegations organized by the NMCP with the financial support of the Global Fund's PMU, and PALAT.
3. Quarterly supervision visits of provincial delegations to the Districts organized by the regions with the financial support of the PMU, Global Fund's/MCSP (Malaria Control Support Project in Chad)
4. Monthly supervision visits from districts to health centers by the DHMT.
5. Occasional or periodic site visits in collaboration with districts and provincial delegations to address issues related to malaria key indicators

However, the assessment noted the following shortcomings:

1. The lack of an integrated OAP that presents a holistic, comprehensive annual budget and activities by category and by partner (GFTAM, UNICEF, WHO, Jhpiego, etc.). This coordination tool would ensure better visibility and coordination of activities by implementers.
2. The lack of a problem-solving plan to identify and analyze the main bottlenecks, and then propose mitigation solutions that would align with the OAP and the national performance framework. There is a lack of a data analysis process for problem solving and decision-making at central and partner level. A Problem-solving plan is implemented (e.g., spot field visits) to solve problems.
3. The inadequacy of the monthly, quarterly, half-yearly and annual monitoring mechanism of the program's performance through the scheduling of monthly team meetings and quarterly, semi-annual and annual quarterly and systematic visits.

Annual planning activities should bring together all entities involved in the roll-out of regional, district, and community-based provincial activities, including financial

and technical partners such as the Global Fund, UNICEF, Jhpiego, and others. Technical partners and NGOs working in specific districts also collaborate by taking responsibility for supporting decentralized activities, such as supervision and prevention activities.

The assessment notes that all these elements are crucial to facilitate continuous activity monitoring and the reprogramming/replanning of NMCP activities and those of its technical and financial partners. Some partners, like Jhpiego, submit their implementation reports once a year.

Other, more critical comments note a lack of data use to inform decision making at the peripheral level and in the implementation of interventions at the national level.

(b) Supervision of Activities

The ability to plan and implement activities ultimately depends on the positive change in the implementation of malaria strategies at the decentralized level. The supervision of the regions is organized by the Information System Sub-Directorate with a multidisciplinary team at the central level (DG, PALAT/Global Fund, including the NMCP, EPI, PNN, Mother and Child Health Services) in an integrated way according to a semi-annual frequency; PHDs are supervised by provincial delegations once per quarter; the health districts supervise district hospitals once a quarter and health districts supervise health centers every month. The head of the medical area supervises the community players once a month. The NMCP carries out follow-up missions and formative supervisions for compliance with guidelines and the validation of the data. PHDs and health districts are responsible for guidance and monitoring activities at the peripheral level. The PMU monitors the coordination and supervision activities of the three Global Fund-financed PRGs (HIV, malaria, TB).

The assessment noted the existence of integrated tools and of supervisory activities at the intermediate and peripheral levels. Supervision of field activities is one of the NMCP's most critical management practices. However, new supervision tools are not disseminated; there is a lack of uniformity among different partners' interventions being implemented in areas with the same levels of transmission. When a central NMCP supervision team visits the field, it coordinates its activities with the PHD, the Provincial and departmental PF, who in turn contact the Medical Health District Manager (MHDM).

Interviewees noted that there are supervisory grids, a specific supervisory framework at each level, with people trained in supportive supervision at the NMCP level and in the system. However, there are difficulties in integrated district and health center supervision (related to the use of management and data collection tools, and the application of some malaria control guidelines). Without efficient, integrated supervision approaches, there appears to be a risk of insufficient in-depth review and resolution of difficulties related to NMCP activities without; this makes it even more essential to monitor the NMCP teams for compliance with the guidelines and problem-solving at the field level. Some complaints from interviewees were raised about the inadequacy of formative supervision.

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

(c) Monitoring and Evaluation

The monitoring and evaluation system is one of the most critical operational systems. It provides the data needed for planning, decision-making, and problem solving, as well as reporting to financial and technical partners.

The assessment noted the collaboration with the IESS which makes it possible to monitor the progress of malaria cases on a weekly basis; a monitoring and evaluation plan; semi-annual and quarterly data validation meetings; integrated formative supervision at the decentralized level; encouragement and recognition of successful districts via certificates in 2016; and the development of the NSP in a participatory and inclusive way.

However, it was noted that there is no monitoring and evaluation manual, which is the implementation tool of the monitoring and evaluation plan 2019-2023; no monthly, quarterly, and semi-annual monitoring mechanism; and a lack of staffing for data management within the NMCP (data manager).

Data quality is ensured through organizing training cycles in collection techniques, organization and analysis of data at all levels, and supervision of health workers in health centers. Data validation is done in an integrated way, at all levels with validation tools developed for and adapted to the Chad health system. The District Executive Teams perform data validation in the

presence of the MHDMs, focal points, and HCD, comparing the data in the registers with data found in the MMR and MAR. At the level of the PHDs, validation is done in the presence of the provincial focal point, all the MHDMs, and the focal points of the districts under the coordination of the delegate. At the national level, the data transmitted by the PHDs are validated during the biannual data validation sessions in the presence of the malaria focal points of the PHDs, the services and directorates of the MOPH, and technical and financial partners. During this validation, each delegation supported by a central level supervisor ensures the consistency of epidemiological data and inputs based on a quality control chart. At the end of each data validation session, success factors ensuring data quality and constraints are discussed. The data and/or reports validated by the validation committee are transmitted to the database and disseminated. Monitoring and evaluation data are used to improve implementation, share best practices, and justify funding. They are disseminated through feedback to the staff producing the information/reports via district-level periodic reviews, provincial quarterly meetings, periodic and official meetings, and the annual NMCP report.

The assessment of the national M&E system revealed many weaknesses, including a lack of equipment and a lack of sufficient, quality human resources. To fill these gaps, M&E capacity building will be provided through: (i) Training of surveillance and M&E staff; (ii) provision of computer equipment and vehicles for supervision; (iii) Maintenance of computer equipment and vehicles; (iv) building the capacity of service and management staff in formative supervision and data entry; and (v) Reporting and validation of data. (Source: PSE 2019-2023). The quality and use of data needs to be strengthened.

(d) Finance

One of the most important operational areas for any organization is its financial system. For the NMCP, it is complex because it receives funds both from the state and multiple international donors such as the WHO, RBM, and USAID, which provide both financial support and technical support. The GFATM management letters as well as the comments of the interviewees indicated that the NMCP needs to make efforts to improve financial and accounting management.

The assessment noted the existence of regular annual external audits, a strength of Chad's NMCP. However, there was a lack of internal control and audits; a lack of human resources for administrative and financial management; low mobilization of resources to cover all of the activities in the NSP (59.6% funding gap for the NSP 2014-2018); insufficient communication on the management of financial and material resources for activity implementation.

Budget mobilization rate

Out of a total budget of 119,981,817,529 FCFA intended to finance the 2014-2018 NSP, only 48,527,366,417 FCFA were mobilized for NSP activities implementation, a rate of 40.4%. More than 80% of the fight against malaria was externally funded, mainly by the Global Fund, which contributed 68.8% of the program's budget. The state contribution to NMCP activities was 20%, while 11.2% came from other partners. The share of the national budget allocated to health and the fight against malaria has decreased but the decrease in the MOPH grant to the NMCP is more pronounced (from 4.7% to 0.5%) with a high dependence on external funding (Source: NSP 2019-2023).

Analysis of the NSP budget reveals a growing increase in funding requirements dedicated to fighting malaria both at the level of the state and technical and financial partners (budget of 119,981,817,529 CFA francs planned to finance the NSP 2014-2018, compared with 143,588,438,576 for the NSP 2019-2023). The breakdown of the budget by cost category reveals that four cost categories alone account for 81% of the budget. These are health products and medical equipment; pharmaceuticals; procurement and supply management (PSM) costs; and training, which hold respectively 26%, 29%, 19.44%, and 7% of the NHP budget. (Source NSP 2019-2023, page 84).

The analysis of the NSP funding gap

This analysis provides data on the financial resources currently available and those to be sought through advocacy and resource mobilization. According to the data, the state, the People's Republic of China, Medecins Sans Frontieres, Jhpiego, UNICEF, Malaria Consortium, and the Global Fund will be able to contribute to the financing of the NSP over the 2019-2023 period. Over that period, the contributions announced by the state and its technical and financial partners are respectively 12,073,095,343 and 25,563,841,329 CFA francs. Thus, current and future total resources for the financing of the fight against malaria in the period 2019-2023 are estimated at 37,636,936,671 CFA francs. The financing gap is of 105,951,501,905 CFA Francs.

The resource mobilization strategy

The MOPH will organize a donor roundtable to present the strategic plan to mobilize the necessary resources for its implementation. The meeting will be attended by the technical and financial partners, as well as the ministries involved in the fight against malaria (Finance and Budget, Basic Education, Higher Education, Communication, Environment, Territorial Administration, Agriculture, Water and Sanitation, Economy and Planning Development, etc.). The government will pay salaries, infrastructure, and most equipment. In addition, it will allocate an annual budget for the purchase of malaria control inputs and will assume the operational costs of certain activities. Quarterly meetings with partners involved in the fight against malaria will help coordinate and mobilize additional resources. The MOPH will also mobilize resources through other funding initiatives (oil companies and mobile phone companies, etc.). Coordination of all these interventions will be done through a resource mobilization plan to be developed. (Source NSP 2019-2023).

(e) Supply Chain/ Purchase Management

The success of malaria control programs requires a range and volume of products, and the players involved in the management of these products and the challenges of the NMCP in supply chain management are considerable.

The assessment noted the existence of a PSM department in the NMCP led by a Procurement and Supply Management Director, a quality assurance plan, and the organization of the National Drug Conference in Chad in April 2019. Many interviewees indicated an

overall availability of drugs and inputs at the central and provincial levels with lower availability at the peripheral level and deficiencies in inventory management at the district and health center levels (lack of visibility into the inventory levels, and improper use of the inventory tools).

According to the interviewees, the failure to coordinate the antimalarial input supply chain is a major challenge for the NMCP, with some partners storing antimalarial inputs in their intervention regions without informing the NMCP. This leads to stock-outs in some regions while others have surpluses. In addition, the inventory forms are complex and differ from one donor to another. The Malaria focal point is responsible for overseeing antimalaria activities within an integrated set of services. He is supposed to visit facilities to ensure that they have LLINs, RDTs, and antimalarial drugs, and to forecast facility needs based on the number of reported cases, seasonal complications and regional differences. He collects data from each site, cleans it, and enters it into the forms that are sent to the MOPH and the NMCP. In the opinion of the interviewees, the scope of work for this person is not feasible, given the many tasks to be accomplished. The products and drugs are provided without any correlation to the needs of the districts and they do not adequately provide community health workers with what they need (such as mosquito nets) to do their work effectively.

Interviewees reported supply chain dysfunctions related to (i) stock shortages of malaria inputs (LLINs, drugs, and other consumables); (ii) lack of coordination and monitoring framework for the supply chain (monthly stock reconciliation meeting, quarterly feedback workshop); (iii) poor quality of consumption data (with discrepancies between consumption and quantities required); (iv) lack of coordinated planning and monitoring of the supply chain inputs supply for malaria control (lack of control of the quantity of inputs provided by partners and the quantities available in the field from the NMCP); and (v) the absence of a common annual supply plan for all partners.

The assessment recommends improving the mechanisms and implementation of the following to better coordinate the quantification, monitoring, and management of antimalarial inputs to ensure stock availability in the DDSHPs and Health Centers:

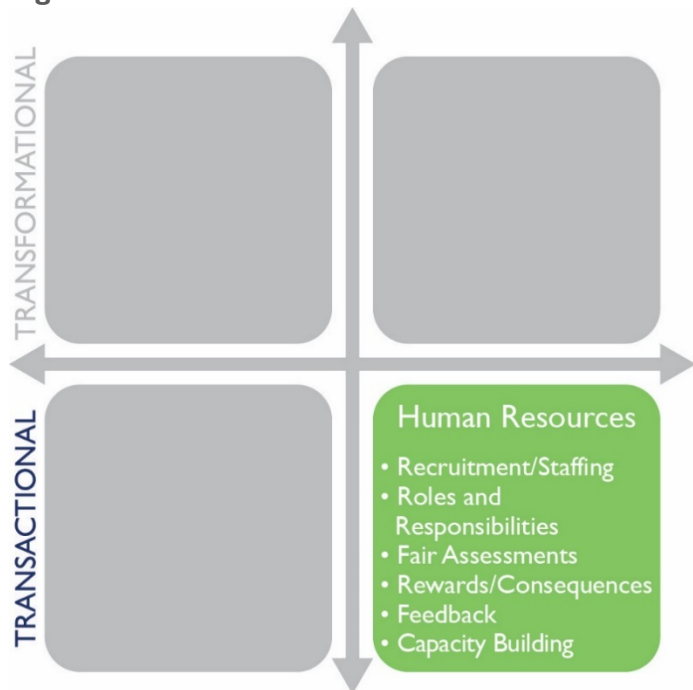
- I. Managing the supply chain to enable the NMCP to control the quantities of inputs provided by partners and the quantities available in the field.

2. Make available standard and operational procedures for antimalaria products procurement and supply management.
3. Operationalize the drug quality assurance and pharmacovigilance system, which currently is not operational; compliance for drug sales and distribution in approved structures; to date, there are drugs sold over the counter in hospitals and field pharmacies.
4. Developing operational research (audit the quality of logistics data; EUV survey, ABC survey) to address the deficiencies in supply chain data.

Section 3: Human Resources

The third section of the OD model is transactional and essential to implementing sustainable change. Human Resources (Figure 6), include: (a) recruitment, staffing and retention, (b) roles and responsibilities, (c) fair evaluation, recognition and consequences, and (d) feedback and capacity building. In addition to relying on the interviews, this section is largely based on the results of the engagement survey and internal staff communication.

Figure 6: Human Resources



(a) Recruitment, staffing and retention

Recruitment

Recruitment is the process of requesting or identifying a person to occupy a specific position in an organization.

Staffing takes into account 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 NMCP assessment revealed that the vast majority (more than 80%: 37/46) of the staff are civil servants deployed by the State. As most interviewees noted, state staffing does not necessarily meet the needs of the department; however, since 2017 the coordinator's opinion [on staffing] has been given during the MOPH/DRH appropriation proposals.

The second mode of recruitment is through contract workers:

1. Recruitment of contractors financed by the State (3/46) according to specific needs.
2. Recruitment of contractors financed by the Global Fund (4/46). Typically, contract employees are specifically hired for their skills and training.
3. Recruitment of contractors financed by the partners (2/46): two (2) Technical Advisors with a very high level of expertise and who advise and direct the coordinator and his team in his decision making.

To the question, “Are you satisfied with the recruitment process?” interviewees responded yes, for contractors and no for civil servants. Interviewees provided additional inputs as seen below.

“Not satisfied because the staff is often not qualified or the MOPH does not take into account our needs.”

“No, not 100%, there are people within the NMCP whose roles are unknown.”

(Interviewees)

Staffing

Staffing is particularly important at the NMCP due to distinct recruitment mechanisms and the categorization of staff as “permanent” or “contractor”. Staff hired through the MOPH or the civil service are permanent, while staff recruited by development partners are considered contractors.

The vast majority (80%) of NMCP’s staff is permanently hired because of their status as government employees

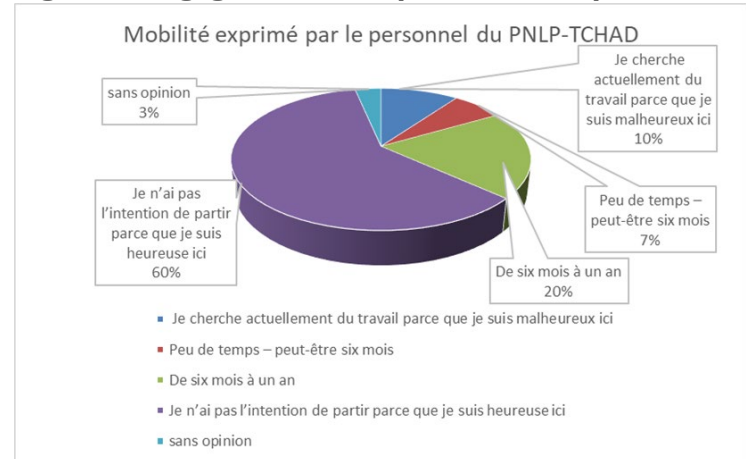
without the required qualification. It is therefore important to ensure that this type of employee acquires the skills and knowledge they need in the long term, through coaching or training or capacity building in the required areas. During this assessment, the staff as a whole has expressed they would like to see specific capacity building in the following areas: advocacy, resource mobilization, leadership, governance, management, program/project management, malariology, oversight, monitoring & evaluation, PSM, operational research methodology, financial management, entomology, microscopy certification.

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 organization's internal memory, builds relationships within teams and across organizational units, and allows for better sharing of knowledge and experiences among staff members. The future staff outlook with the NMCP was determined by estimating during the engagement survey the level of staff retention at the NMCP.

Following the analysis of the staff engagement survey (Figure 7); 60% of the staff answered that they do not intend to leave because they are happy at the NMCP against 37% who are considering leaving the NMCP and 3% are without an opinion. Among the 37% who wish to leave the NMCP, 10% are currently looking for another job because they feel unhappy at the NMCP, 20% estimate that they will leave in six months to one year, and 7% in less than six months. This significant level (37%) of people who wish to leave the NMCP needs to make us think about a *staff emulation and motivation policy*. Feedback from the reflection workshop raised the issue of financial motivation in a national economic context marked by the application of austerity measures with salary cuts since 2014.

Figure 7: Engagement survey, staff mobility



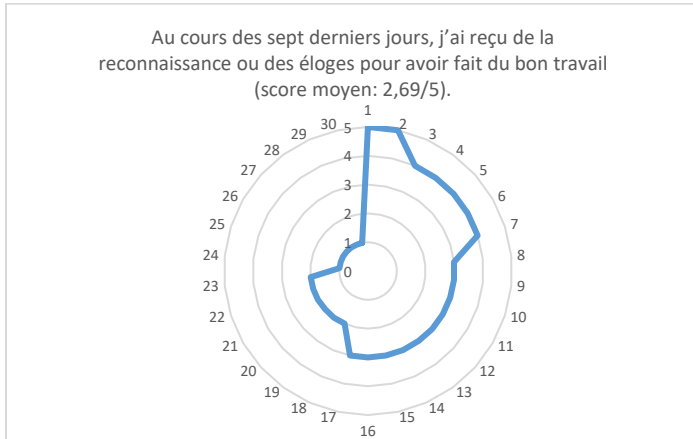
(b) Roles and Responsibilities

The staff should have clearly defined, specific and dynamic roles and responsibilities. The documentation review confirmed the existence of a job description for all staff, in the document presenting the organization chart of the NMCP. However, staff interviews revealed a lack of knowledge of these job descriptions because they are not discussed and understood. In addition, the assessment recommends a clear description of the roles and responsibilities of the players for the main activities of the NMCP.

(c) Fair evaluation, rewards, and consequences

Recognition and rewards at the NMCP are strongly criticized at the NMCP. According to the engagement survey, staff felt they did not have recognition for a job well done, this translates into an average score of 2.69/5: "In the last seven days I have received recognition or praise for doing a good job" (Figure 8).

Figure 8: Engagement Survey, recognition for a job well done



Source: Engagement Survey, 2019 NMCP Chad

In addition, there is no evaluation mechanism tied to staff performance, either at the MOPH or at the NMCP. According to the staff interviewed, there is a lack of a formal incentive, reward process for a job well done. On the other hand, many people report that sanctions are imposed with referrals to the MOPH’s Human Resources Department when work is poorly executed. In addition, the majority of the staff feels that their colleagues are not motivated to achieve the goals set by the NMCP.

In response to the question, “How are you rewarded if you do your job well? And if you don’t do a good job?” one interviewee answered:

“No reward when the work is well executed and in the event of poor execution of the tasks, reprimands and sanctions are imposed and applied by being referred to the HRD.”

(d) Feedback and Capacity Building

Feedback and capacity building are closely linked: a person cannot improve or build capacity without feedback. Manager feedback 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

Staff feel that they need to be supported in their daily work. This support can come from either the supervisor, a member of the team, or a friend within the department. The engagement survey noted average scores of 3.34/5 for “My supervisor or someone at work gives me feedback on my work” (Figure 9) and 3.69/5 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 readiness at the NMCP level.

Figure 9: Engagement Survey, feedback

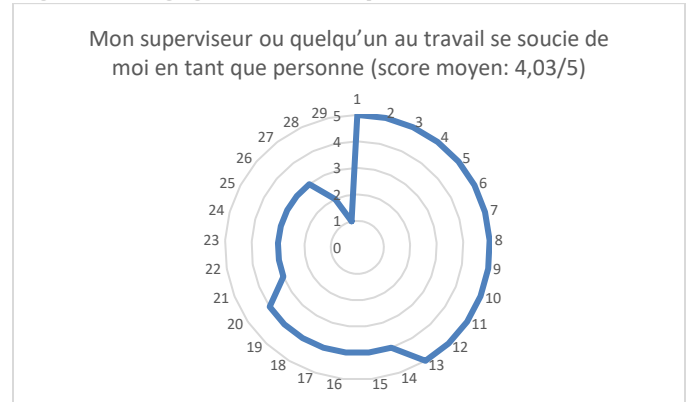
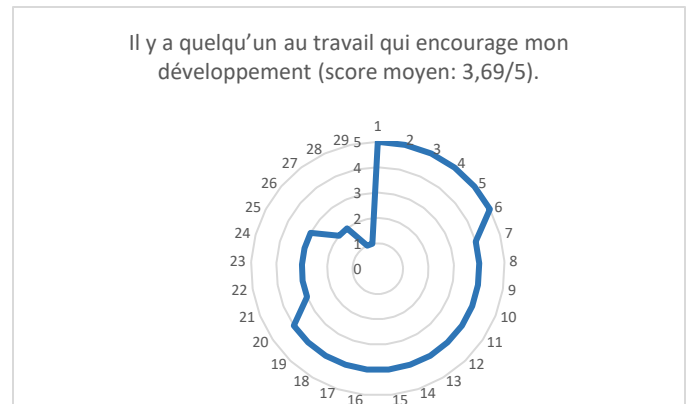


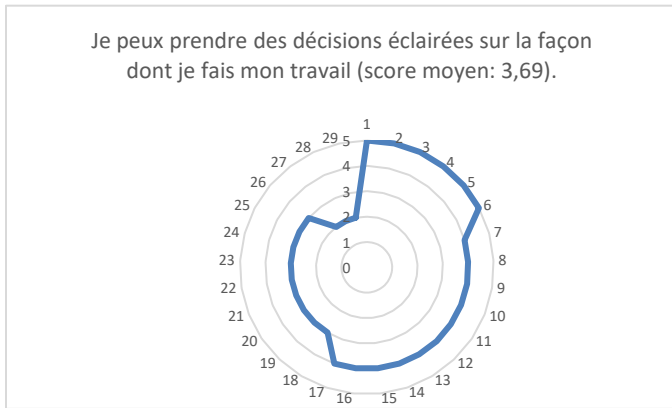
Figure 10: Engagement Survey, staff development incentive



Capacity Building

The staff expressed a real need for capacity building during this assessment. In the staff engagement survey, the average score on the ability to make informed decisions on how to do the work was 3.69/5, less than 4/5 (Figure 11).

Figure 11: Engagement Survey, ability to make clear decisions



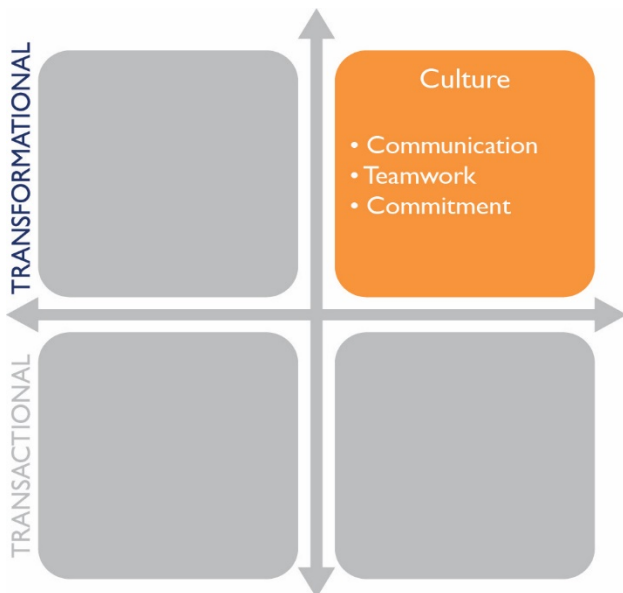
Source: Engagement Survey, N MOPH Chad 2019

When asked the question, “Does your staff have the skills and experience necessary to do their job well?” To the question, “What do you think is the biggest challenge facing the NMCP in achieving its goals?” one answer was:

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 is *transformational* and can create and sustain positive change.

Figure 12: Organizational Culture



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 (a) internal

communication and transparency, (b) teamwork, (c) motivational factors (commitment), and (d) the physical environment where people work.

(a) Internal Communication and Transparency

There is no need to reiterate the importance of relational coordination 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 interaction process between communication and the relationships put in place for the purpose of task integration” (Gittel, 2002a: 301).

During the assessment of Chad's NMCP, three tools were used to assess internal communication within the NMCP:

1. The information collected with the semi-structured interview guides(I) on NMCP leaders
2. The NMCP Staff Engagement Survey Form
3. The survey from on relational communication or internal communication

The results of the semi-structured interviews with the NMCP leaders characterized the internal communication style/mode of the NMCP as “sometimes transparent” (with 5/10 surveyed indicating that they do not hesitate to communicate honestly with supervisors and peers about the challenges, questions, feedback) and “sometimes reserved” (again, 5/10, who responded that people feel a bit of anxiety when communicating with superiors when issues arise, but they can talk to a few directors and peers). There is a framework and meetings where staff can discuss management and activities at weekly meetings with section heads and the coordination.

The assessment noted the absence of a monthly coordination meeting with teams at which staff should be informed of developments, achievements, or problems related to planned malaria activities. Nevertheless, NMCP staff may approach department heads, colleagues, peers of department head, line management, or technical advisors for answers when confronted with questions or problems.

When asked, “How is the staff made aware of developments, achievements, or problems related to planned malaria activities?” answers included:

“At weekly meetings, or work session, staff meeting and feedback to agents. But there has not been an all-staff meeting over the past 2 years.”

When asked, “Who can the staff go to for answers when faced with questions or problems?”

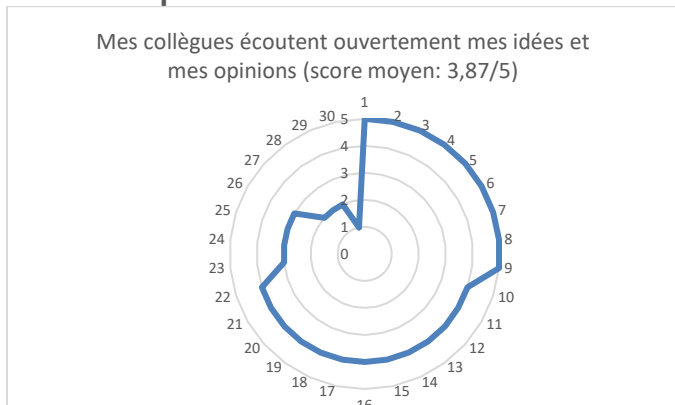
“To department heads, or the coordination, or to specific individuals.”

The results of the staff engagement survey have revealed a shortcoming at the level of internal communication at the NMCP. This shortcoming was observed when it comes to listening and getting feedback from and the opinion of the staff. On the statement, “My colleagues listen to my ideas and my opinions openly,” the average score is 3.87/5 and reflects the fact that the ideas and opinions of the staff are generally not taken into account (Figure 13).

Agents are not engaged in internal communication or feedback. They feel that they have no feedback from their supervisor in their working environment. In response to the statement, “My supervisor or someone at work gives me feedback on my work,” the average score is 3.34/5, confirming this shortcoming in terms of internal communication among the staff.

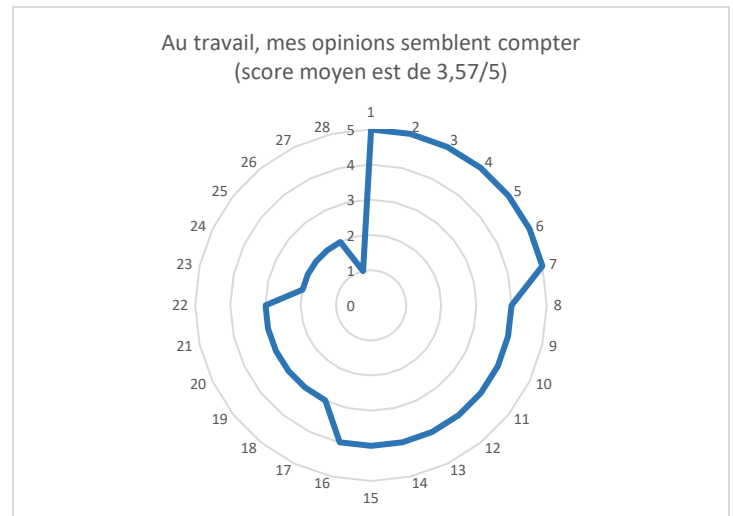
Agents generally feel that their opinion does not count at work. To the statement, “At work, my opinions seem to count,” the average score is 3.57/5, reflecting the fact that their opinion is not taken into account (Figure 14).

Figure 13: Engagement Survey, listening to staff ideas and opinions



Source: Engagement Survey, NMCP/MOPH Chad 2019

Figure 14: Engagement Survey, taking into account the opinions of the employees



Source: Engagement Survey, NMCP/MOPH Chad 2019

The internal communication survey (designed by HRH 2030 and Columbia University) using the Brandeis relational tool was adapted to the context of Chad's National Malaria Control Program. The survey consisted in interviewing the staff of all NMCP departments about their mode of communication and their relations with colleagues from other Program departments by referring to the main items developed in this tool. All items were measured on a scale of 1 to 5, with 1 being “Never” and 5 being “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), the relational coordination orientation of Brandeis. All matrix tables were then formatted using a heat map to highlight the strengths of the communications/relationships between the two departments (darker green for a score greater than 4/5) and those that still need to be improved (yellow for a score inferior to 3/5 and red for a score inferior to 2). The table below reflects the real need to improve the internal communication of the NMCP.

Table 1: Overall average of components of relational communication, NMCP Chad

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

In conclusion, the three tools used (semi-structured interviews, and the staff engagement and internal communication surveys) revealed shortcomings in terms of internal communication that need to be improved.

(b) Teamwork

The NMCP work environment focuses on the team on an occasional basis (6/10 surveyed). It is in the context of certain activities that the teams collaborate, for example, during the 2017 LLIN campaigns, JMLP in April 2018, and scientific conferences in April 2019. During these events, the staff worked in a spirit of engagement of all parties. Work is sometimes very team oriented (4/10 surveyed), when units or departments work together or regularly to get results. Hence the interest of strengthening the team spirit at the NMCP.

When asked, “How would you describe the NMCP’s working environment? Can you explain your answer?” one responded replied:

“It depends, for example during mass distribution campaigns, organization of World Malaria Day, the seasonal malaria chemoprevention campaign, and National Malaria Indicators Survey, the NMCP put in place a technical committee responsible for carrying out activities with all departments.”

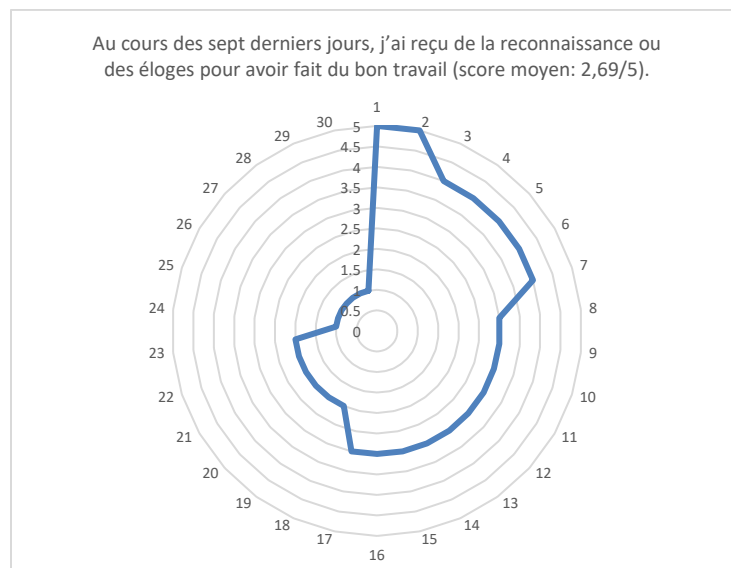
(c) Motivational Factors (Commitment)

Employees generally believe in their work and the organization but are often unmotivated, with the issue of financial motivation frequently cited. Relationships between colleagues and managers (supervisors) are generally positive. However, there is a failure to take into account the opinion of NMCP staff in decision-making: the results of the engagement survey reveal that, in general, staff members feel that their opinion does not matter at work. The average score is 3.57/5 for the statement, “At work, my opinions seem to count,” reflecting the fact that their opinion is not taken into account.

The lack of recognition and reward at the NMCP were strongly criticized at the NMCP during the engagement survey. The staff feels they do not have recognition for a job well done. This resulted in an average score of 2.69/5 for the concern “In the last seven days I have received recognition or praise for doing a good job” (Figure 15). There was also a lack of framework for employees to receive recognition for their positive

achievements. The assessment therefore recommends creating a framework to encourage, recognize the positive achievements of NMCP staff through awards, publications, positive feedback, public congratulations.

Figure 15: Engagement Survey, recognition for a job well done

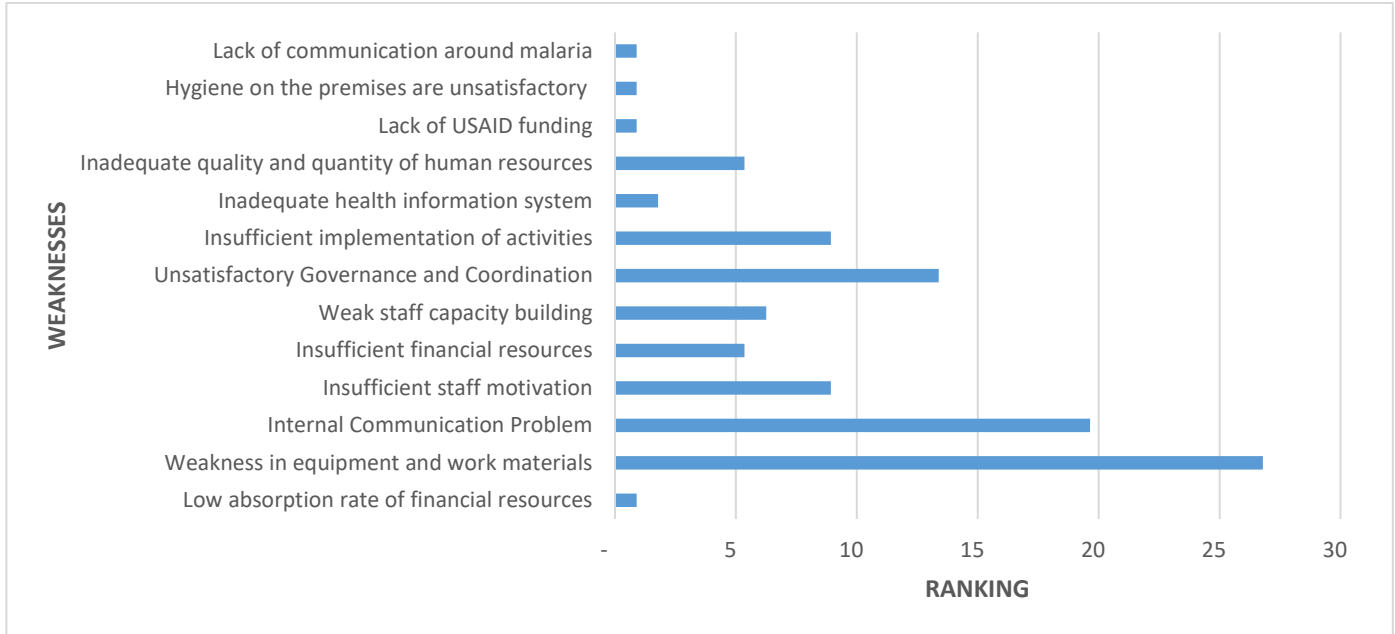


Source: Engagement Survey, MOPH Chad 2019

(d) Physical Working Environment

The NMCP team recognizes that a considerable effort has been made to improve working conditions in terms of infrastructure. But this effort should be continued because there is a need for improvement of 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. Improvement of working conditions is the first recommendation of staff in terms of need for improvement when the question was put to them to “name the 5 weaknesses of the NMCP” with 27% (Figure 16).

Figure 16: Engagement Survey, 5 weaknesses of the NMCP



When asked, “What are the five weaknesses of the NMCP?” respondents replied:

“Electricity problem at the NMCP, inadequate transportation for supervisions.”

“Trouble connecting to the Internet to make work easier”

“Insufficient archiving of management tools” (paper and electronic versions)

When asked, “What would you say to the coordination team if you could?” respondents replied:

“Create favorable working conditions (Internet, computer, and printer provision).”

“Make research equipment available to the NMCP (PCR and others).”

V. Recommendations and Action Plan

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

Sustainable Change Strategy and Milestones

As described in the first section of this report, the OD model used for this assessment highlighted the transformational elements – **organizational framework** and **culture** – to initiate and influence the process of change, while improving the *transactional* elements – the *system* and *human resources* – to implement and sustain change.

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

Step I: Prepare for change

Evaluating readiness for change and preparing for the change process are two steps that will improve the chances of success. In carrying out this assessment, it is clear that all stakeholders, from the NMCP leaders to staff members, and from the partners to the MOPH, agree that the NMCP needs to implement both a structural and a systemic change to its human resources to achieve its objectives of moving towards malaria eradication. It is also clear that these parties are in full agreement on how the organization should change and that the NMCP is keen to embrace this change.

The NMCP has demonstrated a high level of cooperation and commitment in this assessment process and has taken the initiative to make recommendations. Organizational change is difficult for any organization, change will occur when coordination further strengthens leadership, internal communication and teamwork. However, this is difficult and time consuming, and the NMCP should engage external experts in the area of organizational change and development for advice and support. Other key elements of successful change include the involvement of the coordination and staff in the development, communication and implementation of the road map. For this reason, we recommend creating a working group and developing a clear communication plan for change management, which identifies specific objectives, defines who will be involved and provides a timeline for achievements that can be communicated to the organization. This sends a clear signal that leadership is engaged in real change.

Table I – Step I: Prepare for Change

Priority	Schedule	Responsible party	Improvement activity	Support required	Sources of financing	Expected result
High	Short	NMCP leadership, department heads, HRH2030 STA	<p>Create an Organizational Development Working Group (ODWG) to organize and oversee the implementation of the change process.</p> <p>The working group should include the members of the coordination team, the department heads, the HRH2030 technical advisers and the MOPH. The ODWG will be maintained for one calendar year, but members may change depending on the technical skills required. The role of this ODWG is to <i>steer the change</i> within the NMCP and to engage the MOPH and its partners throughout the process.</p>	<p>Partner Assistance: Identify external assistance with <i>organizational change management expertise</i> to manage the ODWG. This position is recommended as part of the structural reorganization, step 3.</p>	To be determined	<p>Outcome:</p> <p>The ODWG is engaged in overseeing the change process</p>
High	Short	Organizational Development Working Group (ODWG)	<p>Develop a change management plan that explains the objectives and timeline for organizational change and includes regular updates for the organization, the partners and the MOPH.</p>	<p>Partner Assistance:</p> <p>Organizational Change Management (OCM) Expertise</p>	To be determined	<p>Outcome:</p> <p>Change management plan with detailed schedule for implementation.</p>
High	Short	NMCP ODWG	<p>Develop a communication plan for the change management plan</p> <p>Develop an external communication and collaboration strategy to improve relationships with partners.</p> <p>Define a process that includes sharing and reviewing meeting notes, financial reports, and other progress reports.</p> <p>Present this plan at the partners coordination meeting</p>	<p>Partner Assistance:</p>	To be determined	<p>Outcome:</p> <p>Communication plan for the change management plan</p> <p>Available</p>

Step 2: Launch the change with rules of engagement

The NMCP does not have a vision aligned with the global vision of malaria eradication, as well as a mission aligned with the Global Technical Strategy for Malaria 2016–2030 that unifies the organization and drives it toward its objectives. In addition, the assessment team recommends that the NMCP also defines stated values and rules of engagement, which describe how it wishes to behave internally and externally as described in a code of conduct and internal statutes and regulations. Also, there is no incentive and reward framework, nor a mechanism for evaluating staff performance.

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

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

Table 2 – Step 2: Values and Rules of Engagement

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

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

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

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

Table 3 – Step 3: Alignment of Objectives and Clarification of Roles and Responsibilities

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

Priority	Schedule	Responsible party	Improvement activity	Support required	Sources of financing	Expected result
High	Medium	ODWG with MOPH partners	<p>Clarification of roles and responsibilities (R&R).</p> <p>Each role and responsibility must be clearly defined and linked to the objectives and indicators set out in the NSP.</p> <p>Executive team.</p> <p>Develop R&Rs for each individual, which correspond to the role of the department defined above.</p> <p>Focus on management responsibilities and communication.</p> <p>Management Team.</p> <p>Develop R&Rs for each individual, which correspond to the role of the department/unit defined above</p> <p>Focus on <i>strategic thinking including its use for decision making, capacity building and reorganizing departments.</i></p> <p>Individuals:</p> <p><i>Develop R&Rs for each position corresponding to the objectives and R&Rs of the units/departments. Focus on program management, communication and team collaboration.</i></p> <p>Finalize the R&Rs: Human resources meet managers and individuals to refine them and accept them. Develop strategies for refresher training, accommodate individuals who do not meet the requirements. <i>Special attention on secretariat, M&E, communication, administration and finance, procurement and supply management, prevention</i></p>	<p>Partner Assistance:</p> <p>expertise in human resources management and human resources performance management</p>	To be determined	Clear roles and responsibilities for each individual within the organization.

Step 4: Organizational and Structural Change

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

Table 4 – Step 4: Organizational and Structural Change

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

Priority	Schedule	Responsible party	Improvement activity	Support required	Sources of financing	Expected result
			<p>Redefine the NMCP organization chart with the support of the GD to take into account all the departments and units adapted to achieve eradication.</p> <p>Establish a new NMCP organization adequate to carry out its mission:</p> <p>Reorganization of certain departments/sub-departments based on the strategic orientations (prevention, patient care, communication, research, oversight, M&E, etc.) and/or performance, taking into account the financial implications and the recruitment for the following positions described as follows:</p> <p>Create a logistics department attached to the coordination</p> <p>Create an internal auditor position attached to the NMCP coordination</p> <p>Reorganize the Administration and Finance department: reorganize into 3 sub-departments:</p> <ol style="list-style-type: none"> 1) Finance and Accounting sub-department, 2) Administration sub-department 3) Contracting and Archiving sub-department; <p>Reorganize the Care department: reorganize into 4 sub-departments:</p> <ol style="list-style-type: none"> 1) Clinical care sub-department 2) Laboratory sub-department 3) Community Level Intervention sub-department 			<p>Updated organization chart</p> <p>Capacity of existing staff strengthened</p> <p>The appropriate staff that can be redeployed internally to meet the needs to fill positions has been identified and redeployed.</p> <p>A request has been sent to the MOPH to cover the unmet staff needs following the recruitments (permanent contract, fixed-term contract or consultancy) and the internal redeployment of the staff.</p>

Priority	Schedule	Responsible party	Improvement activity	Support required	Sources of financing	Expected result
			<p>4) Training sub-department</p> <p>Create a Prevention department with 3 sub-departments:</p> <p>1) Vector Control sub-department (Entomology-IRS);</p> <p>2) Seasonal chemo-prophylaxis sub-department</p> <p>3) Pregnancy and Malaria sub-department (IPT - Intermittent Preventive Treatment);</p> <p>Reorganize the Monitoring/Evaluation department: and rename it "Control - Monitoring & Evaluation and Operational Research" department: organized into 5 sub-departments:</p> <p>1) Planning sub-department</p> <p>2) Monitoring and Evaluation sub-department</p> <p>3) Operational Research sub-department;</p> <p>4) Epidemiological Monitoring sub-department</p> <p>5) Epidemics Response sub-department</p> <p>Reorganize the IEC-SBCC department:</p> <p>Rename the IEC-SBCC department to Communication and Partnership, broken-down into two sub-departments:</p> <p>Communication sub-department and Partnership-Advocacy, Resource Mobilization sub-department;</p>			

Priority	Schedule	Responsible party	Improvement activity	Support required	Sources of financing	Expected result
			<p>Reorganize the Drug Supply and Supply Management division: Strengthen the section with staff, organize into 2 sub-departments:</p> <p>1) Quantification and monitoring of malaria control inputs sub-department with central purchasing and the PSP</p> <p>2) Malaria control inputs management sub-department.</p> <p>Recruit/assign:</p> <p>1 logistician and 1 internal auditor, both attached to the coordination of the NMCP</p> <p>one Procurement Specialist; one Finance Expert, one Archivist</p> <p>1 entomologist</p> <p>1 Biostatistician Engineer or Statistician, 1 Computer Scientist (network and maintenance, animation development and update of the NMCP website, electronic archiving, etc.), Recruit/Assign 1 Archivist,</p> <p>Recruit/assign the required staff in communication and partnership</p> <p>Fill vacancies in the organization chart according to the profile selected</p> <p>Request external national or international expertise</p>			
High	Short	NMCP MOPH	<p>Rules of engagement of the MOPH with the NMCP</p> <p>Advocate with the HRD/ MOPH to take into account the expectations and needs of the NMCP in terms of staffing.</p>	MOPH Support: GD/HRD	non applicable	Agreement with the Ministry of Health to fill positions according to the clear needs of the NMCP

Step 5: Improvement of management and central systems

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

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

Table 5 – Step 5: Improving Management and Central Systems

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

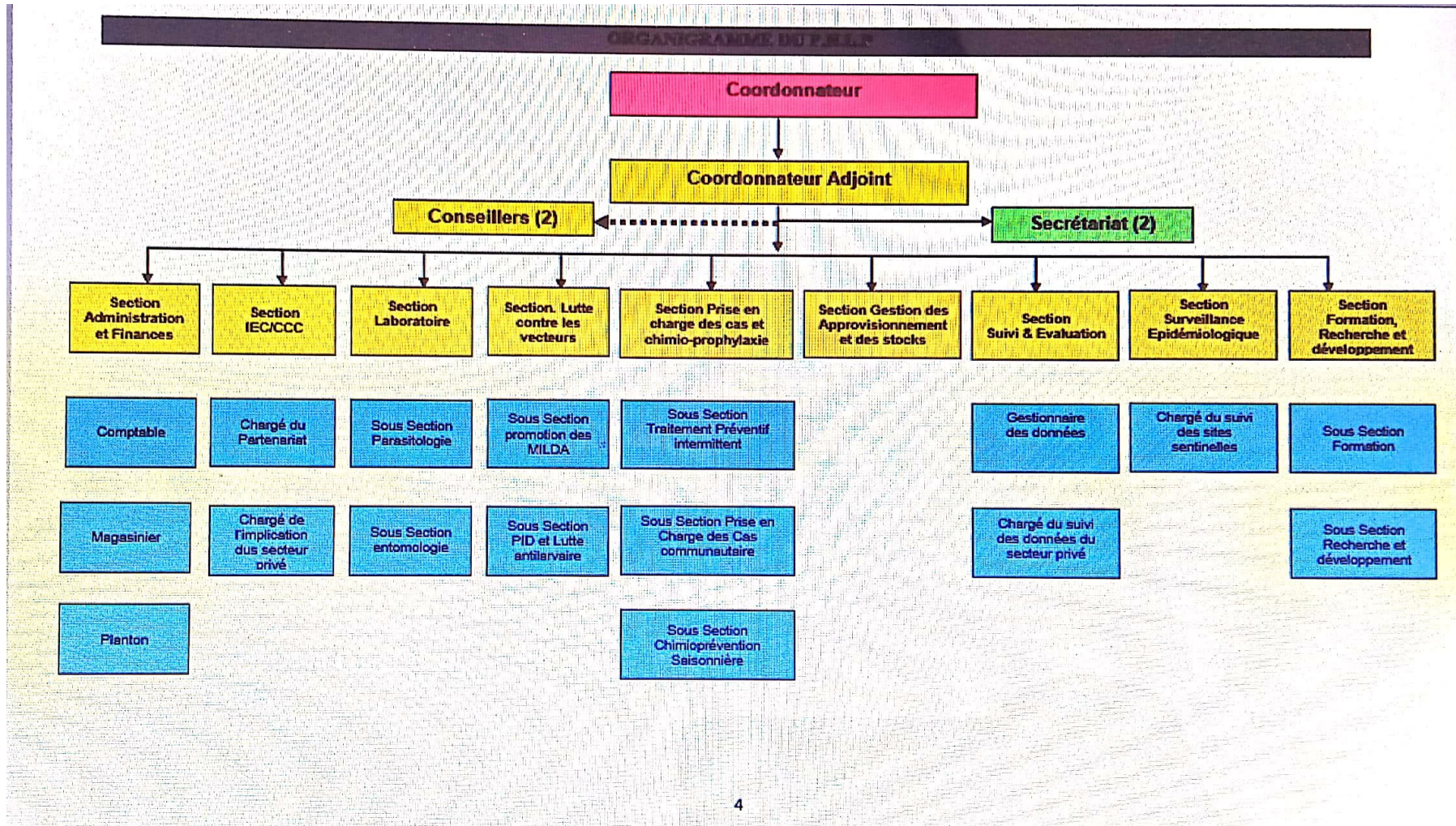
Priority	Schedule	Responsible party	Improvement activity	Support required	Sources of financing	Expected result
			Formalize and hold <i>formal technical meetings</i> of the NMCP with the technical partners (prevention, patient care technical working group, etc.)			
Average	Medium to long	ODWG NMCP	<p>Policies and Procedures: Review and discuss existing policies and procedures. Identify systems without procedures such as an internal staff incentive policy, etc.</p> <p>Train all staff and managers on new policies and procedures including those of partners.</p>	Engagement of NMCP managers and staff	To be determined	<p>Management by policy and procedure.</p> <p>Greater staff efficiency and productivity.</p> <p>Increased engagement from the staff on how to do their work.</p>
High	Medium	Partners MOPH NMCP	<p>Develop internal day-to-day management and human resources procedures: Create program-specific documents to improve day-to-day management and staff management by instilling common vision and values</p> <p>Code of Conduct document that aligns the actions and behavior of the staff with the legal requirements</p> <p>Statutes and By-Laws defining the structure of the organization and conferring certain specified rights, powers, privileges or functions.</p>	Engagement of NMCP managers and staff	To be determined	<p>Internal procedures available for day-to-day and human resources management</p> <p>Improvement of the daily management of human resources</p>
High	Medium	Partners MOPH NMCP	Strengthen the capacities of the providers in charge of supervisions at the decentralized level through formative supervision and training in the use of new monitoring tools.	MOPH/NMCP	To be determined	Increase in the formative supervision capacity of the NMCP
High	Medium	Partners MOPH NMCP	<p>Disseminate monitoring tools and provide training in their use for providers who are in charge of supervision.</p> <p>Strengthen the consultation framework through the regular convening of partners meetings.</p>	MOPH	To be determined	Monitoring tools are available at service delivery sites and training in their use is performed by service providers.
High	Medium	Partners MOPH NMCP	<p>Monitoring and Evaluation Systems</p> <p>Improve the monthly, quarterly and semi-annual monitoring mechanism through the scheduling of periodic and regular meetings,</p>	Engagement of NMCP managers and staff	To be determined	Monthly, quarterly, and semi-annual monitoring mechanism is available through the scheduling of periodic and regular meetings

Priority	Schedule	Responsible party	Improvement activity	Support required	Sources of financing	Expected result
			and the development of a consolidated annual work plan of all NMCP interventions.			and the development of a consolidated annual work plan
Average	Medium to long	ODWG NMCP	Communicate the achievements of the NMCP and their impact on malaria indicators through: Newsletters, website, library, exchange platform and social networks (Facebook, Instagram, Skype, WhatsApp) in real time between the NMCP and partners especially the Provincial Health Delegations (PHDs) and Health Districts and other partners.	Engagement of NMCP managers and staff	To be determined	Improved communication and visibility of the NMCP
High	Medium	NMCP MOPH Partner	<p>Supervision of field activities</p> <p>Improve supervision of field activities</p> <p>Improve coaching during formative supervision</p> <p>Train/retrain the players in the use of management and data collection tools, in the application of some malaria control guidelines.</p> <p>Strengthen the visits with the NMCP teams to monitor compliance with the guidelines and the resolution of problems with the players on the ground.</p> <p>Strengthen funding from allocated funds for formative supervision activities.</p> <p>Improve communication on budget orientations for the use of funds at peripheral level (PHD, DD) supervision by the central level.</p> <p>Strengthen training supervision teams by NMCP trained instructors at different levels of supervision.</p>	Engagement of NMCP managers and staff	To be determined	<p>Clear supervision guidelines for all personnel traveling to the field.</p> <p>Tools and supervisory models to be used by each level.</p> <p>Increase the formative supervision capacity of the NMCP.</p> <p>Regular supervision reports will be shared with partners and used to provide feedback on current performance and efficiency.</p>
High	Short	Partners MOPH Local and regional trainers	<p>Improve the skills of managers and staff</p> <p>Develop a capacity building plan through an ongoing in-service training program for managers and staff on current management techniques and methods through a continuing training program for staff: advocacy/resource mobilization; leadership, management, and governance; program/project management; malariology; oversight,</p>	Human resources and training capabilities to identify gaps and design targeted training plans	To be determined	<p>Better capacity for all managers and staff.</p> <p>Higher skill levels among the staff in areas currently identified as weak.</p>

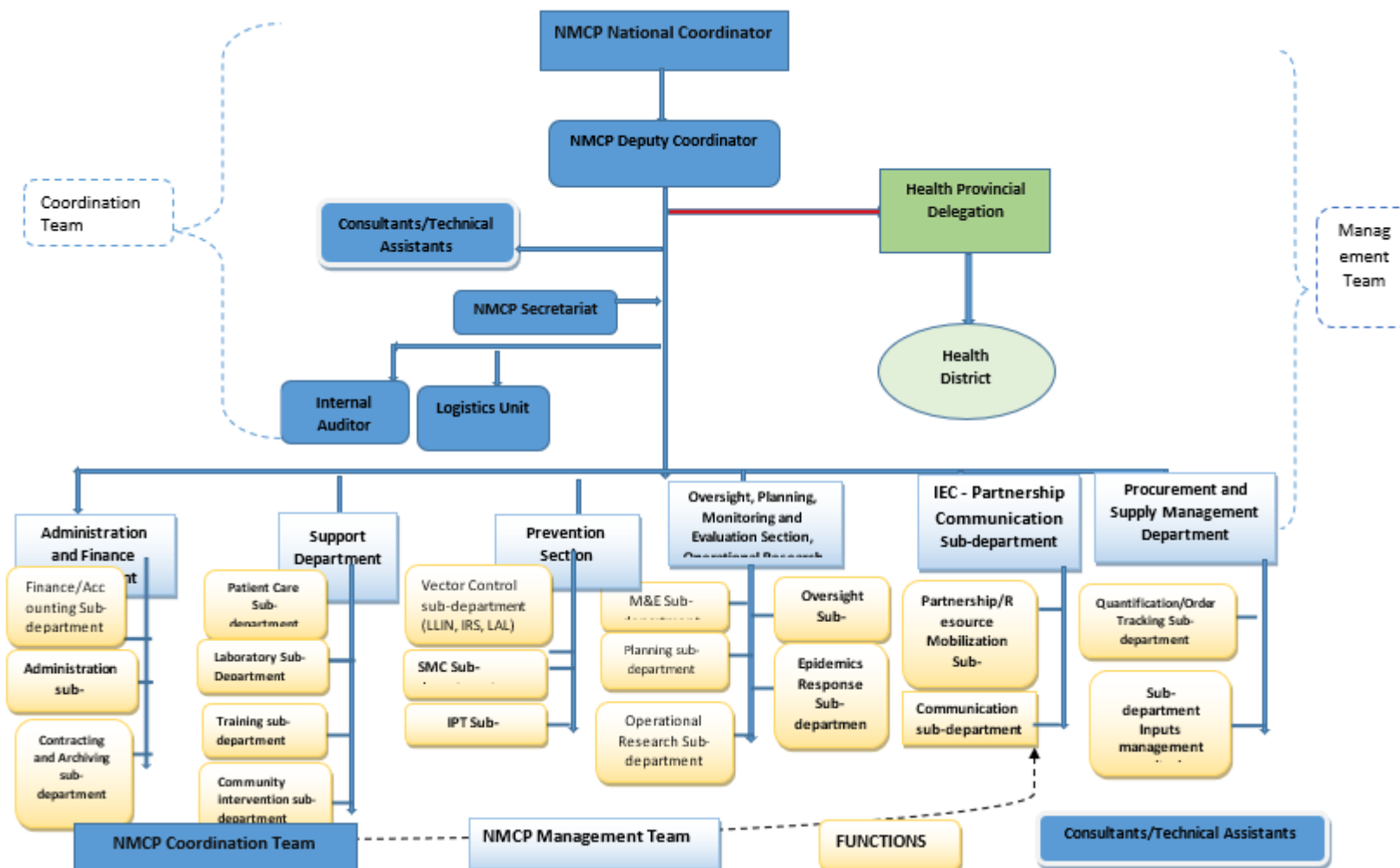
Priority	Schedule	Responsible party	Improvement activity	Support required	Sources of financing	Expected result
			<p>monitoring, and evaluation; PSM; operational research methodology; financial management; entomology; and microscopy certification. This training can be subcontracted to a local or regional institution specialized in that content/field.</p> <p>Update the database for tracking trained providers (who were trained, how were they trained, when can they receive new training and in which area of expertise)</p>			Better performance and increased engagement of the staff.
Average	Medium	Partners MOPH NMCP	<p>Supply Chain/Purchasing</p> <p>Improve the quality of logistics data and reporting of malaria cases</p> <p>Train/retrain Health Center players on how to correctly fill out the primary data collection tools</p> <p>Organize formative supervision at the health center level on how to correctly fill out the primary tools.</p>	OD expertise	To be determined	Improved quality of logistical data and notification of malaria cases
Average	Medium	Partners MOPH NMCP	<p>Financial systems</p> <p>Increase the financial resources of the NMCP</p> <p>Mobilize endogenous financial resources</p> <p>Advocate with the State to increase its financial participation</p> <p>Seek and capitalize on other sources and exogenous financial opportunities</p> <p>Put in place internal control and internal audit to improve the management of the NMCP</p> <p>Train existing staff</p> <p>Improve transparency in the management and use of state funds.</p> <p>Train staff on procedures and mechanisms for the use of state funds</p>	Financial Expertise	To be determined	<p>Good financial coverage of the NSP</p> <p>More coherent and transparent financial system</p>

VI. Current and Proposed NMCP Organizational Charts

Current version, dating from 2016



Proposed NMCP organizational chart (October 2019)



VII. Reflections of the NMCP

Organizational culture is a by-product of all the other components addressed in this assessment. By strengthening leadership, reorganizing departments with a focus on collaboration, improving coordination, communication, management, quality and using data for decision making, building the capacity of existing human resources, recognizing and encouraging good performance, the NMCP can make enormous progress in developing a positive culture. The feedback gathered and the results of the engagement survey indicate that stakeholders believe that, thanks to the dynamic determination and the availability of the NMCP coordination, as well as employees' belief in the importance of their work, they can overcome organizational obstacles. During the two-day reflection workshop, the preliminary results from the assessment were presented to the NMCP coordination. The synthesis of the reflections work carried out by the NMCP, workshop participants, and the assessment team is presented in the tables on the following pages:

Section I. Organizational Framework

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

			<ul style="list-style-type: none"> Place a totem of the Mission/Vision in front of the NMCP. Fund the communication and visibility activities of the NMCP. 							
Highlights	Improvement Areas	Recommendations	Improvement Solutions	Owner	Priority	Technical support?	Sources of	Maturity		
					Low			Short 2019-2020	Medium 2021-2022	Long 2022-2023
					Medium					
					High					
STRUCTURE										
Daily management										
Existence of a decree creating, organizing and operating the program 1250/CAB/MIN/SP/00 8/1998 dated 07/22/1998. Existence of a regulation in force from the Ministry of Public Health.	Lack of statute/internal regulations and code of good conduct of the NMCP, aligned with the code of the public service and of the MOH.	Develop internal status/regulations and code of conduct documents specific to the NMCP.	Develop the following relating to the public service and MOPH code: 1. <u>Code of good conduct</u> : document that aligns the actions and behavior of staff with the legal requirements and defines a vision and common values. 2. <u>Statutes and By-Laws</u> defining the structure of the organization and conferring certain specified rights, powers, privileges or functions.	NMCP		GD/HRD/ MOPH	State /TFP	X		
Organizational chart										
Existence of organization chart including job descriptions.	The 2016 NMCP organization chart is not up to date.	Update the organization chart according to the new organization.	<ul style="list-style-type: none"> Propose the org chart to leadership for approval and validation. Update the decree establishing the NMCP's organization and operations. 	NMCP/HRD/MOPH			State /TFP	X		

	Lack of an organization chart at the provincial (regional) and departmental levels.	Establish an organization chart at the provincial and departmental level.	<ul style="list-style-type: none"> Establish an organization chart at the provincial and departmental level defining the roles and responsibilities of the malaria focal points. Include the R&R of the malaria focal points in the decree creating and operating the NMCP. 	MOPH/ GD/DRG						
Highlights	Improvement Areas	Recommendations	Improvement Solutions	Owner	Priority	Technical support?	Sources of Financing	Maturity		
					Low			Short 2019-2020	Medium 2021-2022	Long 2022-2023
					Medium					
					High					
	The current organization is not appropriate to carry out its mission, the NMCP does not have all the staff and the departments/sub-departments necessary to carry out its mission.	Allocate/recruit the necessary human resources (refer to the report, Structure and organization chart section).	<ul style="list-style-type: none"> Advocate with the Human Resources Department/ MOPH to assign staff corresponding to the job profiles in the new organization chart (refer to the report, Structure and organization chart section). Advocate with the TFP to recruit contractors for the positions not filled by the State. 	HRD/ MOPH		GD and HRD		X		
Policies and Procedures (P&P)										
Existence of P&Ps guiding the implementation of malaria control interventions updated in 2018: national policy and guidelines on case management,	<ul style="list-style-type: none"> Lack of internal procedures for the day-to-day and human resources management of the NMCP: internal regulations, code of conduct. 	<ul style="list-style-type: none"> Develop internal procedures for day-to-day and human resources management. Develop a M&E manual in relation to the 2019-2023 	<ul style="list-style-type: none"> Develop internal regulations procedures, and a code of conduct aligned with the public service and MOPH code. Organize a M&E manual development workshop in connection with the 2019-2023 Monitoring and Evaluation Plan. 	NMCP/ M&E			State /TFP		X	

preventive care, supervision, training, response plan and response to malaria epidemics, as well as vector control.	<ul style="list-style-type: none"> Absence of a monitoring and evaluation manual. 	Monitoring and Evaluation Plan.								
Highlights	Improvement Areas	Recommendations	Improvement Solutions	Owner	Priority	Technical support?	Sources of Financing	Maturity		
					Low			Short 2019-2020	Medium 2021-2022	Long 2022-2023
					Medium					
					High					
Existence of Standard Operating Procedures (SOPs) for procurement and supply management - 2018.	<ul style="list-style-type: none"> Manual of SOPs unsuitable for the NMCP's pharmaceutical management. Lack of training for NMCP staff on the manual of pharmaceutical management standard operating procedures. Lack of dissemination of the Standard Operating Procedures (SOPs) for procurement and supply management. 	<ul style="list-style-type: none"> Adapt and disseminate the standard operating procedures (SOPs) for procurement and supply management. Build staff capacity in the use of Procurement and Supply Management SOPs. 	<ul style="list-style-type: none"> Organize a workshop to revise the NMCP manual of pharmaceutical management standard operating procedures. Organize a training session on the use of the NMCP manual of pharmaceutical management standard operating procedures at all levels of the health pyramid. 	NMCP			State /TFP	X		
	Lack of compliance with the application of the partners' procurement procedures by the NMCP.	Build the capacity of administrative and financial staff to apply and comply with partners' procedures for procurement.	Organize capacity building sessions for administrative and financial staff to apply and comply with procedures for procurement based on the partners.	NMCP			State /TFP		X	
<u>Existence of standards and guidelines</u>	Insufficient dissemination of guidance documents on	Improve the dissemination and	Make available malaria control standards and guidelines	NMCP				X		

documents on case management, preventive care, supervision, training, the response to malaria epidemics and on operational vector control.	case management, preventive care, supervision, training, and response to malaria epidemics, as well as vector control at the operational level.	availability of documents for malaria control standards and directives at the operational level.	documents at the operational level during supervision missions and other events (meetings, workshops, etc.).							
Highlights	Improvement Areas	Recommendations	Improvement Solutions	Owner	Priority	Technical support?	Sources of Financing	Maturity		
					Low			Short 2019-2020	Medium 2021-2022	Long 2022-2023
					Medium					
					High					
Leadership										
<ul style="list-style-type: none"> Dynamic and available NMCP coordination. Openness of the coordination for change. 	Insufficient coordination of the partners to efficiently control malaria.	Strengthen the leadership of the program to establish effective coordination of the fight against malaria.	Put in place a formal dialogue framework at all levels. Organize regular and periodic meetings with all stakeholders.	NMCP		GD		X		
	Low productivity from weekly coordination meetings and department heads which does not allow evaluation of the program's performance.	Improve the productivity of weekly meetings through better monitoring of the performance of interventions.	Develop and monitor the consolidated action plan for all partner activities and the NMCP performance framework at the decentralized level.	NMCP		TFP		X		
Engagement at the highest state level in the fight against malaria, adherence to the resolutions and global initiatives to	No monthly meetings with the entire NMCP team.	Formalize and schedule monthly meetings bringing together the entire NMCP team.	Formalize and schedule monthly meetings bringing together the entire NMCP team.	NMCP				X		

fight against malaria, free access to antimalarial products, Alma Prize awarded to the Head of State in 2014.										
Highlights	Improvement Areas	Recommendations	Improvement Solutions	Owner	Priority	Technical support?	Sources of Financing	Maturity		
					Low			Short 2019-2020	Medium 2021-2022	Long 2022-2023
					Medium					
					High					
Coordination/collaboration with partners										
Existence of collaboration with several international and local technical and financial partners.	Insufficient communication and coordination of activities carried out by partners involved in the fight against malaria.	Improve coordination of malaria control activities with technical and financial partners.	<ul style="list-style-type: none"> Put in place a coordination and dialogue framework for all partners. Hold semi-annual meetings to review malaria control projects. Develop an integrated and consolidated action plan for all interventions and all partners. 	NMCP		GD/MOPH		X		
Existence of NMCP coordination meeting for activities related to SMC (Seasonal Malaria Chemoprevention).	Insufficient communication and coordination with some partners when it comes to activities carried out in certain health districts.	Improve communication with partners involved in the fight against malaria.	<ul style="list-style-type: none"> Establish a formal coordination and dialogue framework. Hold regular and periodic meetings, consolidated work plan, joint planning of activities, etc. Strengthen the use of social networks to communicate in real time on the activities and implementation of the NMCP. 	NMCP		GD/PMU		X		
	<ul style="list-style-type: none"> Lack of formal meetings between the malaria 	Formalize thematic meetings of the	<ul style="list-style-type: none"> Finalize/update the decrees establishing technical groups. 	NMCP				X		

	TWGs and technical and financial partners (prevention technical group, patient care, etc.). • Lack of Malaria Control National Committee meetings.	NMCP with the technical partners (prevention, patient care technical working group, etc.).	<ul style="list-style-type: none"> • Hold quarterly technical group meetings. • Hold quarterly/bi-annual meetings of the Malaria Control National Committee. 							
Highlights	Improvement Areas	Recommendations	Improvement Solutions	Owner	Priority	Technical support?	Sources of Financing	Maturity		
					Low			Short 2019-2020	Medium 2021-2022	Long 2022-2023
					Medium					
					High					
Visibility: Communication										
Use media, social networks to communicate on activities: Facebook page; "Chad NMCP", Website: http://www.pnlp.td/ consulted by the public, as well as with administrative and governmental authorities.	Lack of communication and coordination of activities with certain partners in some health districts.	Increase NMCP visibility by communicating the achievements and their impact on malaria indicators in real time to partners, especially the Provincial Health Delegations (PHD) and health districts.	Revitalize and or create newsletters, websites, libraries, exchange platforms and use social networks (Instagram, Skype, WhatsApp).	NMCP			State /TFP	X		
Delegation of tasks										
	Insufficient monitoring of the delegation of tasks sometimes resulting in delays in carrying out certain activities.	Improve monitoring of tasks delegation.	Regularly follow up on the delegation of tasks through regular feedback and smooth communication in real time.	NMCP Coordination				X		

Highlights	Improvement Areas	Recommendations	Improvement Solutions	Owner	Priority	Technical support?	Sources of Financing	Maturity		
								Short 2019-2020	Medium 2021-2022	Long 2022-2023
					Low					
					Medium					
					High					
Staff participation in decision-making										
Consultation of department heads by the coordination to take into account their technical advice specific to their respective field.	Insufficient participation in decision-making. Sharing of opinion and information, freedom of expression, lack of consultation with the entire staff.	Improve participation in decision-making.	Organize and hold monthly meetings with the NMCP team to promote information sharing, freedom of expression, opinion sharing, consultation.	NMCP Coordination				X		
	Low involvement of other ministries in the fight against malaria although they are involved during certain activities (LLIN campaign as well as through the committee to fight epidemics).	Strengthen the involvement of other ministries in the fight against malaria:	Accelerate the process of <i>creating the Malaria Control National Committee and the coordinated technical advisory committees</i> by the NMCP through the signing of the ministerial order.	NMCP		GD		X		
<ul style="list-style-type: none"> The NMCP is backed by a supporting body: GF Project Management Unit (PMU) and the NAC Existence of a monthly coordination meeting between the NMCP; PALAT and the PMU. 	Lack of collaboration framework between the PMU and the NMCP. Irregular monthly coordination meetings between the NMCP; PALAT and the PMU.	Establish a collaboration framework between the PMU and the NMCP including the meeting schedule and the collaboration procedures.	<ul style="list-style-type: none"> Establish a framework for collaboration between the PMU and the NMCP. Schedule regular coordination meetings between the NMCP, MCSP and the PMU. 	NMCP/PMU		GD/PMU		X		

Highlights	Improvement Areas	Recommendations	Improvement Solutions	Owner	Priority	Technical support?	Sources of Financing	Maturity		
								Short 2019-2020	Medium 2021-2022	Long 2022-2023
					Low					
					Medium					
					High					
Regional Communication - Decentralization										
Existence of monthly governor-led health meetings (at the provincial level).	Insufficient communication between the NMCP and the decentralized level.	Communicate the achievements of the NMCP in real time and their impact on malaria indicators.	Use real-time communication, in particular with the PHDs and health districts: newsletters, website, library, exchange platform and social networks (Facebook, Instagram, Skype, WhatsApp).	NMCP	X		State /TFP	X		

Section 2. Organizational Systems

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

<ul style="list-style-type: none"> Existence of a NMCP dashboard for programmatic monitoring of activities. (Excel file) 			on a regular and systematic basis.							
Highlights	Improvement Areas	Recommendations	Improvement Solutions	Owner	Priority	Technical support?	Sources of Financing	Maturity		
					Low			Short 2019-2020	Medium 2021-2022	Long 2022-2023
					Medium					
					High					
Existence of normative documents, policies, diagnostic and treatment guidelines, on service delivery sites.	<ul style="list-style-type: none"> Lack of availability of national guidelines and other technical documents on service delivery sites (operational level). Compliance with national guidelines on antimalarial treatment 	<ul style="list-style-type: none"> Disseminate the national malaria control guideline documents on service delivery sites. Strengthen formative supervision of healthcare providers at all levels. 	<ul style="list-style-type: none"> Disseminate the national malaria control guideline documents to service delivery sites during formative supervisions. Organize formative supervision of healthcare providers at all levels. 	NMCP		TFP	State/TFP	X		
Existence of tools for inventory management, consultation records and tools for collecting and transmitting MMR and MAR data.	<ul style="list-style-type: none"> Stock shortage of consultation records and tools for collecting and transmitting data. Shortcoming in the complete recording of patient data in source registers. 	<ul style="list-style-type: none"> Make available consultation records and tools for collecting and transmitting data. Strengthen formative supervisions (M&E). 		MOH NMCP		TFP	State/TFP	X		
	Absence or very poor conservation of archives at the central level.	Improve data archiving.	Recruitment/assignment of an archivist and creation of physical and electronic archives.	NMCP		GD/ HRD	State/TFP			

	Low data usage capabilities for decision making at the operational level.	Strengthen data usage capabilities for decision making at the operational level through the provision of the DHIS2.	Organize capacity building sessions to use data for decision-making at the operational level.	MOPH			State/TFP			
Highlights	Improvement Areas	Recommendations	Improvement Solutions	Owner	Priority	Technical support?	Sources of Financing	Maturity		
					Low			Short 2019-	Medium 2021-	Long 2022
					Medium					
					High					
Supervision of activities										
<ul style="list-style-type: none"> • Existence of activity reports, integrated supervision tools (which have just been validated) at the intermediate and peripheral levels. • Existence of guides and monitoring tools at all levels of the NMCP • Integrated formative supervision at the decentralized level. 	Lack of dissemination of the new monitoring tools.	Disseminate monitoring tools.	<ul style="list-style-type: none"> • Make monitoring tools available and train the providers in charge of supervision in their use. 	NMCP			State/TFP	X		
Existence of monitoring and supervision of interventions by the NMCP and partners at the decentralized level:	Insufficient formative supervision by the provincial delegation.	Strengthen formative supervision by the provincial delegation.	<ul style="list-style-type: none"> • Identify critical areas. • Organize formative supervisions of providers from Provincial Delegations. 	NMCP		State/TFP		X		

	Poor accountability of Health Districts when it comes to malaria interventions.	Improve the accountability framework for health districts when it comes to malaria interventions.	<ul style="list-style-type: none"> Identify critical areas through supervision visits, close monitoring of disaggregated performance frameworks by health districts. Train/retrain DMOs, Delegates, focal points on formative supervision. Implement a monitoring mechanism. 	NMCP		TFP	State/TFP	X	X	X
Highlights	Improvement Areas	Recommendations	Improvement Solutions	Owner	Priority	Technical support?	Sources of Financing	Maturity		
					Low			Short 2019-2020	Medium 2021-2022	Long 2022-2023
					Medium					
					High					
	Lack of uniformity with the interventions implemented by the different partners at the level of those zones having the same levels of transmission.	Strengthen the dialogue framework.	Organize regular meetings of partners involved in the fight against malaria.			TFP	State/TFP	X	X	X
Monitoring and evaluation/oversight										
Existence of collaboration with IESS, which makes it possible to monitor the evolution of malaria cases on a weekly basis.	Irregular participation of the NMCP at IESS meetings.	Increase participation of the NMCP in IESS meetings.	Regular and systematic participation of the NMCP at IESS meetings.	NMCP				X	X	X
Existence of a monitoring and evaluation plan.	Absence of staff for data management within the NMCP (Data Manager).	Strengthen the staff of the monitoring and evaluation department.	Recruit/assign a Data Manager within the NMCP.	NMCP		MOH /HRD	State/TFP	X		

Schedule quarterly and semi-annual data validation meetings.	Insufficient data quality.	Strengthen the NHIS.	Deploy DHIS2.	MOH/NHIS				X	X	X
	Insufficient hardware at the peripheral level for data management.	Enhance NMCP's computer equipment (computer, server, router, hard drive).	Provide/obtain IT equipment for the NMCP.	NMCP		TFP	State/TFP			
	Insufficient monthly, quarterly and half-yearly monitoring mechanism for NMCP interventions.	Improve the monthly, quarterly and semi-annual monitoring mechanism.	Hold periodic and regular meetings and develop a consolidated annual work plan for all NMCP interventions.	NMCP						
Highlights	Improvement Areas	Recommendations	Improvement Solutions	Owner	Priority	Technical support?	Sources of Financing	Maturity		
					Low			Short 2019-2020	Medium 2021-2022	Long 2022-2023
					Medium					
					High					
Administration and finance										
Existence of several financial technical partners.	Low resource mobilization to cover the NSP: 59.6% funding gap of the 2014-2018 NSP.	Advocate for the mobilization of additional financial resources to cover all areas of the 2019-2023 NSP.	<ul style="list-style-type: none"> Strengthen advocacy capacities for the mobilization of financial resources. Advocate for the allocation of resources to cover all the areas of the 2019-2023 NSP. 	NMCP		GD		X		
Regular completion of annual external audits.	Insufficient internal control and internal audit.	Strengthen the control and internal audit of the NMCP.	Periodically organize control missions and internal audit of the NMCP.	NMCP		GD	State/TFP	X	X	X
	Insufficient human resources for administrative and financial management.	Strengthen the staff of the financial department.	Recruit an internal auditor/controller, a financial expert, a procurement specialist.	MOPH/NMCP		GD/HRD	State/TFP	X		

Highlights	Improvement Areas	Recommendations	Improvement Solutions	Owner	Priority	Technical support?	Sources of Financing	Maturity		
								Short 2019-2020	Medium 2021-2022	Long 2022-2023
					Low					
					Medium					
					High					
Supply chain/purchasing management										
Existence of a PSM department and a PSM Manager.	Insufficient staffing within the PSM department (see HR section).	Strengthen the workforce of the PSM department.	Recruit or assign a Logistician/Data Manager.	MOPH/NMCP				X		
Existence of a quality assurance plan.	Poor quality consumption data (discrepancy between consumption and quantities required). Anti-malaria inputs out of stock (LLINs, drugs and other consumables).	Improve the quality of consumption data.	Conduct evaluations and periodic monitoring (logistics data quality audit, EUV survey, ABC survey) of the supply chain.	NMCP		TFP	State/TFP	X	X	X
<ul style="list-style-type: none"> Scheduling of a monthly inventory reconciliation meeting, quarterly feedback workshop. Existence of a drug supply meeting. 	Shortcoming of the coordination and monitoring framework dedicated to the supply chain.	Improve coordination and monitoring of the supply chain through the development and regular monitoring of a common annual supply plan for all partners.		MOH/NMCP					X	
	<ul style="list-style-type: none"> Lack of planning and coordinated monitoring of supply chain inputs (lack of quantity control for inputs provided by partners and quantities available in the field from the NMCP). Lack of a common annual supply plan for all partners. 	Improve the coordination of the malaria control supply chain inputs (lack of control of the quantities of inputs provided by partners and quantities available on the field from the NMCP).	Develop and follow a common annual procurement plan for all partners involved in the fight against malaria in Chad.	NMCP		TFP	State/TFP	X	X	X

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Section 3. Human Resources of the Organization

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

	Low staff retention rate: (63%) of the staff wants to leave the NMCP.	Develop and put in place a policy of staff emulation and incentive.	Put in place a staff emulation and motivation policy (bonus based on the performance on the GF).	NMCP		GF/TFP	TFP	X	X	
Highlights	Improvement Areas	Recommendations	Improvement Solutions	Owner	Priority	Technical support?	Sources of Financing	Maturity		
					Low			Short 2019-2020	Medium 2021-2022	Long 2022-2023
					Medium					
					High					
Roles and responsibilities										
Existence of job descriptions described in the NMCP org chart for the coordinator, assistant coordinator, department and sub-department heads.	<ul style="list-style-type: none"> Lack of knowledge of the tasks contained in job descriptions. Roles and responsibilities are not clearly defined. 	Improve the understanding of the tasks described in the job descriptions as the roles and responsibilities of each of the NMCP agents.	<ul style="list-style-type: none"> Define in a clear and precise way the R&R (roles and responsibilities) of each NMCP agent using an R&R definition matrix. Update job descriptions relative to the new organization chart. Periodically organize individual meetings and staff coaching to explain the job descriptions and the roles and responsibilities of each of the NMCP agents. 	NMCP		GD/HRD	TFP/State	X	X	
Fair evaluation, reward, and consequence										
	Absence of an incentive mechanism linked to performance.	Develop an incentive procedure linked to performance.	Develop a performance framework tied to the job description or the PTA.	NMCP		TFP	GD/HRD	X	X	
Congratulations and recognition of some successful districts in 2016 (congratulations certificate).	Absence of a staff incentive process at the central level (NMCP): individual incentives and congratulations during meetings from the DC and/or the hierarchy for each staff member who has taken positive action.	Create and organize opportunities and a framework to congratulate and encourage staff.	<ul style="list-style-type: none"> Encourage/motivate staff using prizes, positive articles or feedback, or recognition on social networks like Facebook. Create a staff motivation framework based on performance. 	NMCP		TFP	State/TFP	X		

			<ul style="list-style-type: none"> Organize team building activities with the NMCP association at the end of the year (retreats, etc.). 							
	Absence of an annual staff evaluation mechanism.	Develop an annual staff evaluation mechanism.	Develop an annual staff evaluation mechanism.	HRD/MOPH		GD	State/TFP		X	
Highlights	Improvement Areas	Recommendations	Improvement Solutions	Owner	Priority	Technical support?	Sources of Financing	Maturity		
					Low			Short 2019-2020	Medium 2021-2022	Long 2022-2023
					Medium					
					High					
Feedback and capacity building										
	Build the capacity of existing staff.	Strengthen the capacities of the staff in specific areas as needed:	<ul style="list-style-type: none"> Build staff capacity in advocacy/resource mobilization, leadership-management and governance, program/project management, malariology, oversight, monitoring and evaluation, PSM, operational research methodology, financial management, entomology, microscopy certification. Strengthen the decentralized teams at the regional level in terms of quantity and quality in order to better monitor the operational implementation of interventions. Train/retrain staff on patient care, epidemiological monitoring and vector resistance to insecticides. 	NMCP		TFP	State/TFP	X	X	X
Existence of a capacity building plan for MOPH/MCSP.	Absence of an integrated NMCP capacity building plan.	Develop an integrated staff capacity building plan.	Develop an integrated NMCP staff capacity building plan.	NMCP		TFP	State/TFP	X		

Section 4. Organizational Culture

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

heads, colleagues, peers of department head, line management, or technical advisors for answers when confronted with questions or problems.										
Highlights	Improvement Areas	Recommendations	Improvement Solutions	Owner	Priority	Technical support?	Sources of Financing	Maturity		
					Low			Short 2019-2020	Medium 2021-2022	Long 2022-2023
					Medium					
					High					
Teamwork										
	The work environment at the NMCP is occasionally team oriented for certain activities (LLIN campaigns in 2017, JMLP in 2018, scientific conferences in April 2019).	Strengthen teamwork.	<ul style="list-style-type: none"> • Hold monthly and periodic meetings with the entire staff. • Organize working sessions around RDTs and other activity reports. • Go over the missions during team meetings. • Organize team building activities (retreats, outings, meals, etc.). • Organize leadership, management, and governance training for key personnel. 	NMCP		TFP	State/TFP	X	X	X
Physical working environment										
Considerable effort has been made to improve working conditions in terms of infrastructure (new premises).	Shortage of computers and office equipment, Internet connections and transportation.	Improve working conditions with IT and office equipment, laboratory.	Equip the NMCP with Internet connections, transportation (motorbike and vehicles for field missions), hygiene products in the facilities.	NMCP		TFP	State/TFP	X		

Highlights	Improvement Areas	Recommendations	Improvement Solutions	Owner	Priority	Technical support?	Sources of Financing	Maturity		
					Low Medium High			Short 2019-2020	Medium 2021-2022	Long 2022-2023
Motivational factors										
<ul style="list-style-type: none"> Some employees believe in their work and their organization. Relationships between colleagues and managers (supervisors) are partly positive. 	<ul style="list-style-type: none"> Discouragement of part of the staff. No opportunity for employees to receive recognition for their positive achievements. 	Creating a framework to encourage, recognize the positive achievements of NMCP staff.	<ul style="list-style-type: none"> Identify/nominate agents for honorary distinctions based on performance evaluation. Establish a framework for awarding honors, prizes, articles, public praise. 	NMCP		TFP	State/TFP	X		
Staff engagement										
	<ul style="list-style-type: none"> The NMCP staff is not engaged: The average score for general engagement is 3.77/5. Pessimistic in 40% (4/10) of cases, optimistic in 20% (2/10) of cases, do not talk about it in 20% (2/10) of cases, and without opinion in 20% (2/10) of cases. At the individual level, 11/30 people are engaged because they have a score between 4 and 5 versus 16/30 people not engaged (score between 3 and 4) and 3/30 strongly disengaged (score between 1 and 3). 	Improve the level of staff engagement:	<ul style="list-style-type: none"> Put in place a staff emulation, motivation, and retention policy (performance bonuses), incentive, articles, etc. Carry out cohesion and team building activities (retreats, outings, meals, sports and team activities, etc.). Organize staff training in leadership, management, and governance. 	NMCP		TFP	State/TFP	X		

Appendices

Appendix A: Conceptual note on the rapid assessment of the Chad NMCP organizational capacity

Contextual background

The purpose of this technical assistance is to assess the management and organizational capacity of the National Malaria Control Program (NMCP) in Chad and to guide the technical support provided by the Human Resources for Health in 2030 (HRH2030) Program to the NMCP, with support from the US President's Malaria Initiative (PMI). The objective of this technical support is to assess the organizational and management capacity of Chad's National Malaria Control Program (NMCP) and to guide the technical assistance to be provided by the Human Resources for Health Program-2030 (HRH2030), with the support of the US President's Malaria Initiative (PMI). This assessment is designed to allow the NMCP to strengthen implementation, oversight, and monitoring of their strategic plan to achieve set objectives and goals for malaria control. This evaluation should enable the NMCP to strengthen the implementation, monitoring and follow-up of its strategic plan in order to achieve its objectives for the fight against malaria. The findings and recommendations of this assessment will serve to develop a capacity building action plan that may be supported by the Government of Chad, HRH2030 and its malaria control partners as the country engages in the long-term efforts to eliminate malaria. The findings and recommendations of this evaluation will be used to develop a capacity-building action plan that can be supported by the Government of Chad, HRH2030 and its malaria partners, as the country engages in long-term efforts to eradicate malaria.

Assessment Scope of Work:

The assessment will consist of evaluating the capacity of the NMCP to conduct its management and coordination role, with regards to the objectives and results set forth in the national malaria strategic plan. The assessment will consist of evaluating the capacity of the National Malaria Control Program (NMCP) to conduct its management and coordination role, with regards to the objectives and results set forth in the national malaria strategic plan. The following tasks may be formed: The following tasks will be carried out during the evaluation mission:

1. Conduct a systematic review of existing assessment reports on the NMCP institutional performance supported by the Government of Chad and its malaria control partners.
2. Review the NMCP's processes and functions, including its organizational structure Examine the processes and functions of the NMCP, including its organizational structure, staffing patterns, roles and responsibilities of each division, heads of division and staff members staff categories, roles and responsibilities of each department, department heads and staff members.
3. Assess the adequacy of roles and responsibilities with regards the objectives and results pursued in the National Malaria Strategic Plan, as well as synergistic approaches to operate as a team Assess the adequacy of roles and responsibilities with regards the objectives and results pursued in the National Malaria Strategic Plan, as well as synergistic approaches to operate as a team
4. Identify challenges the program is facing in conducting its day-to-day operations as well as conducting strategic thinking to achieve the objectives and results of the national malaria strategic plan 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
5. Interview NMCP key staff both technical and administrative to assess their view of the organizational structure and the performance (strengths, weaknesses, challenges and opportunities) of the program coordination 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.
6. Interview NMCP's technical and financial partners to understand their views and request their recommendations on approaches and strategies to strengthen the management and coordination capacity of the program 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

7. Interview the Ministry of Health (MOH) officials to discuss their views and recommendations in the context of growth of malaria portfolio and opportunities for strengthening the management 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.
8. Assess opportunities of decentralizing NMCP operations and ways to promote bottom-up planning and accountability of key players mainly with regards to the performance of the supply chain Assess opportunities of decentralizing NMCP interventions and ways to promote bottom-up planning and accountability of key players mainly with regards to the performance of the supply chain.
9. 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.
10. Assess existing coordination mechanisms at the central, regional and operational levels, in line with the RBM Partnership to End Malaria guidance for coordination Assess existing coordination mechanisms at the central, regional and operational levels, in line with the RBM Partnership guidance for coordination
11. Assess collaboration of 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 Assess collaboration of NMCP with its financial and technical partners to ensure effective coordination of efforts geared towards achieving objectives and results expected in the National Malaria Strategic Plan

Assessment Background: Context of the assessment:

A similar assessment was supported by PMI in Niger and Cote d'Ivoire in 2018 and 2019. This assessment was also conducted by Open Development, as a member of the HRH2030 Program consortium. A similar assessment was supported by the PMI in Niger and Chad respectively in 2018 and 2019. This assessment was also conducted by Open Development, as a member of the HRH2030 program consortium. Lessons from that assessment's methodological approach and implementation will be leveraged to support this assessment in Chad. Lessons learned from the methodological approach and the implementation of this evaluation will be used to conduct this assessment in Chad. A toolkit was developed in Niger and refined in Cote d'Ivoire that will be repurposed and refined based on the local context, utilizing the following methods: A toolbox has been developed in Niger and adapted for Chad. It will be reused and adapted to the local context, using the following methods:

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

A final report will serve as the final deliverable to support NMCP to strengthen its organizational and management capacity and to serve as a guide for HRH2030 investments. A 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: The report will be written in French and should include:

1. An executive summary presenting the highlights of the findings and recommendations. 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. 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 findings, and designed to be actionable. 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 assessment, should be included in the report.

Evaluation team staffing

Title	Key Tasks	Organization	Location
Team Lead	Oversees the implementation of the activities and coordinates the team, building on lessons learned and best practices from the experience of conducting a similar evaluation in Chad.	Open Development Consultant	Abidjan, Cote d'Ivoire
Public Health and Malaria Expert	Brings substantial clinical and public health knowledge of malaria and extensive experience working with NMCP in Chad.	Open Development Consultant Open development consultant	N'Djamena, Chad
Research Assistant	Supports the team with logistics and data analysis.	Open Development Consultant	N'Djamena, Chad Abidjan, Cote d'Ivoire

Estimated Timeline:

Pre-Assessment: Late July to Early August

Review documentation, including conducting a desk review
 Finalize assessment tools and identify key stakeholders
 Socialize NMCP to assessment and identify a POC within NMCP

Assessment Phase: August to Early September

1. Apply assessment tools including conducting interviews and collecting data
2. Schedule mid-term briefing with HRH2030 to update on progress/challenges
3. Conduct the analysis of the data and synthesize the results
4. Report findings to NMCP and host a “reflections” workshop
5. Develop actionable recommendations

Report Phase: By September 30

Draft a final report with an executive summary presenting the highlights of the findings and recommendations
 Disseminate the report to key stakeholders and incorporate feedback into final report
 Present findings to key stakeholders, as requested

Appendix B: List of people interviewed

No.	LAST NAMES / FIRST NAMES	STRUCTURES	FUNCTIONS	Contacts/Email	DATE OF INTERVIEW
1.	DR. DJIDDI ALI SOUGOUDI	NMCP	Coordinator	66338258/ sidimi1977@yahoo.fr	August 22nd, 2019
2.	DR. MAHAMAT SALEH ISSAKHA	NMCP	Assistant Coordinator	66220748/ saleh-diar@yahoo.fr	August 21st, 2019
3.	MAHAMAT KASSER	NMCP	Director-Manager/Public Accountant	66286462	August 21st, 2019
4.	DR. KODBESSE BOOLOTIGAM	NMCP	Head of Patient Care department, PC-C, IPT	66298543/ kodbesse@yahoo.fr	August 21st, 2019
5.	MAHAMAT AMINE BRAHIM	NMCP	IEC/SBCC Department Head	65335765/ amine_045@yahoo.fr	August 21st, 2019
6.	DR. MAHAMAT ABDOULAYE	NMCP	PSM Department Head	66232496	August 21st, 2019
7.	DJOUME EPHRAIM	NMCP	Epidemiological Monitoring Department Head	60838330/ ephra1999@yahoo.fr	August 21st, 2019
8.	DEMBA KODINDO ISRAEL	NMCP	VC Department Head	62821556/ iskodingdo@yahoo.fr	August 21st, 2019
9.	MAHAMAT IDRIS	NMCP	Monitoring & Evaluation Department Head	63383103/ mahamat.idris@yahoo.fr	August 22nd, 2019
10.	DAM BATRANE	NMCP	Laboratory Department Head	63032000/ batrami10@yahoo.fr	August 22nd, 2019
11.	BOGUEZ ALIFA	N'DJAMENA Provincial Health Delegation	PF Malaria health district	66231584	August 22nd, 2019
12.	MAIRA DJOUNBOUNA		PF Malaria health district	66344326	August 22nd, 2019
13.	DR. ANEGUE IDE DIANE		delegate	66278758/ irediane@yahoo.fr	08/22/2019
14.	NDENAM IRENE		ARDEP-DJOURNAL HEALTH CENTER		08/23/2019
15.	DR. ROHINGALAOU NDOUNDO	MOPH (Ministry of Public Health)	General Manager	66299267/ rohindoudo@yahoo.fr	August 26th, 2019
16.	DR. ABDAMANE YBODOU	MOPH	Inspector General	66271033/ abdramanechon@yahoo.fr	August 26th, 2019
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Appendix C: Results of the internal communication survey

Introduction

There is no need to reiterate the importance of relational coordination 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 interaction process between communication and the relationships put in place for the purpose of task integration” (Gittell, 2002a: 301). The data collection tool built by HRH2030 has been adapted to the context of Chad's National Malaria Control Program. The evaluation consisted in interviewing the staff of all NMCP departments about their mode of communication and their relations with colleagues from other Program departments by referring to the main items developed in this tool. All items were measured on a scale of 1 to 5, with 1 being “Never” and 5 being “Always” or “Constantly”.

Table 1: Main issues discussed during interviews with staff of the National Malaria Control Program in Chad.

N°	Item du questionnaire	Principale question posée au personnel
1	Communication fréquente	À quelle fréquence communiquez-vous avec des collègues du Programme?
2	Communication précise	Les collègues communiquent-ils avec vous avec précision?
3	Communication en temps opportun	Les collègues communiquent-ils avec vous dans les meilleurs délais?
4	Communication en résolution de problèmes	Lorsque des problèmes surviennent dans votre travail, des collègues travaillent-ils avec vous pour résoudre le problème?
5	Savoir partagé	Dans quelle mesure les collègues sont-ils au courant de votre travail?
6	Respect mutuel	Dans quelle mesure les collègues respectent-ils votre travail?
7	Objectifs partagés	Dans quelle mesure les collègues partagent-ils vos objectifs pour votre travail?

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.

1. Selection of respondents and sample size

The coordination of the NMCP informed all agents during a meeting facilitated by the Consultant. The tool was then distributed in the room after a brief presentation by one of the international consultants. A total of 28 NMCP agents/managers have participated in the evaluation.

2. Analysis

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 global matrix was constructed which shows **the average score of the 7** key themes of the Brandeis relational coordination guidance. 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 (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. Qualitative responses were also archived for further discussion with the NMCP.

Once these tables were constructed, the consultants presented the results to the NMCP National Coordination and discussed their significance as well as the importance of using the information collected. From September 4 to September 5 2019, the consultants organized a workshop for reporting results and planning interventions with NMCP executives, technical and financial partners of the program and representatives of the General Directorate of the Ministry of Public Health in order to discuss results, provide feedback and determine next steps to improve weak points. Findings from that workshop, including a summary and key actions, are detailed in the “Group Discussion” section.

3. Results

The main results are:

4. An overall matrix for the relational coordination index (Overall Relational Coordination Matrix)
5. Matrix tables for each of the seven components of relational coordination (Component Matrix 3-9)
6. A matrix table for the additional question on the amount of information exchanged (Additional Question, Table 10)
7. Brief notes on overall trends identified in the matrices
8. The tallied results of the open-ended question

(Continues on next page with Table 2)

Table 2: Relational coordination taking into account all the components.

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

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

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

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.

The table above shows that the administration-management department has a low frequency of communication with other departments for data transmission, as well as information analysis and processing. Only with the coordination of the program, the communication seems more fluid with a score of 3.5. Low communication frequencies for data transmission, and information analysis and processing need to be corrected for better inter-departmental collaboration. Executives in the patient care department rated their counterparts in the lab department as 1.8, who in turn gave them a score of 2.4. These two departments deserve special attention and the relationships need to be strengthened as we know that the two departments are interdependent. There is no proper care without the laboratory.

Table 4: Clarity of communication for data transmission, information analysis and processing.

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

Ambiguous communication can be a source of staff discouragement. For this purpose, it is clear from the table above that the quality of the communication with the procurement and supply management department needs to be improved since the scores hardly reach 1.00 except with the coordination and the administration-management department. 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.

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

Promptness in the transmission of information is of paramount importance in decision-making. In this regard, efforts should be made to improve communication between the Vector control and Procurement and supply management departments. As is the case previously, the relationship between the administration-management department and the other departments must be given special attention.

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 envisioned in his work on total quality management, blaming rather than solving problems reduces problem-solving possibilities, with negative consequences on 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.

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

Problem solving within a group needs to be consensual and inclusive so that no agent feels left out. In this regard, the procurement and supply management department should be encouraged to collaborate further with the IECC/SBCC, Vector Control, Patient Care and Monitoring/Evaluation departments as demonstrated by scores that do not exceed 1.0. The same is true of the administration-management department.

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

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

The knowledge of the work done by the other departments shows the level of information sharing. Once again, the procurement and supply management department needs to improve its communication with the IEC/SBCC department in terms of sharing work done by one or another department. Such an exercise is also important between the monitoring-evaluation department and the vector control department.

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 a given 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.

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

Respect from other colleagues for the work done by the department helps to build confidence. Here again, there is a need to improve this factor between the procurement and supply management department and epidemiological monitoring department.

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 back 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.

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

Objectives sharing for the development of the data transmission, information analysis and processing process is of great benefit in an organization. For example, the procurement and supply management department and the epidemiological monitoring department must share the objectives.

Relational coordination is a form of coordination based on communication and relationships that should be particularly important to achieve high performance under conditions of high interdependence of tasks, uncertainty and time pressure. 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.

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

The Administration-management department is the one that received the lowest score for the level of information received from other departments for the information management process.

RECOMMENDATIONS TO IMPROVE THE INTERNAL COMMUNICATION PROCESS

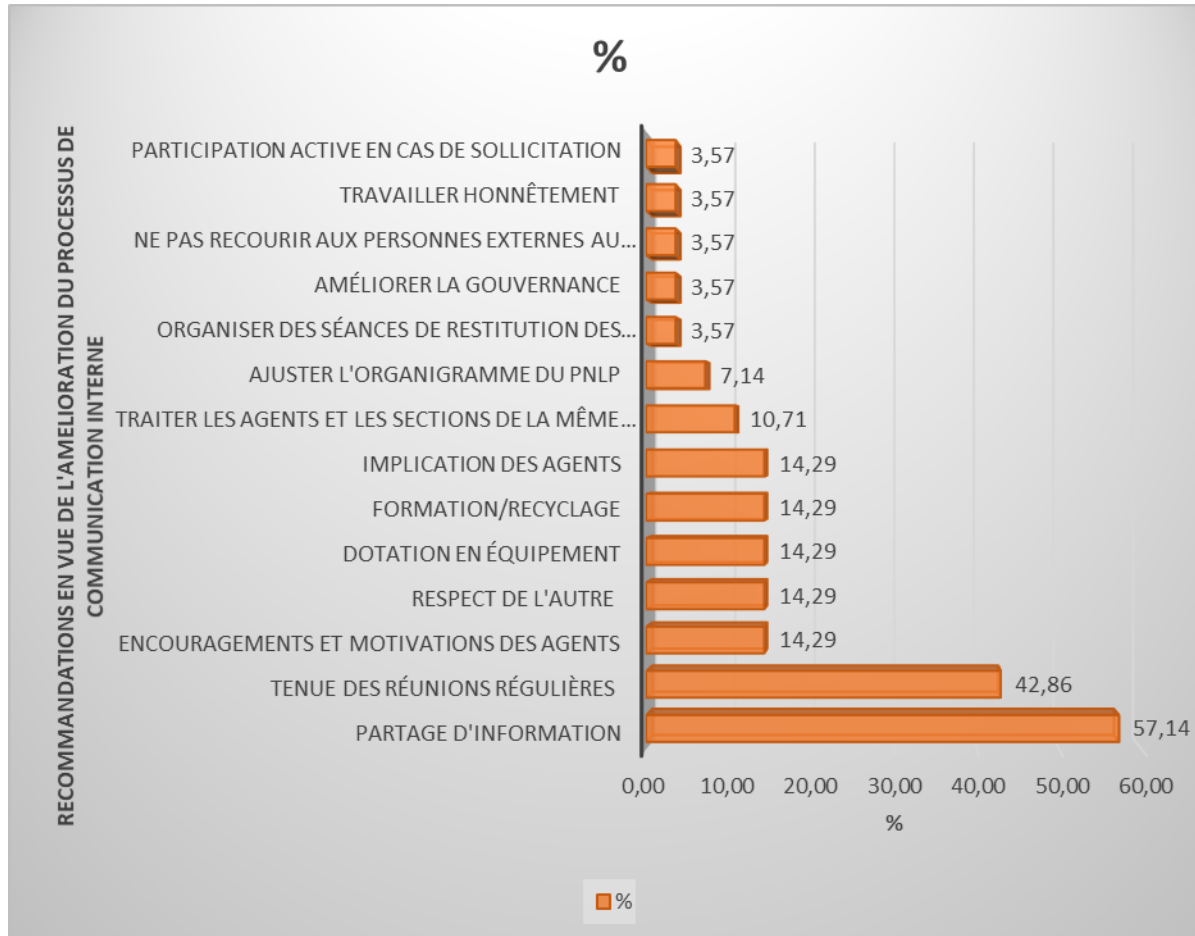


Diagram I: Main recommendations proposed by the interviewees.

Generally, scores for each section follow the same pattern as other components and as the Overall Relational Coordination Matrix. In other words, if a department scores high in one component, it is likely that it will score as high in the other components and it's the same trend if the score is low. This generally reflects how the departments perform because the components are related and thus create a positive or negative trend.

In some cases, there are inconsistencies in how different departments look at the same relationship. For example, in the global relational coordination matrix, coordinators rated the procurement and supply management department as 4.6. In addition, the staff of this department gave a score of only 2.1

for the coordination of the Program. Differences like this may indicate areas where one directorate feels the need for improved communication and relationships that the other directorate may not be aware of.

Areas that indicate growth potential in the matrices should be ranked in order of priority so that useful corrections can be made. For example, it may be a higher priority to tackle a somewhat weak result between two departments that collaborate very frequently in a very important process, rather than a very weak result between two departments that do not coordinate very often. For example, improving relations between the administration-management department and the coordination would be a high priority because they require constant, clear and timely communication. A lesser priority would be to improve relations between the epidemiological monitoring department and the procurement and supply management department, as they do not need to maintain such frequent communications.

Open question: as shown in Diagram 1 above, of the 28 participants who answered the open question, the results are as follows:

1. 16 made recommendations on information sharing (57%)
2. 12 wished to hold regular meetings (43%)
3. 4 agents expressed the wish to be encouraged and motivated (14%)
4. 4 expressed mutual respect (14%)
5. 4 requested more equipment (14%)
6. 4 requested training/retraining (14%)
7. 4 wanted agents to be involved (14%)
8. 3 wanted the fair treatment of all the agents within the same department (11%)
9. Adjustment to the NMCP organization chart was recommended by 2 agents (7%)
10. I wanted to organize mission restitution sessions (4%)
11. I wanted to improve governance (4%)
12. I did not want to rely on people outside the NMCP for missions (4%)
13. I wanted to work honestly (4%)
14. I active participation in case of solicitation (4%)
15. For the **communication** aspects, 16 interviewees recommended that this component be strengthened and that there be **fluidity** in the flow of information.
16. On the **governance**, 12 people linked to this issue have mentioned the regular holding of meetings between both coordination and the departments on the one hand, and between the coordination and all NMCP agents at least once a month on the other hand. These meetings must also be effective within the departments. By the same logic, 4 interviewees were in favor of more active involvement from the Program's executives. It was suggested to stop inviting those who are outside of the program to take part in the supervision missions. Some agents believe that it is important that there is equal treatment of the staff without any discrimination. Finally, 2 managers proposed that the current NMCP organization chart be revised, in order to make the Program more efficient and effective.
17. Regarding the **capacity building**, of the 12 people who made proposals, 4 suggested the organization of training/retraining for agents, 4 others proposed to equip the departments and finally, 4 solicited incentives/motivation for the agents doing a good job.
18. The **mutual respect** is part of the overall work environment and contributes to the achievement of results. Of the 28 interviewees, 4 offered recommendations on this matter.

Appendix D: Results of the Engagement Survey, Organizational Capacity Assessment of the Chad NMCP

The Engagement Survey reflects commitment to work and teamwork.

The survey cards were distributed to 30 people of the NMCP. These cards included:

1. 16 questions with answers on a standard scale of 1 to 5
2. 5 additional open questions

Staff engagement is expressed through 6 determining factors:

3. Belief in one's work and in the organization
4. Belief in one's ability to do the work
5. Positive relationships with one's organization, team and co-workers
6. Recognition and reward
7. Future prospects with one's organization
8. Ability to influence decisions about your work

The analysis of the questionnaires was done at three levels determining three categories of employees:

9. **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.

10. **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.

11. **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.

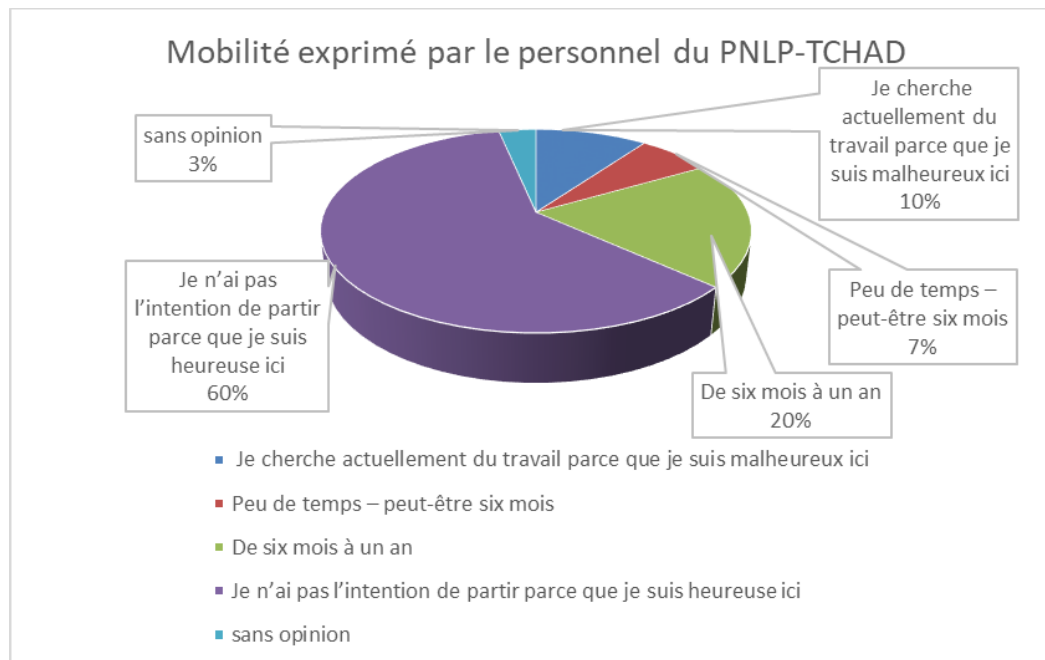
RESULTS:

4. Results of the general staff engagement towards the NMCP

- a) General staff engagement at the individual level: the average score of the general staff engagement is 3.77/5 and reflects a staff that is not engaged. At the individual level, 11/30 people are engaged because they have a score between 4 and 5 versus 16/30 people not engaged (score between 3 and 4) and 3/30 strongly disengaged (score between 1 and 3).
- b) General staff engagement by question: the average score of the questions is 3.78 and reflects a staff that is not generally engaged. Of the 16 questions asked, 7 questions had staff engagement with a score between 4 and 5 against 7 other questions with a score between 3 and 4; and 2 questions with a score between 1 and 3. Among the factors that negatively affected the level of staff engagement included: encouragement (2.6/5), lack of computer and office equipment (2.5/5); the performance evaluation mechanism (3.2/5) and lack of consideration (3.3/5).

5. Future prospects with your organization. The future prospects of the staff with the NMCP is reflected in the survey on the level of retention of NMCP staff. Following the analysis of the Staff Engagement Survey; 60% 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 37% who are considering leaving the NMCP and 3% are without an

opinion. Among the 37% who wish to leave the NMCP, 10% are currently looking for another job because they feel unhappy at the NMCP, 20% estimate that they will leave in six months to one year, and 7% in less than six months.



6. Positive relationships with your organization, team and co-workers. The positive relationships that the staff has with the NMCP, their department and colleagues are revealed at several levels through the Engagement Survey:

- a) Relationship with the department head and colleagues. The staff feels well regarded 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 4.03/5 which reflects the good relationship between colleagues at work and the department head.
- b) Pride to work at the NMCP. The majority of staff is proud to work at the NMCP. To the question “I am proud to work within this organization”, the average staff score is 4.13/5 and reflects the pride of the staff in belonging to the NMCP and working there.
- c) Respect at work. The majority of the staff feels respected at work. To the question “I feel respected at work”, the average score is 4.30/5 which reflects a good engagement of the staff when it comes to respecting their colleagues. Nevertheless, one person really feels frustrated at work with a score of 1/5.

7. Belief in one's work and the organization:

- a) Evaluation of one's work. In general, the NMCP 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 3.21/5 which reflects this shortcoming.
- b) Professional development. To the concern raised during the survey that “there is someone at work who encourages my development”, the average score is 3.69/5. This reflects that the staff generally feels that there is no engagement to encourage the professional development of NMCP agents.
- c) Opportunity at work. To the question “I have enough opportunities in my work to grow and develop”, the average score is 3.75/5, which reflects the lack of engagement to foster opportunities for staff to grow and develop.
- d) Work equipment. The majority of the NMCP agents do not feel they have the necessary equipment to do their job well. This was strongly expressed in the question “I have the equipment I need to do my job well” with an average score of 2.57/5.

- e) Importance of the work done. 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 4.73/5.
- f) Friendship at work. 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 4.31/5.

8. Belief in one’s ability to do the work

- a) Decision. In general, the staff does not feel engaged in making informed decisions about how they do the work. This shortcoming is expressed in the question “I can make informed decisions on how I do my job”, the average score is 3.69/5 and confirms this problem.
- b) Listening. “My colleagues listen to my ideas and my opinions openly”, the average score is 3.87/5 and reflects the fact that the ideas and opinions of the staff are generally not taken into account.
- c) Help. Most of the NMCP staff is committed to supporting other staff when they have difficulties or problems at work. This engagement 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 4.20/5.
- d) Role. The majority of the PLP agents know what is expected of them in their work. This is confirmed by an average score of 4.48/5 to the question “I know what is expected of me at work”.

9. Recognition and reward

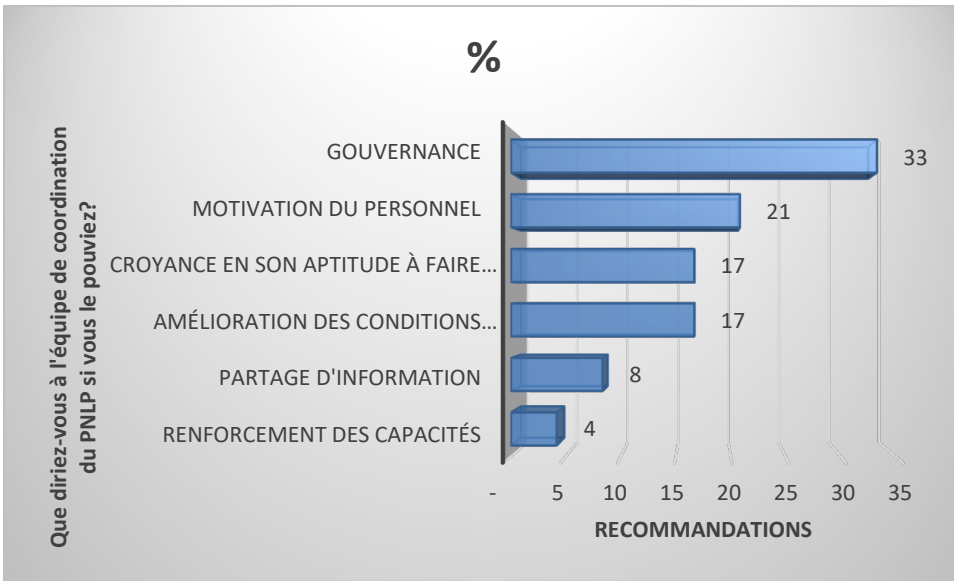
- a) Recognition. Recognition and reward at the NMCP are strongly criticized. The staff feels they do not have recognition for a job well done. This resulted in an average score of 2.69 for the concern “In the last seven days I have received recognition or praise for doing a good job”.

10. Ability to influence decisions about your work

- a) Feedback. Agents are not engaged in 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 3.34/5 confirming this shortcoming in terms of internal communication among the staff.
- b) Opinion. Agents generally feel that their opinion does not count at work. The average score is 3.57/5 for the concern “At work, my opinions seem to count”, reflecting the fact that their opinion is not taken into account.

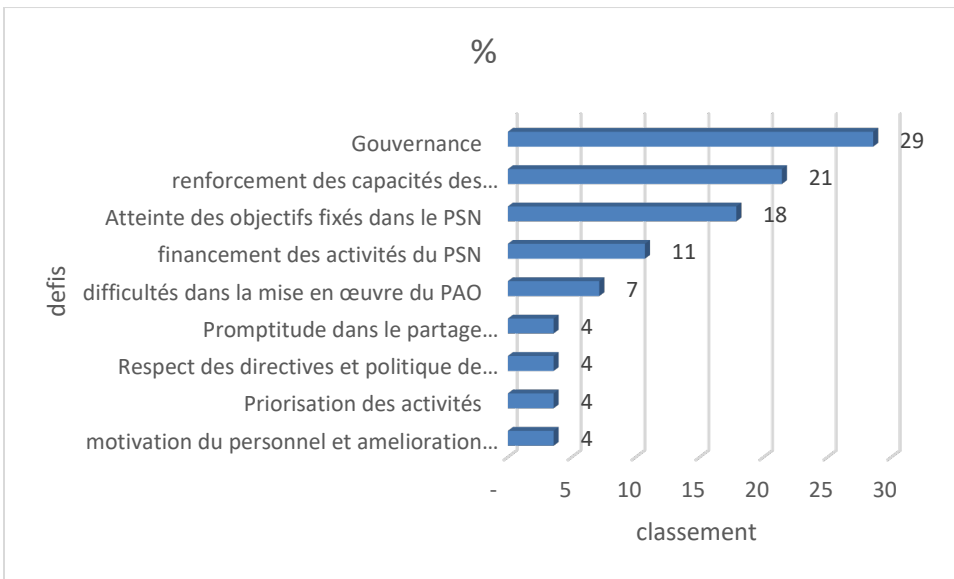
Recommendations made to the coordination

To the question “*What would you tell the management/coordinating team of the NMCP and the NMCP if you could?*”, NMCP staff’s recommendations to the coordinating team are to improve governance (leadership: lack of strategic vision, low staff involvement in decision-making, insufficient coordination through team meetings, insufficient delegation of tasks, etc.) in 33% of cases, to motivate the staff in 21%, to improve the working conditions in 17% of the answers as well as to believe in their ability to do the work in 17% of the answers; information sharing is recommended in 8% of cases and capacity building in 4%.



The biggest challenges for the NMCP: What do you think is the biggest challenge facing the NMCP in achieving its goals?

According to the staff, the biggest challenge facing the NMCP in meeting its goals is the **governance challenge** in **29%** of answers (leadership: lack of strategic vision, low staff participation in decision-making, lack of coordination through staff meetings, insufficient delegation of tasks, etc.) then **staff capacity building** in **21%** of answers.



Name 5 strengths of the NMCP

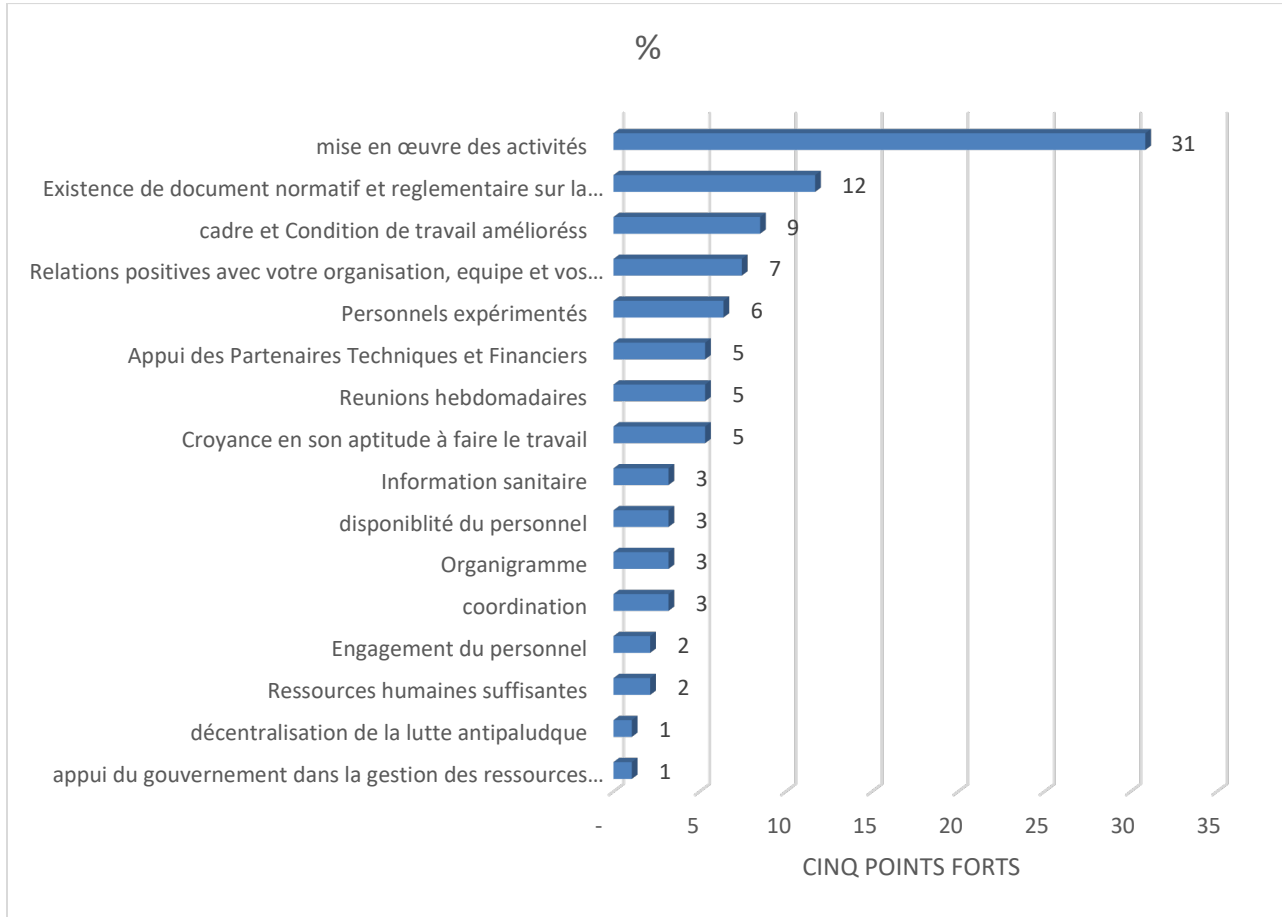
The five strong points named by the staff when they were asked the question:

- 1st: implementation of activities in 31% of answers (formative supervision, LLIN campaign, seasonal chemo-prophylaxis, IPT, activity monitoring, involvement of staff in wrap-up meetings with the delegations and districts).
- 2nd: the existence of normative and regulatory documents in 12% of answers (NSP, guidelines, treatment protocol, monitoring and evaluation plan, policy documentation).

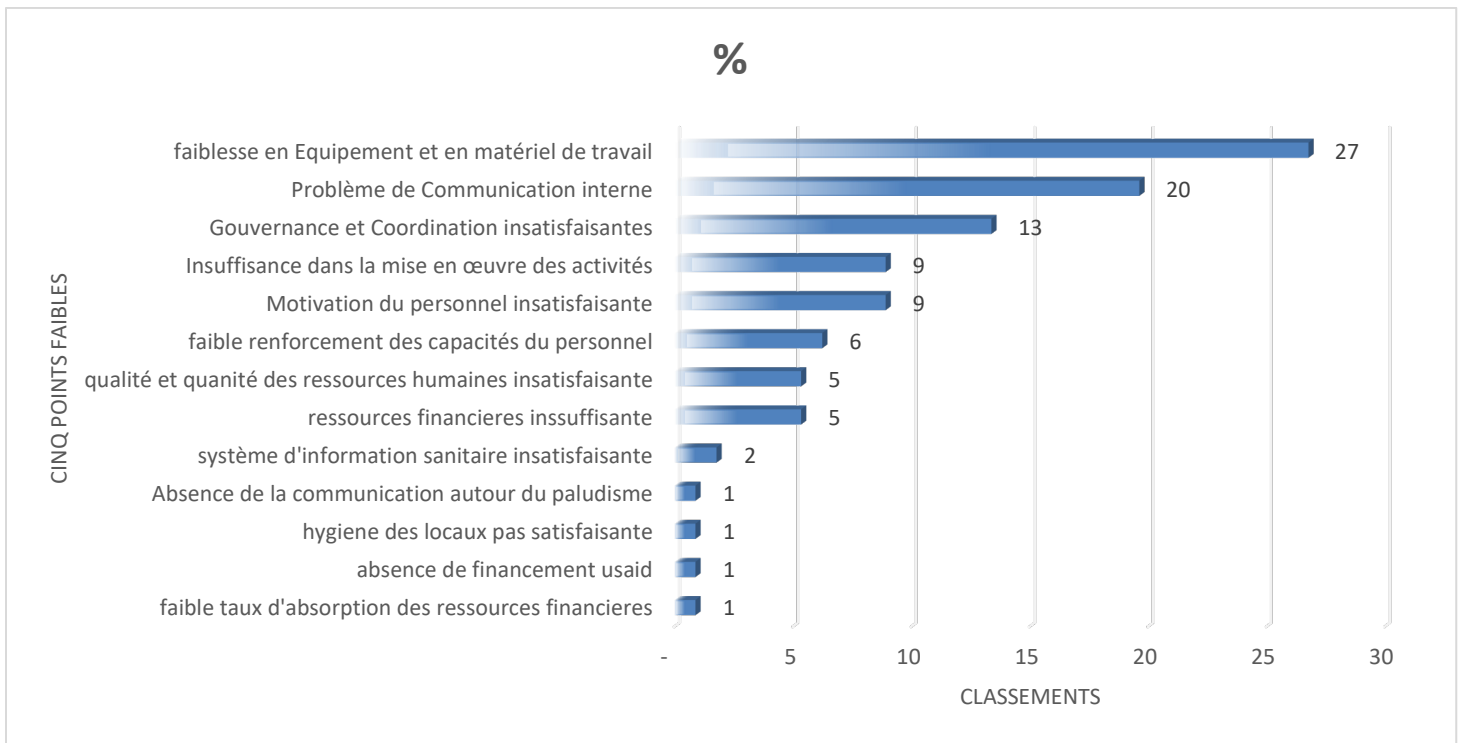
3rd: the improvement of the framework and working conditions in 9% of answers (vehicles available, facilities that are adapted, renovation of the facilities, existence of supervision vehicles, comfortable office equipment).

4th: positive relationships with the NMCP, between the departments and colleagues in 7% of answers (effective collaboration between departments, staff solidarity, stable team, dynamic team, no discrimination, familiarity with agents).

5th: experience and competence of the staff in 6% of answers (competent team, experienced staff).



Name 5 weaknesses of the NMCP



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

1st: lack of equipment and materials is the top staff concern with 27%.

2nd: the internal communication problem within the NMCP is at 20%.

3rd: governance (leadership: lack of strategic vision, low staff participation in decision-making, insufficient delegation of tasks, etc.) and insufficient coordination through team meetings were identified as a major challenge in 13% of answers.

4th: staff motivation is unsatisfactory at 9%.

5th: the failure in the implementation of activities at 9% was also identified as a concern for the staff.

Appendix E: Agenda of the reflection workshop

Reflection workshop held to discuss the preliminary results of the Organizational Capacity Assessment of the National Malaria Control Program in Chad-HRH2030 - September 4 and 5 2019 - Ndjamen

Background - Introduction

In Chad, malaria is endemic and remains one of the major obstacles to the country's socio-economic development. There are three (3) main epidemiological facies related to geo-climatic variations and socio-economic characteristics of the population: The desert region (1.2% of the population), the Sahelo-Saharan center (11.3%) and the South Sudan (87.5%). According to the 2017 Directory of Health Statistics, malaria is the leading cause of consultations (24.36%), hospitalization (34.67%) and mortality (41.01%). According to the National Survey of the Multiple Indicators of Malaria in Chad (ENIPT) of 2017, the prevalence of malaria among children aged 6 to 59 months was 40.9% compared to 29.8% in 2010.

The purpose of this technical assistance is to assess the management and organizational capacity of the National Malaria Control Program (NMCP) in Chad and to guide the technical support provided by the Human Resources for Health in 2030 (HRH2030) Program to the NMCP, with support from the US President's Malaria Initiative (PMI). The objective of this technical support is to assess the organizational and management capacity of Chad's National Malaria Control Program (NMCP) and to guide the technical assistance to be provided by the Human Resources for Health Program-2030 (HRH2030), with the support of the US President's Malaria Initiative (PMI). This assessment is designed to allow the NMCP to strengthen implementation, oversight, and monitoring of their strategic plan to achieve set objectives and goals for malaria control. This evaluation should enable the NMCP to strengthen the implementation, monitoring and follow-up of its strategic plan in order to achieve its objectives for the fight against malaria. The findings and recommendations of this assessment will serve to develop a capacity building action plan that may be supported by the Government of Chad, HRH2030 and its malaria control partners as the country engages in the long-term efforts to eliminate malaria. The findings and recommendations of this evaluation will be used to develop a capacity-building action plan that can be supported by the Government of Chad, HRH2030 and its malaria partners, as the country engages in long-term efforts to eradicate malaria.

Objectives of the workshop

- Reminding 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 Evaluation;
- Discussing improvement solutions to consider and identifying priorities and practical interventions to consider through an action plan.

Expected results

- The context and purpose of the evaluation are reminded to the participants;
- 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;
- Improvement solutions, priorities and practical interventions to be considered are identified, shared and discussed and reported in an action plan.

Methodology

The workshop will include plenary presentations and group assignments, followed by discussions and feedback in plenary sessions.

Participants

Institutions	Interested parties	Number
support team	Consultants Open Development	2
	Chemonics Technical Adviser	1
	total participants from the support team	4
NMCP	coordinator	1
	CT CSE GF	1
	assistant coordinator	1
	Administrator-manager	1
	Epidemiological Monitoring Department Head	1
	Monitoring & Evaluation Department Head	1
	Patient Care Department Head	1
	Laboratory Department Head	1
	IEC/SBCC Department Head	1
	VC Department Head	1
	PSM Department Head	1
Total NMCP Participants	11	
MOPH	General Manager	1
	Inspector General	1
	Inspector of programs and projects	1
	Inspector of the bodies under guardianship	1
	Human Resources Director	1
	Project management unit	1
	N'djamena Provincial Health Delegation	4
	Total MOPH Participants	10
TFP	WHO TA	1
	UNDP/ MCSP (coordinator-technical adviser)	3
	Ihpiego (director, data)	2
	total TFP	6
	NAC (CCM)	1
other institution	total other institution	1
total participants		32

Workshop agenda

Day 1

Time	Activity	Facilitators
8h30 - 09h00	Opening ceremony <ul style="list-style-type: none"> • Welcoming address from the NMCP Coordinator • Presentation of participants • Administrative announcements • Establishment of the Presidium 	Mr. Ephraim Djoumbe
09h00 - 10h30	Session 1: Presentations and questions and answers <ul style="list-style-type: none"> • Objectives of the workshop • Reminder of Objectives and Evaluation Methodology • Preliminary Results of the Organizational Framework and System 	Dr. Traore Melly
10h30 - 11h00	Coffee break	
11h00 - 12h30	Session 2: <ul style="list-style-type: none"> • Preliminary Results of Human Resources and Organizational Culture • Presentation of Results on Staff Engagement 	Dr. Yeboue Jean-Jaques
12: 30- 13h00	<ul style="list-style-type: none"> • Presentation of the results of the internal communication 	
13h00 - 14h00	Lunch break	
14h00 - 16h30	Session 3: <ul style="list-style-type: none"> • Working groups for Organizational and System Framework, and Human Resources and Organizational Culture • Group 1: Organizational and System Framework • Group 2: Human Resources and Organizational Culture 	Working Groups Facilitators: Dr. Ignace/Melly/ /Yeboue

Day 2

Time	Activity	Facilitator
8h30: 10h00	Session 4: <ul style="list-style-type: none"> • Continuation of working groups 	Working Groups Facilitators:
10h00 - 10h30	Coffee break	
10h30 - 13h00	Session 5: <ul style="list-style-type: none"> • Restitution in plenary session of working groups 1 	All reporters
13h00 - 14h00	Lunch break	
14h00 - 15h30	<ul style="list-style-type: none"> • Session 6: Restitution in plenary session of working groups 2 	All reporters
15h30 - 16h30	Session 7: <ul style="list-style-type: none"> • Next steps of the evaluation • Closing remarks from the Coordinator 	Ephraim Djoumbe

Appendix F: List of documents reviewed

1. Chad Performance Review Report Memory Aid, February 2019
2. Chad Performance Review Report Memory Aid, November 2013
3. NSP mid-term review 2014 -2018, March 2017
4. Chad Statistical Yearbooks 2017
5. Malaria Program Review (MPR), NMCP CHAD 2018
6. National Development Plan NDP 2017 2021 - August 2017
7. National Malaria Control Policy 2014, August 2014
8. National Health Policy 2016 -2030, March 2016
9. NSP Monitoring and Evaluation Plan 2014-2018
10. National Malaria Strategic Plan 2014-2018
11. Final synthesis report of the NMCP annual review, February 2015
12. Final Report of the NMCP Program Annual Review, November 2013
13. NMCP organization chart, January 2016
14. NMCP Activity Report - 2014; 2015
15. NMCP Annual Report 2016 - March 2017
16. NMCP Annual Report 2017 - April 2018
17. World Health Organization, Global Technical Strategy for Malaria Control 2016-2030
18. Malaria Management Training Guide for Medical and Paramedical Personnel, Learner's Manual, December 2014, Volume I
19. Training Guide on the Biological Diagnosis of Malaria in Health Facilities, Learner's Manual, December 2014, Volume I
20. Training Guide on the Biological Diagnosis of Malaria in Health Facilities, Learner's Manual, October 2014, Volume II
21. Training Module for Supervisors and Team Leaders on Indoor Residual Spraying, June 2018
22. National Preventive Guidelines, National Guidelines for Biological Diagnosis and Management - December 2014
23. National Implementation Guidelines for the IRS (June 2018)
24. National Guidelines for the Management of Malaria (December 2014)
25. National Malaria Monitoring Guidelines, May 2018
26. Technical Guide for Integrated Disease Monitoring and Response from Chad, December 2015
27. Manual of Administrative, Financial and Procurement Accounting Procedures, Logistics Guidelines
28. Vector Control Guidelines, 2018
29. Monitoring and Evaluation Plan - 2014
30. Operational Plan Procedures Manual, PSM, June 2018
31. Management Plan for Vector Resistance to Insecticides, 2019-2023 (May 2018)
32. Preparedness Plan for Response to Malaria Epidemics, May 2018
33. NSP 2019-2023



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

Program Partners

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

About HRH2030

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

Global Program Objectives

1. **Improve performance and productivity of the health workforce.** Improve service delivery models, strengthen in-service training capacity and continuing professional development programs, and increase the capacity of managers to manage HRH resources more efficiently.
2. **Increase the number, skill mix, and competency of the health workforce.** Ensure that educational institutions meet students' needs and use curriculum relevant to students' future patients. This objective also addresses management capability of pre-service institutions.
3. **Strengthen HRH/HSS leadership and governance capacity.** Promote transparency in HRH decisions, strengthen the regulatory environment, improve management capacity, reduce gender disparities, and improve multi-sectoral collaboration for advancing the HRH agenda.
4. **Increase sustainability of investment in HRH.** Increase the utilization of HRH data for accurate decision-making with the aim of increasing investment in educating, training, and managing a fit-for-purpose and fit-for-practice health workforce.



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