

ASSESSMENT | MARCH 23, 2021

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

U.S. President's Malaria Initiative

ACKNOWLEDGEMENTS

This report was written by the HRH2030 consortium with generous support from the US Government's President's Malaria Initiative (PMI) and the United States Agency for International Development (USAID). HRH2030 would like to thank Dr. Tinah Atcha-Oubou, Coordinator for the National Malaria Control Program, as well as program staff for their time, assistance, and helpful collaboration during this assessment. HRH2030 would also like to thank Dr. Marcel S. Awoussi, Secretary General of the Ministry of Health and Public Hygiene, and Dr. Jean-Emmanuel Julo-Réminiac, HRH2030-CBM Technical Adviser, for their support throughout the assessment.

March 5, 2021

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

Cover photos: HRH2030

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Acronyms/abbreviations

ACT	Artemisinin-based Combination Therapy	DivSP	Department of Health Promotion (<i>Division de la Promotion de la Santé</i>)
AFD	French Development Agency (<i>Agence Française de Développement</i>)	DNHIS	National Health Information System Directorate
AQ	Amodiaquine	DPML	Pharmacy, Medication, and Laboratories Directorate
ARV	Antiretrovirals	DSME	Directorate of Maternal and Child Health
BCC	Behavior Change Communications	DSCPA	Division for Community Health and the Elderly
BMGF	Bill and Melinda Gates Foundation	DSSP	Primary Health Care Directorate (<i>Direction des Soins de Santé Primaires</i>)
CAMEG	Central Purchasing for Essential Generic Drugs (<i>Central d'Achats de Médicaments Essentiels Génériques</i>)	EGM	Essential Generic Medications
CBI	Community-Based Initiatives	GAVI	Global Alliance for Vaccines and Immunization
CCM	Country Coordination Mechanisms	GDP	Gross Domestic Product
CHAI	Clinton Health Access Initiative	GF	Global Fund to Fight AIDS, Tuberculosis, and Malaria
CHU	University Health Center	GS	General Secretariat
CHW	Community Health Worker	HRD	Human Resources Directorate
C-PRSP	Complete Poverty Reduction Strategy Paper	HRH2030	Human resources for Health in 2030
CRS	Catholic Relief Services	IEC	Information, Education, Communication
CRT	Togolese Red Cross	IEMD	Infrastructure, Equipment, and Maintenance Directorate
CSO	Civil Society Organization	IGSS	Health Services General Inspector (<i>Inspection Générale des Services de Santé</i>)
DAF	Administrative and Financial Directorate	IMCI	Integrated Management of Childhood Illness
DDS	Health District Directorate (<i>Direction du District Sanitaire</i>)	INSEED	National Institute of Statistics, Economic Research, and Demographics (<i>Institut National des Statistiques, des Études Économiques et de la Démographie</i>)
DEPI	Division of Epidemiology	IPT	Intermittent Preventive Treatment
DEPP	Research, Planning, and Programming Directorate (<i>Direction des Études, de la Planification et de la Programmation</i>)	IRS	Indoor Residual Spraying
DFS	Family Health Directorate	ITN	Insecticide Treated Net
DGAS	General Directorate for Health (<i>Direction Générale de l'Action Sanitaire</i>)	LAL	Larval Control (<i>Lutte Anti-Larvaire</i>)
DGEPIS	Research, Planning, and Health Information Directorate (<i>Direction Générale des Études, de la Planification et de l'Information Sanitaire</i>)	LAV	Vector Control (<i>Lutte Anti-Vectorielle</i>)
DH	District Hospital	LLIN	Long-lasting, Insecticide-Treated Mosquito Nets
DHAB	Basic Hygiene and Sanitation Directorate (<i>Direction de l'Hygiène et de l'Assainissement</i>)	LMG	Leadership, Management, and Governance Project
DHI	Division of Health Information	MCHNP	Maternal Child Health and Nutrition Services Project
DHIS2	Data Health Information System 2	MDG	Millennium Development Goals
DHS	Demographics and Health Survey	MICS	Multiple Indicator Cluster Study
DHST	Demographics and Health Survey in Togo		
DI	Division of Immunization		

MMV	Medicine for Malaria Venture	RHC	Regional Hospital Center
MSH	Management Sciences for Health	RHD	Regional Health Department
MHPH	Ministry of Health and Public Hygiene	RHD-LC	Regional Health Directorate of Lomé Commune
NGO	Non-Governmental Organization	R&R	Roles and Responsibilities
NHDP	National Health Development Plan	SMC	Seasonal Malaria Chemoprevention
NHISD	National Health Information System Division (<i>Division Système National de l'Information Sanitaire et de l'Informatique</i>)	SNP	National Malaria Service (<i>Service National du Paludisme</i>)
NHP	National Health Policy	SP	Sulfadoxine-Pyrimethamine
NIH	National Institute of Health	TG SMPT/NMCP	Technical Group to Support Malaria Prevention in Togo National Malaria Control Program
NMCP	National Malaria Control Program in Côte d'Ivoire	TDM	Mass Treatment (<i>Traitement de Masse</i>)
NSMI	National Survey on Malaria Indicators	TET	Treatment Effectiveness Test
NSP	National Strategic plan	TFP	Technical and Financial Partners
OCAT	Organizational Capacity Assessment Tool	TMP	Traditional Medical Practitioners
OAP	Operational Action Plan	UL	University of Lomé
PAP	Priority Action Program	UNFP	United Nations Population Fund
PHC	Prefectural Hospital Center	UNICEF	United Nations Children's Fund
PHD	Prefectural Health Directorate	USAID	United States Agency for International Development
PMI	U.S. President's Malaria Initiative	WB	World Bank
PNC	Prenatal Consultation	WHO	World Health Organization
PR	Principal Recipient of the Global Fund		
PMU-MH	Project Management Unit – Ministry of Health		
RBM	Roll Back Malaria (<i>Faire Reculer le Paludisme</i>)		
RDT	Rapid Diagnostic Test		

Executive Summary

The purpose of this technical assistance to Togo was to assess the National Malaria Control Program's organizational and management capacity and to guide the technical assistance provided to the NMCP by the Human Resources in Health in 2030 (HRH2030) program, with support from the U.S. President's Malaria Initiative. 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.

Methodology: 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.

Using the OD model as a guide, the team of consultants conducted a rapid organizational assessment of the NMCP, using a mixed approach that included (i) a review of key documentation, (ii) semi-structured interviews, and staff engagement and internal communication surveys, (iii) the facilitation of a workshop to study the organization and (iv) a review of recommendations from the workshop with the HRH2030 technical adviser, to clarify certain points brought up during the interviews and to address the solutions thought to be the most pertinent.

Observations/results: The NMCP assessment results primarily suggest: (i) adopting the vision and mission; (ii) redefining NMCP's own vision; (iii) aligning objectives by individual (job description) and by unit as related to NMCP's vision; (iv) adopting a new, modified org chart; (v) building existing staff capacity; (vi) improving communication, systems, and processes to be able to focus on and fully engage in the coordinator's role of coordinating, leading strategy, supervising and mobilizing resources for malaria control. Results from stakeholder interviews and surveys indicate that, due to the NMCP leadership's momentum, availability, and openness, as well as employees' belief in their own abilities and the importance of their work, they can overcome organizational obstacles. Then the NMCP will be able to fully embrace its role as a leader and guide partners toward achieving malaria control objectives. A

prioritized action plan was created once the assessment was complete, including a series of recommendations for sustainable organizational change. The team of consultants also proposed modifications to the NMCP's current org chart to make it more functional.

Section I: Organizational Framework

1. *Vision and mission:* These are clearly defined in the 2017-2022 National Strategic Plan (NSP) for Malaria Control. However, the NMCP will have to develop its own vision in relation to that of the NSP. These objectives should be aligned on both an individual and unit level so that the stated vision can be achieved. The assessment revealed that the vision and the mission are not clearly understood by most of the people surveyed (10 of 13), even though they stated that they had access to "strategic and standards documents" like the 2017-2022 NSP as well as the decree creating the NMCP. In addition, these documents are not displayed in the offices or any area that is visible to all.
2. *Structure:* An org chart dating from 2009 exists but has not been updated. In fact, the NMCP has undergone structural changes that are not reflected in this org chart. Furthermore, the current organization is inadequate, in that the NMCP does not have all of the required staff and certain units that are required to properly carry out its mission. As a result, the NMCP has proposed that the org chart be revised. This is in the process of being approved. The revision describes various units' organizational structures and functions. It is critical that this new org chart be adopted to improve daily human resource management and program coordination.
3. *Policies and Procedures:* The NMCP has standards documents (policies and procedures) to guide the implementation of interventions. Despite the existence of these documents, there are no procedures for an updated communication plan (2006) with the new directives; there is no larval control manual or manual for policies or

procedures promoting public-private partnership; no plan for building capacity; and there are some documents missing regarding the daily management of human resources, such as a code of conduct, statutes, or internal regulations specific to the NMCP that are aligned with internal regulations and the country's civil service code. Creating these documents, supplementing those that already exist, will strengthen NMCP's organizational framework.

4. *Leadership/Coordination*: The interviews revealed that the coordinator's leadership, momentum, and openness were appreciated by most respondents. However, the coordinator's capacity to advocate and negotiate to mobilize additional financial resources is not enough to close the coverage gap for malaria control activities in Togo. Implementing a formal coordination structure, including regular meetings with stakeholders participating in malaria control and functioning technical support groups, will help to improve the coordinator's leadership, coordination, and daily management.

Section 2: Systems

1. *Planning and problem-solving*: Togo's 2017-2022 NSP was created in a participatory and inclusive manner. The NSP has contributed to developing other operational plans such as (i) the consolidated annual work plan and budget by funding source; (ii) the quarterly activities action plan; and (iii) the Global Fund quarterly activities action plan. For partner-funded activities, there are Operational Action Plans (OAP), which detail the NSP's operational implementation at the health district level. However, the assessment noted the lack of a process for problem-solving and the lack of a monitoring mechanism for program performance, despite periodic monitoring using the Tanahashi model.
2. *Tracking progress*: To focus on performance outcomes, the NMCP holds monitoring meetings weekly, quarterly, at half-yearly intervals, and annually at the central and regional levels, using annual regional reviews to assess implementation and to measure progress made in assessing the program's performance and searching for solutions.
3. *Supervision activities*: NMCP supervision tools are specific to each level of the healthcare pyramid and the various relevant stakeholders have been trained on their use. The Division for Community Health and the Elderly (DSCPA) is in charge of coordinating, monitoring, and supervising all community activities. The Togolese Red Cross (CRT) coordinates civil society organization (CSO) activities; the CSOs support local organizers who assist the RFS with monitoring community health workers (CHWs). Since the Global Fund reduced funding for supervision, the NMCP has not had sufficient financial resources to implement various types of supervision. This has caused conflict regarding the organization of integrated supervision due to efforts to pool available resources; the consequences of this have included malaria control indicators not being considered comprehensively and a lack of quality in supervision reports.
4. *Monitoring and evaluation*: The 2017-2022 NSP has a monitoring/evaluation plan to evaluate the progress of malaria control projects; it uses selected, clearly defined key contractual indicators. Data quality is good in terms of completeness, less good in terms of timeliness, and accuracy and reliability need to be improved. This can be explained by the DHIS2 recently being scaled up, which has led to the need for additional human resources: there is no full-time NMCP data manager and, significantly, there is also no quality process to provide the NMCP with the higher-quality data required for appropriate decision-making.
5. *Finance*: Although some TFPs are present in Togo, there are not many of them and there has not been sufficient mobilization of financial resources. The second- and third-largest contributors to malaria control worldwide—PMI and the Department for International Development (DFID)—are not, in fact, present in Togo. Neither are other partners such as the Malaria Consortium, Medicine for Malaria Venture (MMV), BMGF, CHAI or others. According to the NMCP's annual report, only 13.23% of resources have been mobilized to cover NSP activities for 2018, highlighting the lack of coverage for priority activities, including activity supervision, building human resource capacity, research activities, etc.
6. *Supply chain management/purchases*: Antimalarial commodities have been made available to the public at no charge since 2013, and are used to treat uncomplicated cases of malaria and, since May 2019, to treat severe cases as well. It is worth noting that in general there is good availability (98%) of high-quality human resources, facilitated by a supply chain coordination and monitoring framework through CAMEG. Additionally, an NMCP internal procedures manual exists as well as tools to manage and secure antimalarial commodities. Furthermore, a national manual is being drafted at the DPML level

to manage and secure medical commodities. However, the procedure manual for commodity management and security needs to be updated per the new provisions. Good drug and commodity availability at the central, regional, and peripheral levels masks some deficiencies in stock management at the healthcare facility level, as well as the need for those facilities to be strengthened through training.

Section 3: Human Resources

1. *Recruitment:* 75% percent of staff are civil servants and 25% work under contract. Civil servants often have neither the qualifications nor the profile required by the NMCP. They are assigned by the MHPH without the coordinator being informed in advance and do not necessarily match the profile requested or required by the program. Therefore, assigning staff positions is problematic for the NMCP.
2. *Retention:* 70% percent of the staff confirm that they are happy and would like to remain with the NMCP, while 15% of the staff would like to leave the NMCP (11% within six months to a year and 4% in less than six months); the other 15% expressed no opinion. This should encourage the management team to take concrete action to incentivize employees and to motivate the staff to retain already-qualified individuals. However, it should be noted that 25% of the staff work under fixed-term contracts.
3. *Roles and responsibilities:* A review of the Togo NMCP's documents has confirmed that approved job descriptions exist, except for one in the community-based planning unit which is in the process of being validated. However, staff interviews revealed that some workers do not fully understand the tasks described in job descriptions and that departmental roles and responsibilities are not clearly defined.
4. *Fair assessment, rewards, and consequences:* The assessment revealed an annual review process that is not based on civil service performance for civil servants nor on the Global Fund performance review process for contract employees; a performance-based incentive mechanism financed by the Global Fund for civil servants (A2-B1 rating (60-100%)=15% of quarterly salary; A1 rating(>100%)=20% of quarterly salary, the performance bonus is awarded twice yearly to NMCP staff according to the rating indicated in the management letter); verbal praise from the

coordinator for positive action; and the existence of team-building activities at the end-of-the-year retreat, and when celebrating International Women's Day (March 8). However, the lack of a formal NMCP compensation mechanism for civil servant performance has caused the staff to critique the recognition and compensation offered by the NMCP.

5. *Feedback:* Staff feel that they have the capacity to achieve results, but could benefit from sharing experiences, best practices, and updates. Such support can come from a supervisor, a member of the team, a colleague, or a TFP.
6. *Capacity building:* The lack of a capacity building plan to determine the cycle for skills renewal and maintaining and/or build staff competency is a problem. Information gathered during the interviews indicates that the staff requires capacity building in areas such as: *statistics (software like SPSS, mapping); monitoring and evaluation; administrative management; epidemiological surveillance and research; planning; larval control; advocacy and resource mobilization.*

Section 4: Organizational Culture

1. *Internal communication and transparency:* The assessment revealed that weekly meetings with unit leads and teams are held regularly, there is a "NMCP staff" WhatsApp Group to facilitate internal communication, and there is a climate favorable for internal communication. However, the survey also indicated that internal communication is reserved for only some of the staff. As such, these individuals suggest that periodic meetings be coordinated to include more staff to improve information sharing and internal communication.
2. *Teamwork:* Team spirit is one of the NMCP's strengths, as per the staff engagement survey. However, team spirit among certain NMCP staff members needs to be improved through education; bringing back departmental meetings; defining each NMCP staff member's job description; training staff members on their job description; and holding evening recreational events and outings.
3. *Commitment/motivating factors:* The assessment highlighted the following as staff incentives: how easy it is for unit leads to participate in decision-making during weekly team meetings; the recognition they often receive from the coordinator for their positive contributions; the restaurant meal to celebrate International Women's Day (March 8); and the fact that the building housing the NMCP has

been sufficiently renovated. However, the lack of a performance-based review system for civil servants, the unattractive salary and professional conditions, and a fleet of obsolete and aging vehicles can be considered demotivating factors.

4. *Working environment:* The NMCP team recognizes that considerable efforts have been made to improve working conditions as they relate to infrastructure (physical premises) and equipment, and that these efforts must be continued because there are computer and office needs as well as needs related to the vehicles used for field missions.

5. *Staff engagement:* The overall average score for those interviewed was **3.91/5** (score < 4), meaning that, in general, the staff is not engaged. However, on an individual level, close to 60% (16/27) of the staff are engaged (score between 4 and 5); 33% (9/27) are not engaged (score between 3 and 4); and 7% (2/27) are strongly disengaged (score between 1 and 3). Furthermore, 69% (9/13) of unit leads are optimistic, 8% (1/13) are pessimistic, and 23% (3/13) did not express an opinion. Relationships between colleagues are often considered to be positive (9/13). In addition, staff members feel they can make informed decisions when conducting their work, with an average score of 4.15/5. Although teamwork is one of the NMCP's major advantages, the score related to the staff ideas/opinions being taken into account was 3.77/5, meaning that, in general, staff ideas and opinions are not sufficiently considered. The level of optimism and engagement means that an incentive policy should be drafted to address staff motivation, engagement, and retention, while also accounting for salary norms within the country.

I. NMCP Context

Malaria is still a major public health issue in Togo, where it represented 38% of external consultations and 22% of hospitalizations in healthcare facilities in 2016. Confirmed cases of malaria increased from 51% in 2011 to 98% in 2016. During the same period, malaria incidence increased from 102.4% to 162%. According to the 2013-2014 DHS III, the prevalence of malaria in children aged 6 to 59 months was 36%. In 2016, the proportionate mortality rate for malaria was 17%, with a fatality rate of 3%. Children under 5 years of age and pregnant women represented 36% and 5%, respectively, of cases of uncomplicated malaria confirmed in healthcare facilities. In terms of its economic effect, studies have shown that malaria is responsible for an economic loss greater than 1% of GDP.

The Directorate of Disease Control and Public Health Programs (DLM/PSP) is responsible for coordinating divisions like Communicable Diseases (DivMT), to which the NMCP belongs. The NMCP's organizational structure was determined by ministerial legislative decree no. OO67/2009/MS/CAB/DGS/SP of April 14, 2009, addressing the NMCP's creation, structure, and operation. The NMCP collaborates with the Directorate for the National System for Health Information Systems (NHIS), the Directorate of Pharmacy, Medication and Laboratories (DPML), the University of Lomé, the Directorate of Research, Planning and Programming, the Division of Immunization, and the Division of Health Information. The NMCP also collaborates with Regional Management Teams within regional health departments and health districts to coordinate and implement malaria control initiatives at the operational level.

The 2009 decree that created the NMCP and related org chart show that the NMCP has two (2) levels: leadership and units. The NMCP is led by a coordinator assisted by six (6) unit leads: (i) administration; (ii) accounting and financial management; (iii) prevention; (iv) patient care/laboratory; (v) information, education, and communication (IEC); and (vi) epidemiological surveillance and research. Technical groups help the NMCP conduct its activities.

The organizational chart, which is currently being revised, shows that the NMCP should have three (3) levels: leadership, departments, and units: a coordinator assisted by five (5) department leads and 12 units. Departments: (i) administrative and financial management; (ii) prevention; (ii) epidemiological surveillance and research; (iii) patient care; (iv) supply and inventory management; (v) prevention. One (1) HRH2030 technical advisor helps the NMCP conduct its activities.

Togo's 2017-2022 National Strategic Plan will contribute to reducing morbidity and mortality in the general population and will ensure that malaria is no longer a public health issue. Malaria control in Togo is at the control phase. The NMCP is a coordinating entity, not an implementation entity. Its mission is to ensure universal access to malaria control initiatives with technical and financial support from the government and development partners. Its missions and duties are to:

- inform, educate, and communicate in order to reduce malaria; define malaria control policies and strategies; and mobilize resources
- develop and coordinate prevention activities
- improve prevention actions by scaling up the use of LLINs, chemoprophylaxis, intermittent preventive treatment, and vector control
- improve treatment actions
- reduce malaria's socioeconomic impact on sustainable human development
- coordinate various partners' initiatives; coordinate and promote research on malaria control; develop and apply malaria control standards, strategies, and directives; ensure implementation monitoring; and coordinate and evaluate initiatives at the national level.

The *guiding principles* for controlling malaria in Togo are good governance; community participation; integration; decentralization; partnerships; separate frameworks for planning, coordinating, and monitoring/evaluation; and the multisector nature of the fight against malaria.

Implementing malaria control strategies is the responsibility of health districts, within the framework of an approach that integrates preventive and curative healthcare services. These strategies include vector control, malaria prevention in pregnant women and children under age five, parasitology diagnostics, curative treatments, malaria pharmacovigilance,

monitoring antimalarial drug efficiency, program management, health promotion, procurement and inventory management, and surveillance/monitoring/evaluation.

To monitor execution of NMCP policies and strategies at the regional level, the NMCP has a regional Focal Point coordinated and supervised by the Regional Health Director (RHD). There is a district Focal Point at the prefectural level, coordinated and supervised by the DMT.

In Togo, the Primary Recipient (PR) of the Global Fund's 2018-2020 NFM2 Malaria grant is the Office of the Prime Minister's Project Management Unit. The NMCP is a sub-recipient (SR) of the public component, as is the Division of Community Health, in collaboration with the Togolese Red Cross, for the community component, including CHWs. As a governmental entity, the NMCP receives government funds from the Ministry of Finance via the Ministry of Health and Public Hygiene. Most of the funds for malaria control activities are from external partners, with the Global Fund to Fight AIDS, Tuberculosis and Malaria the primary funder. In addition, the NMCP benefits from technical support provided by WHO and Roll Back Malaria (RBM). Various partners (WHO, RBM, the Global Fund, the Canadian, Togolese and Swiss Red Crosses, IFRC, World Bank, UNICEF, OCDI, China and others) collaborate with the NMCP to build its institutional and managerial capacity to carry out its role of achieving the main malaria control objectives in Togo. Using various mechanisms to coordinate and implement malaria control, specifically technical assistance, this collaboration has led to the creation of strategic and standards documents (NSP) and funding for activities in the annual work plans. NGOs also play an important role by assisting some health districts in implementing malaria control strategies within the community.

II. Assessment Goals and Objectives

The purpose of this assessment was to evaluate the organizational and management capabilities of Togo's NMCP and to guide the technical assistance to be

Reference I. Goals and Objectives

Goal: Significantly reduce the burden of malaria by 2022.

Objectives: The 2017-2022 NSP objectives are aligned with the WHO's Global Technical Strategy for Malaria 2016-2030, adapted to the national context. These are:

1. Reduce malaria case incidence by at least 50% compared with 2015
2. Reduce malaria mortality rates by at least 40% compared with 2015
3. Build and maintain program management capacity at all levels by 2022

Expected results:

1. At least 80% of the population at risk for malaria slept under an insecticidal net the previous night
2. At least 80% of children under 5 at risk for malaria slept under an insecticidal net the previous night
3. At least 80% of pregnant women at risk for malaria slept under an insecticidal net the previous night
4. At least 80% of the population at risk for malaria in the target areas has been protected by indoor residual spraying over the past 12 months
5. At least 80% of pregnant women at risk for malaria have received at least three doses of intermittent preventive treatment as part of their prenatal care during their last pregnancy
6. At least 80% of children aged 3 to 59 months in areas targeted for seasonal malaria chemoprevention have benefitted from adequate protection with 4 doses during the last period of high malaria transmission
 - 6.1. At least 90% of suspected malaria cases receive a parasitological test (RDT, Microscopy)
 - 6.2. At least 90% of uncomplicated malaria cases confirmed in healthcare facilities receive proper antimalarial treatment in compliance with national directives
 - 6.3. At least 90% of severe malaria cases confirmed in healthcare facilities receive proper antimalarial treatment in compliance with national directives
 - 6.4. At least 90% of uncomplicated malaria cases confirmed by community liaisons receive proper antimalarial treatment, within 24 hours, in compliance with national directives.
 - 6.4.1. At least 80% of the population knows the main signs of malaria and national measures are being taken to control malaria
 - 6.4.2. At least 80% of reports expected from healthcare establishments are received at the national level (NHIS report collection rate I).

Source: Togo Malaria NSP, 2017-2022, pages 35-36

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 malaria control objectives. This assessment's findings and recommendations will be used to draft an action plan for capacity building that will be supported by the government of Togo, HRH2030, and the NMCP's malaria control partners as the country engages in its long-term efforts to eliminate malaria.

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

- The NMCP's organizational dynamics, including strategic reflection and teamwork
- The NMCP's processes and functions, including organizational structure and staff assignments
- NMCP's operational challenges in achieving the objectives defined by the NSP
- The mechanism for coordinating and communicating with internal and external partners
- Opportunities to decentralize and promote prioritized planning; responsibility of key stakeholders to improve the supply chain.

III. Assessment Method

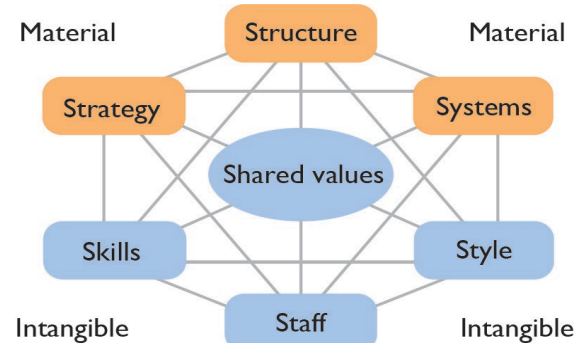
A three-person team conducted the assessment, including a team lead with expertise in the public health sector and monitoring/evaluation plus two consultants, one of them a local physician who is an expert in public health and health program management, and another doctor with good clinical and public health knowledge related to malaria and extensive experience working with the NMCP in Togo. The assessment team used their decades of experience in Togo's public health system, emphasizing systemic improvement and organizational development, to construct an organizational development model and methodology that allowed for a rapid assessment.

Per the terms of reference, the assessment had to be "rapid," with data collection taking no more than two weeks. Data collection and analysis took place from October 8 to 18, 2019. The PMI supported the rapid assessment within the USAID HRH2030 program framework. The opinions expressed in this document do not necessarily reflect the point of view of USAID or the United States government. The complete TOR can be found in Appendix A.

Organizational Development (OD) Model and Theory

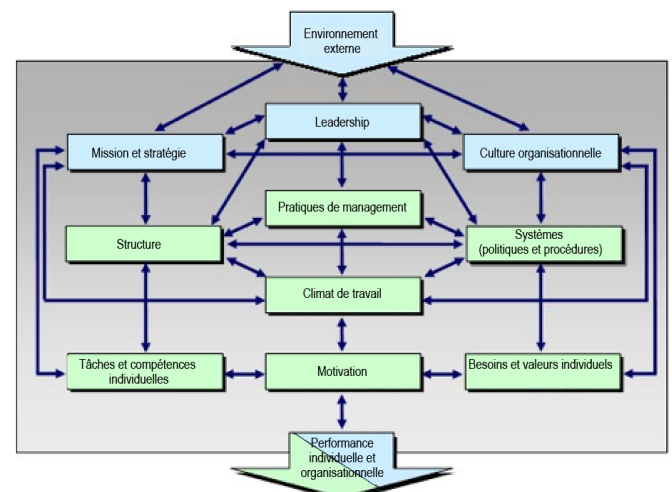
The OD approach and the theory of change used in this evaluation are based on two popular approaches to organizational assessment and improvement and reflect the evaluation team's experience in public health and performance improvement. First, the evaluation team drew on the McKinsey 7S model. Originally developed in the 1980s by McKinsey consultants, the 7S model focuses on the human element of organizational development and change. The 7S framework considers an organization's "soft" aspects (skills, style, staff) to be equal to, or even more important than, the organization's "hard" aspects (structure, systems, strategy). Culture, or shared values, is at the center of the 7S framework, and this reflects the interconnected nature of an organization's hard and soft components (see Figure 1).

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

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 (soft) elements, such as mission/vision, leadership, and culture, as well as its transactional components (hard) such as structure, management, and systems while adding important details. Burke and Lewin's change theory proposes 12 useful categories to guide organizational diagnostics and to plan and manage organizational change (see Figure 2).

For this assessment, the evaluation team developed an OD model that reformulates the 12 Burke and Lewin categories into four quadrants: organizational framework, culture, systems, and human resources. The two first quadrants represent transformational components that can initiate or influence change within the organization, while the third and fourth quadrants are the transactional components required to implement and maintain change. The interoperability of these four areas determines whether an organization is well placed to lead change and achieve the desired impact. To account for external factors (political, social, environmental, etc.) that influence an organization's

success, the assessment team also considered the environment and external stakeholders in the OD model (see Figure 3).

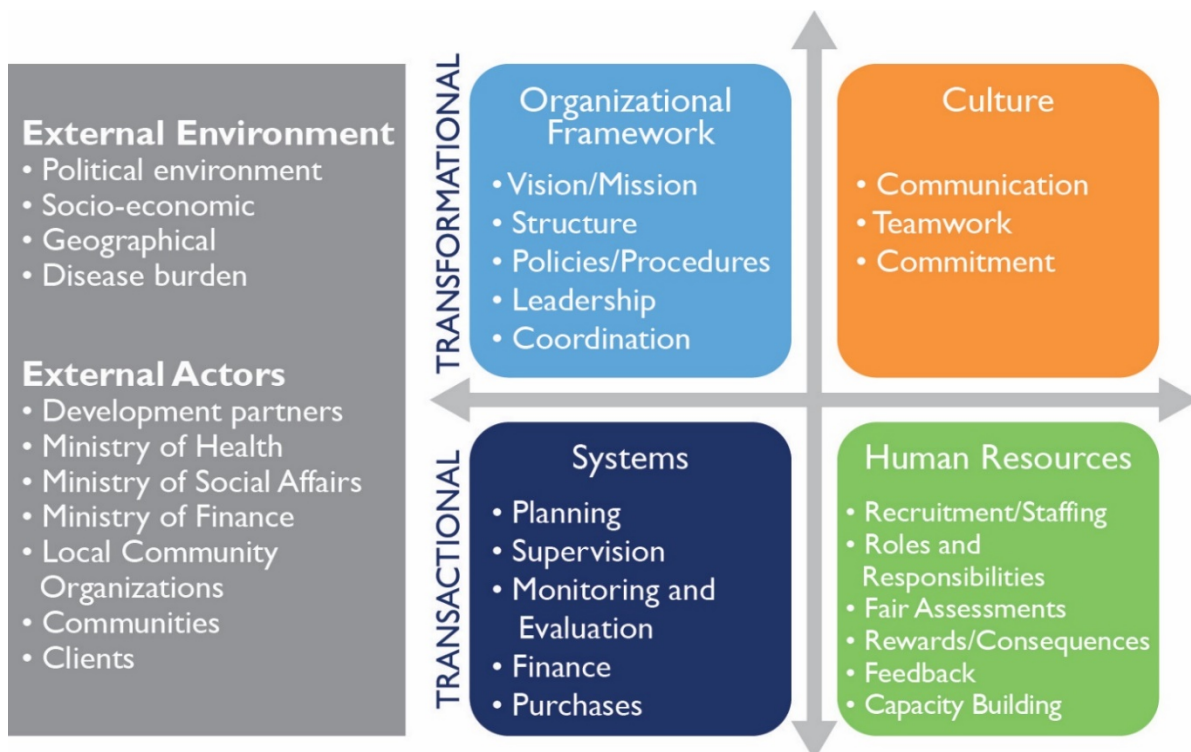
Assessment Approach and Tools

Using the above mentioned DO model as a guide, the evaluation team conducted a rapid organizational assessment of the NMCP, using a mixed approach that included (i) a review of key documents; (ii) semi-structured interviews, staff engagement and internal communication surveys; (iii) facilitation of an organizational reflection workshop; and (iv) following up on recommendations from the workshop with the HRH2030 technical advisors to clarify certain points brought up during the interviews and also addressing the solutions thought to be most pertinent.

Document Review

To be fully informed on the NMCP's operating context and before adapting assessment tools to the Togo context, the assessment team conducted a review of existing documents. The document review provided information on the NMCP's history and the context in which it operates; current malaria statistics; and environmental challenges. One of the primary documents reviewed was the April 2017 LMG report,

Figure 3: Organizational Development Model



to examine the NMCP's ability to assume its role and identify its primary management challenges. The assessment and subsequent efforts to build capacity have provided perspective on the technical assistance that must be provided to the NMCP.

Semi-structured Interviews

The assessment team conducted semi-structured interviews with 41 key informants at the NMCP's national coordinating office, the Maritime Region Health Directorate, the Lakes Prefectural Directorate, the Agbodrafo Healthcare Facility, and principal stakeholders from the MHPH and the NMCP's technical and financial partners (TFP). The people interviewed were chosen in consultation with the NMCP and the HRH2030 technical adviser. Then, considering the specific situation in Togo, the assessment team adapted seven (7) separate, semi-structured interview guides to support the process and two survey tools.

1. *Interview guide 1* was developed for the NMCP coordinator and unit leads, and included questions covering the OD model's four quadrants, as well as questions about decision-making, management, communication, and collaboration with external partners. Twelve (12) interviews with the NMCP management team took place, with one person interviewed twice, due to that individual's dual role as laboratory unit lead and administration unit lead.
2. *Interview guide 2* was developed for the regional level and focused on coordination with the central NMCP and the MHPH's decentralized level. The primary topics of this interview included supervision, data collection/M&E, and NMCP field activity coordination. One person was interviewed: the manager in the Maritime Health District.
3. *Interview guide 3* was developed for the malaria focal point at the regional level and focused on coordination with the central NMCP and the MHPH's decentralized level. The primary topics of this interview included supervision, data collection/M&E, and NMCP field activity coordination. Managers were interviewed at the Lakes Prefectural Directorate; two (02) people were interviewed.
4. *Interview guide 4* was developed for NMCP partners and focused on collaboration and communication, to understand interviewees' points of view on the opportunities and challenges that the NMCP faces. Eight (8) people from five (5) TFPs (WHO, CRS, USAID/West Africa, University of Lomé, MCHNP/World Bank) were interviewed.

5. *Interview guide 5* was developed for the appropriate managers and Ministry of Health officials. It focused on program management, collaboration, and communication, to understand the interviewees' points of view on the opportunities and challenges that the NMCP faces. Sixteen (16) MHPH officials were interviewed.
6. *Interview guide 6* was developed for health centers and focused on the availability of service provision guidelines for prevention and patient care, and the availability of standards and guidelines documentation, to understand interviewees' points of view on the opportunities and challenges that the NMCP faces. Two (02) people were interviewed at the Agbodrafo Healthcare Facility.
7. *Interview guide 7* was developed for NGOs and focused on challenges in coordinating community initiatives. This last guide was not used.

The semi-structured interviews were conducted by a team of two people; one conducted the interview and the other took notes. The interview responses were typed into Word, then classified by key themes and ideas in Excel. The key themes and idea categories were grouped into the four main areas described in the OD model. When evaluating consistency between the interviews and the information gathered during the document review, the assessment team felt that difficulties and opportunities were well documented (see the *list of people interviewed in Appendix B*).

The surveys were conducted using specific tools:

1. *The employee engagement survey*: The employee engagement survey is confidential and should be administered in a group setting with more than 12 respondents, such as staff meeting, so that confidentiality is assured. The purpose of the survey, adapted from the Gallup Q12, is to understand how staff empowerment and engagement influences organizational change (Wellins et al. 2007; Gallup 1993-1998). The survey form contains sixteen (16) questions classified according to a standard Likert scale, from 1 to 5 with six (6) determinants: (i) belief in one's work and the organization; (ii) belief in one's ability to do the work; (iii) positive relationships with one's organization, team, and work colleagues; (iv) recognition and compensation; (v) future opportunities in one's organization; and (vi) the ability to influence decisions related to one's work. In addition, the survey has five open-ended

questions that ask how long the respondents foresee staying with the NMCP, what they would like to communicate to upper management, what they consider to be the NMCP's greatest challenge in accomplishing its mission, and its strengths and weaknesses in the opinion of the NMCP staff.

Thirty (30) NMCP staff members participated in the engagement survey, responding confidentially and anonymously during the introduction meeting when the objectives, tools, and methodology were presented. The results of this survey are included in the relevant sections of this report (Appendix D).

2. Internal communication survey: This NMCP survey is confidential and is administered in a group environment, such as a staff meeting, to ensure confidentiality. The survey's purpose is to evaluate interpersonal communication. It asked staff in all NMCP departments about their method of communication and their relationships with colleagues in other program departments, based on the primary items developed in this tool. The survey tool (initially used by HRH2030's Colombia activity, adapted from the Brandeis relational coordination survey) was adapted for use with Togo's NMCP. All components were measured using a 1 to 5 scale, with 1 meaning "Never" and 5 meaning "Always" or "Constantly." For each survey question, a matrix was created to determine scores between units. Scores for each cell were calculated by taking the average of all participant scores for that cell. In addition to having one matrix for each component, there is an overall matrix to determine the average scores for the seven primary themes, which are: (i) precision/clarity in communication; (ii) communication frequency; (iii) problem-solving; (iv) shared goals; (v) shared knowledge; (vi) mutual respect; and (vii) timely (useful) communication. All the matrix tables were then formatted using a heat map, highlighting the communication/relationship strengths between the two units (darker green) and those that need improvement (yellow). As to the open-ended question on suggestions for improving the exchange of information, responses were coded using 5 categories: *governance, capacity building problems, communication, relational problems, and responses that could not be classified within any other category*. Thirty (30) NMCP staff members participated, responding confidentially and anonymously during the introduction meeting when the objectives, tools and methodology were

presented. The qualitative responses were also archived for future discussions with the NMCP. (The survey results are presented in Appendix C).

Organizing a reflection workshop.

During a two-day reflection workshop, the preliminary conclusions from the semi-structured interviews and engagement and internal communication surveys were shared with the members of the NMCP management team, representatives from the Ministry of Health and the Maritime Region, and certain TFPs (Togolese Red Cross, PMU, CCM, CAMEG, University of Lomé). The evaluation team presented the assessment approach and preliminary observations according to the OD model's four quadrants, and facilitated group sessions so that participants could discuss the findings and identify possible solutions. The groups were invited to prioritize initiatives and identify those that they thought could be achieved on their own, with the assistance of the MHPH, and those that they thought would require external expertise and funding (see the prioritized action plan in Section V). The assessment noted that an org chart was in the process of being approved by the MHPH, however, the process was not yet complete. There is some confusion about the organizational structure to be used in daily NMCP management; the org chart needs to be finalized as soon as possible. The revised org chart appears in the relevant sections of this report (Section VI).

Review of study workshop recommendations

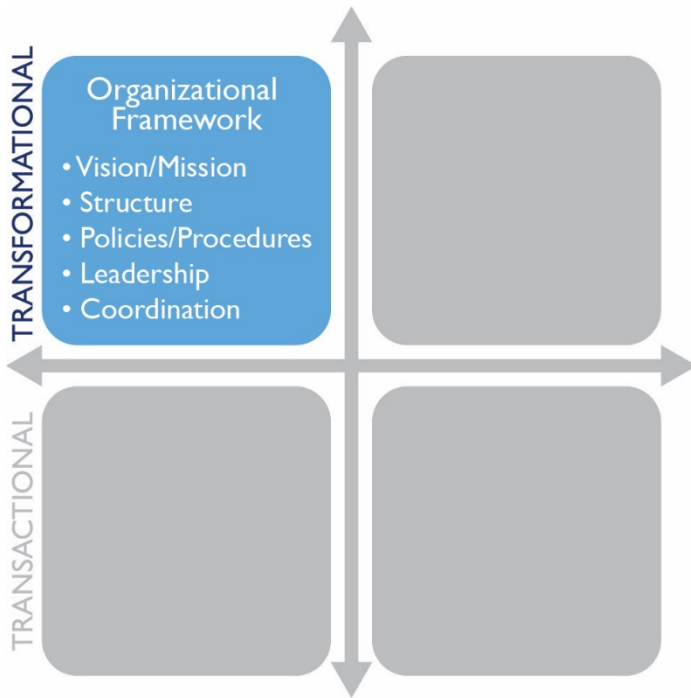
After the reflection workshop, findings from the interviews, and the engagement and internal communication surveys, a review took place with the HRH2030 technical adviser to clarify certain points brought up during the assessment, to determine which solutions were the most useful and instructive.

IV. Observations and Conclusions

The assessment findings are presented by the OD model's four quadrants. The findings are drawn from the semi-structured interviews with the NMCP, the MHPH and its partners as well as pertinent points in the NMCP engagement and internal communication surveys.

Section I. Organizational Framework

Figure 4: Organizational Framework



Organizational framework (Figure 4) refers to general organization through five (5) components: vision and mission; structure; policies and procedures; leadership, and coordination. After the semi-structured interviews with partners, the following results emerged:

(a) Mission and Vision

The vision and mission are the organization's stated purpose. Defining a vision and mission unifies an organization and focuses it on its main results; they also explain to the outside world what the organization plans to accomplish. While a written vision and mission are important for organizational effectiveness (Pearce and David, 1987), employee involvement in their development or discussion of these statements leads to greater employee involvement in attaining the organization's objectives (Akeem AT, Edwin AM, Fatai AL, 2016.)

A *vision* and a *mission* for malaria control in Togo are described in the National Strategic Plan for Malaria Control (2017-2022) (see Reference 2). This is the NMCP's vision, defined in a participatory manner with all stakeholders, in line with the 2016 national policy on malaria control and the 2017-2022 NHDP. However, for the stated vision to come to fruition, the NMCP's

Reference 2. Vision and mission of the NMCP

Vision: Togo's 2017-2022 National Strategic Plan (NSP) for Malaria Control is firmly in the elimination phase of malaria control; this contributes to achieving the vision that "communities and families in Togo be free from the burden of malaria by 2030 so they may contribute the country's development."

Mission: To achieve the Sustainable Development Goals (SDGs) in the context of the 2017-2022 strategic plan, the NMCP will use its mission to "ensure universal access to antimalarial initiatives" as stated in the 2017-2022 NSP, in compliance with health sector policy (2017-2022 NHDP) and the WHO's strategic framework.

Source: NSP, 2017-2022

own vision must be aligned with the NSP vision as well as aligned with individual and unit objectives.

The duties described in the decree addressing the creation, organization, and operation of the NMCP make it responsible for establishing and applying standards, strategies, and directives to control malaria, to ensure monitoring and implementation, and to coordinate and evaluate initiatives at the national level. However, the NMCP's mission is to "ensure universal access to antimalarial initiatives" as stated in the 2017-2022 NSP and in compliance with health sector policy (2017-2022 NHDP) and the WHO's Global Technical Strategy for Malaria 2016–2030 framework, adapted for the national context.

The decree creating the NMCP does not define the actual malaria-related roles and responsibilities for stakeholder positions (malaria focal points) at the decentralized level.

The assessment revealed that the vision and mission *are not displayed* in offices or any area that is visible to all staff. In addition, during the interviews, the vision and mission statements were not explicitly or clearly articulated by the vast majority (10/13) of the individuals interviewed, even though those surveyed said that they had access to "strategic and standards documents" like the 2017-2022 NSP and the decree creating the NMCP.

NMCP leadership has been in their NMCP positions for an average of 9 years (from 2 to 15 years) and they have a relatively good understanding of the program and strategic issues related to malaria control; good understanding correlates positively with the amount of time spent in the program.

(b) Structure

Structure is the distribution of functions and individuals to ensure the effective implementation of the organization's mission and vision. An organization's structure is often defined by an organizational chart or statutes conferring certain rights, powers, privileges, or specific functions. An appropriate org chart not only contains "boxes" but also "arrows," or descriptions that clarify the relationships, communication and powers that exist between groups of people.

The NMCP *org* chart that is currently undergoing revision describes structures and functions within the organization's various departments/units but does not contain arrows indicating hierarchical relationships or interpersonal communication connections.

Job descriptions are well defined and describe the qualifications required for each position and mission; the context in which each position operates (relationship situation and type of relationships, technical situation, position risks, difficulties and constraints affecting the position, activity distribution over time, likely changes to key positions, level of autonomy, and specific responsibilities), position expectations (skill set, knowledge, expertise, etc.)

However, the NMCP has undergone structural changes that are not reflected in the official org chart. For example:

- The *units* were renamed *departments*, even though, in practice, MHPH organization and operations do not allow NMCP units to be called departments. In fact, the NMCP's location within the MHPH org chart shows a Communicable Diseases Division (DivMT) as part of the Directorate of Disease Control and Public Health Programs (DLM/PSP). Therefore, the NMCP, as a department, cannot have its own departments within a hierarchical structure that depends on coordination; it has units. The assessment, therefore, recommends renaming *departments* to *units*, as shown in the initial org chart

in Decree 0067, while preserving the new organization proposed in the org chart revised in 2019. In addition, the NMCP should finalize the approval process for the new decree while also ensuring improved knowledge of everyone's roles and responsibilities, and especially those of newly assigned staff (September 2019).

- The position of administration unit lead has not been filled. A waiver has been used to assign human resources management to the laboratory unit lead.
- The GAS unit exists, even though it does not appear in the org chart created in 2009.
- There is no logistics unit, even though there is a logistics manager.

As for the distribution of units, the logistician and human resources manager, who have key administrative and financial functions, report to the laboratory manager. Human Resources Management has been assigned to the laboratory manager and responsible for three positions (laboratory, Human Resources, and warehouse management).

NMCP coordination departments and units cover all areas of malaria control and have been staffed with personnel such as public health doctors, pharmacists, senior health technicians, and administrative and financial managers. However, a need for additional human resources has been identified in the following units to make their operations more efficient. These are: 1 healthcare-focused social anthropologist; 1 laboratory technician (Patient Care Unit); 1 senior health engineering technician (Prevention Unit); 1 statistics engineer (Research Unit); 1 archivist; 1 senior IT technician; 1 executive secretary (for the coordinator); 1 public health assistant (or pharmacy assistant); 2 daytime security guards; 1 janitor; 1 human resource manager (Administration Unit); 1 warehouse worker; and 1 driver (Logistics Unit).

Technical support groups have been in place for several years, with notes on their creation, but they are not operational. Only the pharmacy department has an antimalarial coordination and management committee, created by Ministry of Health decree, and it does not meet regularly.

(c) Policies and Procedures

Policies and procedures (P&P) are the written directives and regulations required for the organization to

function. However, policies and procedures are only useful if they are put into place for the entire organization and are followed by all staff members.

The assessment noted the existence of policies & procedures guiding the implementation of malaria control initiatives. These are: procedures to manage calls for tender; Global Fund administrative, financial and accounting procedures; a reference manual for healthcare providers for preventive care and malaria control during pregnancy; guidelines for the continued monitoring of pregnant women who have had irregular prenatal care to strengthen IPTp coverage; the 2016 national policy on malaria control; 2016 national guidelines on antimalarial treatment; a training manual on patient care for service providers; post-training follow up; 2016 national guidelines for malaria care; 2006 communication plan; 2016 integrated communication plan (MCHNP); 2016 Togo manual on antimalarial commodity management and security at the healthcare facility and community levels; and monitoring and evaluation plan for the 2017-2022 national malaria control program.

Overall, these policies and procedures support the implementation of initiatives, with the existence of NMCP mechanisms to make strategic and standards documents available at the operational level.

Despite the existence of these policies and procedures documents, the following must still be noted:

- Certain procedures, including the 2006 communication plan, have not been updated with regard to the new guidelines (such as IPTp 3, free care, etc.).
- There are no policies and procedures for public-private partnership, to promote full private sector engagement in planning, implementing, and evaluating malaria control activities.
- There is no National Malaria Survey Plan to accompany the NSP and the PSE.
- There is no larval control procedures manual.
- Certain daily management and human resources management documents do not exist. The NMCP lacks a *code of conduct*, a document that aligns staff behavior with legal requirements; and *internal statutes and regulations* that define the organization's structure and confer certain rights, powers, privileges or specific functions. While the NMCP is governed by current MHPH regulations, a code of

conduct and internal regulations specific to the program would help improve daily personnel management by instilling in staff a common vision and values as well as improving adoption of the vision by all.

- The assessment has also revealed a lack of knowledge and lack of adherence to procedures. In fact, during the interviews, one person reported that:

“Only those who are directly involved with procedure management in their units know and follow them.”
(Interviewee)

(d) Leadership

Leadership is defined as the capacity of a leader in an organization to provide overall organizational direction, often by serving as a behavioral model for staff, to advance the organization's mission. Within a governmental agency, external advocacy to attract resources also plays an important role in leadership. Management, which is better defined as management practices within an organization, will be defined and addressed in the systems section.

The interviews conducted with various stakeholders, including those within the NMCP, revealed that the coordinator's leadership, momentum, and openness were largely appreciated. On this topic, it was reported:

“We work happily and congenially, thanks to the coordinator's openness. The coordinator is a good leader”
(Interviewee)

Others were more critical, saying that the NMCP's *internal communication* and external communication needed to be *improved*. On this topic, one interviewee reported that there was:

“A lack of communication within the NMCP; we are not always informed of certain colleagues' field missions.”
(Interviewee)

External advocacy

Those who lead governmental agencies play a critical role in obtaining resources and support to achieve the organization's mission. The government has defined malaria control as a national priority.

This governmental priority has been communicated through the initiative for free care for children aged 0 to 5 and for pregnant women since 2007, as well as the tax exemption for antimalarial products in 2013. However, this commitment could be strengthened by participation from the highest levels of the state (President of the Republic) in key NMCP activities, such as World Malaria Day or the launch of mass LLIN distribution campaigns. In addition, the mobilization rate for funding malaria control activities was 13.23% in 2018 (96% of which was from the Global Fund and the government), which highlights the low rate of financial coverage for the NSP and financial partners involved in malaria control in Togo. The assessment revealed that the NMCP coordinator's ability to advocate and negotiate vis-a-vis the government and partners to mobilize additional financial resources must be strengthened.

Provide 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 must guide the organization's short-term and long-term strategies and allow staff to contribute to these strategies' success. Leaders must clearly communicate strategic objectives to all levels of the organization.

Strategic objectives are defined in the malaria control NSP and annual objectives are defined in the annual action plan (AAP). The coordinator and his team hold weekly meetings, as does each unit, to discuss and review activities that move toward achieving these objectives. But in practice, the NMCP is often faced with a lack of the resources needed to take prompt action to implement changes for improvement.

In addition, the assessment reveals a lack of weekly meetings between unit leads and lack of an official dialogue framework between malaria control partners (central and decentralized levels, partners through the National Committee to Control Malaria or task force meetings); there are also no NMCP technical meetings with technical partners (prevention technical working

group, patient care, etc.). These various frameworks and entities for cooperation could considerably improve NMCP *coordination* and ensure better visibility with partners.

Serving as a model

Leadership is also supposed to serve as a model for the organization by providing organizational direction through the leadership's own example. Individuals interviewed cited:

“The coordinator's commitment to the NMCP's success.”
(Interviewee)

However, some survey respondents indicated insufficient staff participation in decision-making and task delegation.

(e) Coordination

Coordination via external communication is essential for leading any type of organization, but particularly an organization that depends on financial and technical support from both donors and the public sector. The NMCP works with international and local partners. Regular and consistent coordination and communication with external stakeholders reassures these partners that the NMCP is endeavoring to achieve its stated objectives in a timely manner, by informing them of progress made as well as the challenges that the organization faces and the ways in which these will be resolved.

Communication with partners

The NMCP works with several technical and financial international, local, and governmental partners. Communication about the program's activities, needs, strategies, and challenges takes place during weekly meetings with the Office of the Ministry of Health and Public Hygiene and the other multisector participants through various and diverse channels such as: CCM meetings, partner meetings, MHPH programming meetings, monthly PMU/NMCP meetings, committee meetings such as the NOC, and other one-time meetings. The assessment considered the NMCP's use of the NTIC's WhatsApp group to communicate at the decentralized level to be a strength.

However, comments indicate that a point to be improved is the lack of a formal framework specific to the NMCP that brings together all malaria control

partners, their counterparts at the decentralized level and technical partners, through Committees and Technical Support Groups focused on malaria control.

Internal Communication at NMCP

Internal coordination and communication are also key. While external communication has the goal of informing and reassuring partners that their financial or human resources are in good hands, the goal of internal communication and collaboration is to engage and support the organization's various components to achieve the program's objectives. Deficiencies in internal coordination and communication are visible throughout the assessment and affect the capacity of each unit to implement activities (see survey results on internal communication).

The NMCP coordinator and his team hold weekly meetings to review progress of scheduled activities, exchange information, and monitor unit activities. The evaluation also revealed that outside of this formal meeting structure, it is easy for unit leads to participate in decision-making during weekly team meetings; that they often receive recognition from the coordinator for their positive contributions; and there is an annual retreat and other team building activities.

In addition to the coordinator and team holding weekly meetings, the assessment revealed that there is an "NMCP staff" WhatsApp Group to facilitate internal communication and that there is a climate favorable to internal communication. Nevertheless, it was reported that that communication was reserved for only some of the staff. The assessment recommends improving these internal communication and exchange mechanisms (meetings expanded to be open to all staff), to guide staff, address problems and respond to questions/concerns appropriately with the assistance of technical and/or coordination advisers. A lack of communication at the individual or unit level can lead to staff being distracted, a deficit in information levels, and a loss of strategic focus for some of the staff.

Coordination between the NMCP and its counterparts at the health district and regional levels is also a challenge. The lack of NMCP-specific supervisory field missions, due to a lack of funding, is a major obstacle to monitoring, implementing, and quality control for malaria control initiatives at the decentralized level.

Supporting Bodies

The NMCP is supported by a financial supporting body through the Global Fund's Project Management Unit (PMU) and the CCM, with whom monthly coordination meetings are regularly held.

Revitalizing the Technical Support Groups coordinated by the NMCP is also important for improving NMCP leadership, coordination, and daily management.

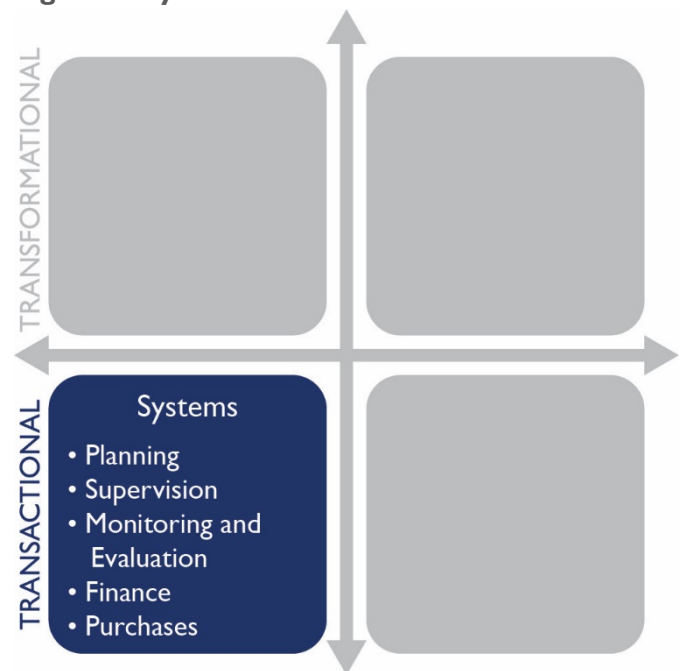
Another priority will be promoting partnerships with the private sector, through the definition of policies and procedures to promote the private sector's full commitment in planning, implementing, and evaluating malaria control activities. Also, it is important that other ministries be involved in malaria control, such as the example of collaborating with the Ministry of Defense in 2017 on the campaign to widely distribute LLINs.

Communication at the Regional and Decentralized Levels

The interviews with managers conducted at the regional and district levels revealed the existence of a monthly meeting, but also revealed a lack of integrated supervision.

Section II. Systems

Figure 5: Systems



The second quadrant of the OD model looks at the transactional systems (Figure 5) needed to implement

and support organizational change. To fulfill its mission, an organization's operational systems must ensure that the right resources are in the right place at the right time. Operational systems help the organization to deploy human and financial resources, make data-driven decisions, provide goods and services, maintain infrastructure and logistics, and implement and supervise the programs within these systems as a whole. Leadership plays a key role in guaranteeing that these operational systems function as expected. Management practices are how managers use the human resources, equipment, and systems available to them to successfully execute the organization's strategy. Managers supervise the consistent implementation of activities: they plan, resolve problems with staff, and supervise staff to ensure that they have the financial, logistical, and technical support needed to execute their tasks.

Numerous comments received throughout the assessment indicate that the NMCP and its partners recognize that there are many areas at the NMCP in need of improvement related to overall systems (planning, monitoring/evaluation, supervision, finances, inventory and supply management, etc.). Similarly, managers need training and guidance on how to manage their staff more effectively.

(a) Planning and Problem Solving

Planning Process

The 2017-2022 NSP was created with all malaria control stakeholders in Togo participating in an inclusive manner, especially technical and financial partners. It is aligned with the 2017-2022 NHDP.

The NMCP has various work plans. The most important of these are:

1. The consolidated annual work plan, which includes all activities to be conducted with specific budget details, depending on the funding source. This annual plan is broken down into quarterly work plans. The quarterly activity action plan has been funded. This has been communicated to the Directorate of Disease Control (DLM) and contributes to consolidating the Ministry of Health's work plan.
2. The quarterly action plan for Global Fund activities, which has been excerpted from the three-year malaria grant action plan.

The NSP is supported through the development of Operational Action Plans (OAP) at the health district level; these plans cover partner-funded activities that are endorsed by the NMCP. These district-level OAPs are then compiled at the regional level and then the central level. Coordination, monitoring, and evaluation for these plans is assured by the permanent NHDP secretariate.

Monitoring Progress (Daily Management)

Monthly, quarterly, half-yearly, and annual monitoring meetings are held at the central and regional levels to assess the program's performance. These meetings take various forms (an actual meeting or a workshop/seminar) and during them, partners are often brought together to analyze program data, identify bottlenecks, and offer solutions.

Within the framework of performance-based management, the NMCP holds weekly meetings during which each unit provides updates on the execution of activities, difficulties they encountered and suggestions for improvement. However, these weekly meetings are not as structured as they should be. The official start time is set at 8:30 a.m., however, the meetings often start somewhat late and the end time is random, with meetings lasting from 45 minutes to (sometimes) up to 3 hours. In addition, agendas are not shared in advance of the meetings. The floor is too often given to individuals rather than to each department. Details on mission planning and dates (and therefore availability) of some individuals is often not shared.

However, a weekly meeting report is written every week and generally shared within 48 hours, using an outline template listing action points, failures, and the person involved, to allow for better monitoring. Meeting reports are regularly sent to all NMCP staff, even those who were not present at the meeting. Departmental meetings, although they would provide a forum to prepare for these weekly meetings, do not, in general, take place.

While the assessment noted there is a formal framework for monitoring progress and seeking solutions, it was also revealed that there is no problem-solving plan that would facilitate effective bottleneck management.

(b) Activity Supervision

The supervisory system for antimalarial initiatives is stratified as follows:

- The central level supervises health regions twice a year
- The regional level supervises health districts twice a year
- The district level supervises healthcare facilities quarterly
- Healthcare facility managers CHWs every two months

The Division for Community Health and the Elderly (DSCPA) is responsible for coordinating, monitoring, and supervising all community activities. The Togolese Red Cross coordinates CSO activities that monitor CHWs.

Since the Global Fund reduced funding for supervision, the NMCP has not had sufficient financial resources to implement various types of supervision. This situation is not unique to malaria control, and has caused conflict regarding the organization of integrated supervision due to efforts to pool available resources. As a result, malaria control indicators are not being regularly monitored. During the assessment, some of those interviewed disparaged the quality of the integrated supervision reports. Nevertheless, they confirmed the availability of supervisory tools at the decentralized level, specifically a supervisory handbook for the individual being supervised. This handbook is filled out at the end of the supervision by the individual being supervised to note strengths and weaknesses. They also make recommendations that will be monitored during the next supervisions.

(c) Monitoring and Evaluation

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

The 2017-2022 NSP has a monitoring/evaluation plan that is a framework for monitoring and evaluation actions. These indicators are calculated using data provided by the National Health Information System (NHIS), constructed around the District Health Information System 2 (DHIS2), which uses primary-level collection tools for harmonized and integrated data.

Data quality is good in terms of completeness, less good in terms of timeliness, and its accuracy and reliability need to be improved. This can be explained by the lack of a quality process that could provide NMCP with the higher-quality data critical for appropriate decision-making.

Strategic information can be found in several types of reports produced:

- NMCP annual report
- Global Fund grant progress report (GPR) sent to the Global Fund by the PMU twice a year
- Program Performance Reviews (PPR)
- Periodic Partner reports (notably Global Fund quarterly grant reports)
- Detailed supervision reports when sponsored and/or funded by a partner

(d) Finances

One of the most important operational areas of any organization is its financial system. The government and the Global Fund are the NMCP's major sources of funding (96%).

Government funding is primarily allocated to acquire goods and for the public procurement code, which is followed when conducting calls for procurement bids. As a sub-beneficiary of the Global Fund malaria grant, the NMCP follows the sub-beneficiary procedures manual for Global Fund funding. Various management letters and external audit reports did not identify any major financial or accounting management problems.

Although TFPs are present in Togo, there is low mobilization of financial resources. In 2018, according to the NMCP annual report, only 13.23% of resources were mobilized to cover current NSP activities.

(e) Supply Chain Management/Procurement

In the public sector, supply chain management and procurement of pharmaceutical products in Togo is CAMEG's responsibility. Wholesale distributors are responsible for it in the private sector. CAMEG and its regional warehouses supply healthcare facilities that distribute drugs through the intermediary of their community pharmacies. In the private sector, wholesale distributors supply pharmacies and pharmaceutical warehouses.

Antimalarial commodities are offered at no cost to the public sector per Minister of Health decision no. 124 dated May 2, 2019, which stipulates that commodities used to treat severe malaria (injectable Artesunate and Amodiaquine) were to be offered for free in all public healthcare facilities from that date forward.

There is a procedures manual that addresses commodity management and security that needs to be updated per the new provisions. In addition, the Directorate of Pharmacy, Medication and Laboratories (DPML) is developing a national manual on medical commodity management and security.

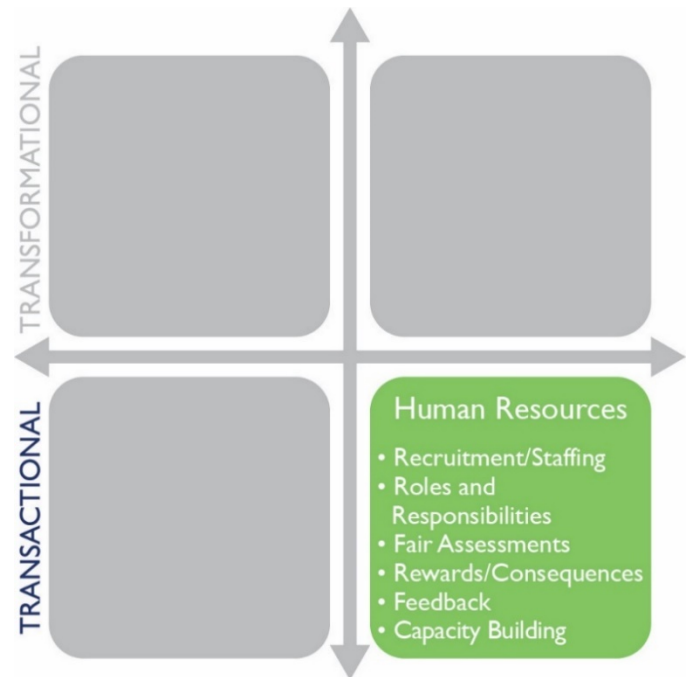
Good commodity availability is due to:

- The existence of a coordination and monitoring framework focused on the supply chain through CAMEG;
- The presence of a NMCP staff member who is qualified in procurement and supply management;
- The existence of an internal NMCP procedures manual on antimalarial commodity management and security;
- The existence of data collection tools;
- The existence of a logistics data collection route defined for various types of commodity (drugs, reagents, etc.) through DHIS2, related to patients and the template (report form/purchase order);
- The existence of tools to monitor inventory and avoid shortages (Excel analysis tools manually filled out each month);
- The existence of a supply plan (with provisional dates for purchases/receipt of products) integrated into the quantities file;
- The existence of tools to quantify national/regional/local needs for medical products and/or antimalarial pharmaceuticals in the template (to be manually filled out);
- Data quantification approval meetings at the peripheral and central levels;
- Monthly meetings held to reconcile inventory.

Good drug and commodity availability at the central, regional, and peripheral levels masks some insufficiencies in stock management at the healthcare facility level that could be corrected with HR training on antimalarial commodity management and the organization of a data validation mission to assist with correctly filling out inventory tools. In addition, introducing logistics data into DHIS2 would improve visibility for inventory levels and drug traceability.

Section 3. Human Resources

Figure 6. Human Resources



The third quadrant in the OD model, human resources (Figure 6), is transactional and essential to implementing sustainable change. Human resources include: (a) recruiting and assigning staff; (b) roles and responsibilities; (c) equitable reviews; (d) compensation and results; (e) feedback; and (f) capacity building. In addition to relying on the interviews, this section also significantly relies on the results of the staff engagement and internal communication surveys.

(a) Recruitment, Staffing, and Retention

Recruitment

Recruitment is the process of requesting or identifying an individual to fill a specific position within an organization. Staffing takes the number of individuals into account, the balance between departments, staff ability and capacity, and plans for succession according to long-term staff turnover. To recruit new staff, the standard procedure should involve creating formal job descriptions with the applicable criteria to identify possible candidates.

The Togo NMCP assessment revealed that out of a total of 36 staff members, 75% were civil servants and 25% work under contract. Civil servants assigned to the NMCP, often have neither the qualifications nor the profile required for the position being filled. They are

assigned by the MHPH without the coordinator being informed in advance and do not necessarily match the profile requested or required by the program. This is problematic for the NMCP.

The second method of recruitment is to use contract staff for specific needs. Contract employees are hired specifically for their skills and training: 19.44% of contract employees are funded by the Global Fund and 5.56% are funded by HRH2030.

Staff

The vast majority of NMCP staff are civil servants (75%) and do not necessarily have the required qualifications when first assigned. It is important to make sure that this type of employee acquires skills and knowledge in the long term, through coaching from those who are more experienced, through training that is sometimes in areas outside their initial area of expertise, or through capacity building in other required areas. As one interviewee noted:

“People have the ability to achieve results, but they need improved capacity building, to benefit from sharing experiences and best practices, and by being updated.”
(Interviewee)

In addition to building staff capacities, additional human resources are needed for the NMCP to be able to successfully achieve its mission. These include: 1 healthcare-focused social anthropologist; 1 laboratory technician (PEC); 1 senior health engineer technician (Prevention Unit); 1 statistics engineer (Research Unit); 1 archivist; 1 senior IT technician; 1 executive secretary (for the coordinator); 1 public health assistant (or pharmacy assistant); 2 daytime security guards; 1 janitor; 1 human resources manager; one 1 warehouse worker; and 1 driver.

Retention

Retention is important for an organization’s health for numerous reasons: recruitment is costly for each new person, requiring in-depth training for the position as well as time to adapt to the organization. Good retention also improves the organization’s institutional memory, establishes relationships within teams and with other organizational units, and allows for improved knowledge and experience sharing between staff members.

Staff’s perspective on their future with NMCP was determined during the **engagement survey** by looking at staff retention levels. Surveys asked 16 questions with responses on a standard 1 to 5 scale, plus five (5) additional open-ended questions.

Staff engagement is expressed through 6 determinants: (i) believing in one’s work and the organization; (ii) believing in one’s aptitude to do the work; (iii) positive relations within one’s organization, with the team, and with work colleagues; (iv) recognition and compensation; (v) future opportunities in one’s organization; and (vi) the ability to influence decisions related to one’s work. The engagement scoring scale has three levels with scores as follows:

Engaged: scores between 4-5: These employees are loyal and psychologically devoted to the organization. They are more productive, more inclined to stay in their positions, less likely to have workplace accidents, and less likely to be dishonest. Most of these employees’ needs have been met, so they can excel at their jobs.

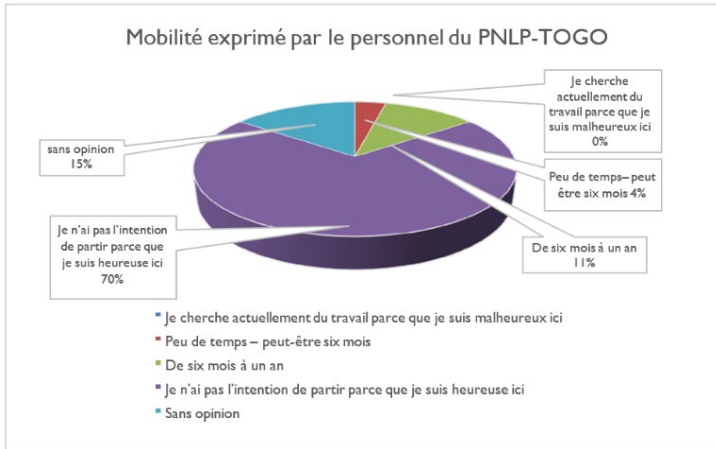
Not Engaged: scores 3-4: These employees can be productive, but they are not psychologically connected to their organization. They are the most frequently absent and are more inclined to quit. These employees have had some of their needs met so they can excel at their jobs, but several needs have not been met.

Actively disengaged: scores between 1- 3: These employees are physically present but psychologically absent. They are not happy in their work and insist on sharing this state of mind with other colleagues. Most of these employees’ needs have not been met for them so they can excel at their jobs.

Figure 7 on the next page illustrates staff intentions concerning their future with the NMCP. Seventy (70) percent of the staff said that they feel satisfied and do not wish to leave, with comments such as, “I don’t intend to leave because I am happy here.” In contrast, another 15% stated that they would like to leave the NMCP and 15% did not express an opinion. Within the 15% who would like to leave NMCP, 0% are currently looking for work because they feel unhappy at NMCP, 11% think that they will leave within six months to a year, and 4% think they will leave within the next six months. The 15% of individuals who actively wish to leave NMCP and the 15% who did not express an opinion should encourage the management team to take concrete action to incentivize employees and to

motivate the staff to retain individuals who are already qualified and experienced.

Figure 7. NMCP-Togo Engagement Survey: staff mobility, October 2019



(b) Roles and Responsibilities

The staff should have clearly defined, specific, and dynamic roles and responsibilities so that planned activities can occur successfully. The Togo NMCP assessment confirmed the existence of approved job descriptions for staff, except for one in the community initiatives unit, which is currently being approved. The NMCP manager of community-based initiatives is a contract employee recruited by the PMU and the related detailed job description is currently being approved. However, staff interviews found that some workers do not understand the tasks described in job descriptions and that roles and responsibilities are not clearly defined for departments or staff. In addition, newly assigned workers are not yet well integrated into the coordination departments because job descriptions are still being drafted.

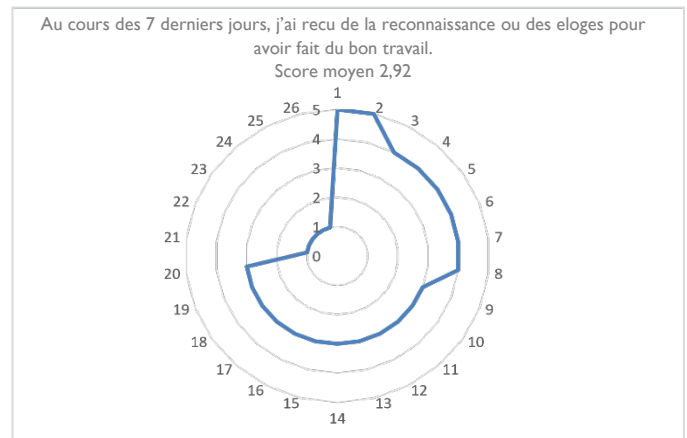
(c) Equitable Reviews, Compensation, and Consequences

Equitable reviews and compensation stimulate employee motivation and help them to achieve their objectives. The Togo NMCP assessment revealed that there is an annual staff review process for civil servants; a performance-based incentive mechanism funded by the Global Fund; verbal praise from the coordinator for positive action; and team building activities during the end-of-the-year retreat and when celebrating International Women's Day (March 8). However, the lack of a formal performance-based incentive

mechanism for civil servants under the Ministry of Health in general, including the NMCP (75% of the staff), has caused the staff to strongly disparage NMCP recognition and compensation. In the engagement survey, this translates to an average score of 2.92/5: “During the last seven days, I received recognition or praise for having done good work” (Figure 8).

The engagement scoring scale has three levels that determine three categories of employees: (see staff engagement survey Appendix D)

Figure 8. NMCP-Togo Engagement Survey: recognition of work well done, October 2019



(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 NMCP can control. During the assessment, weaknesses to be improved were noted, as discussed below.

Comments/Feedback

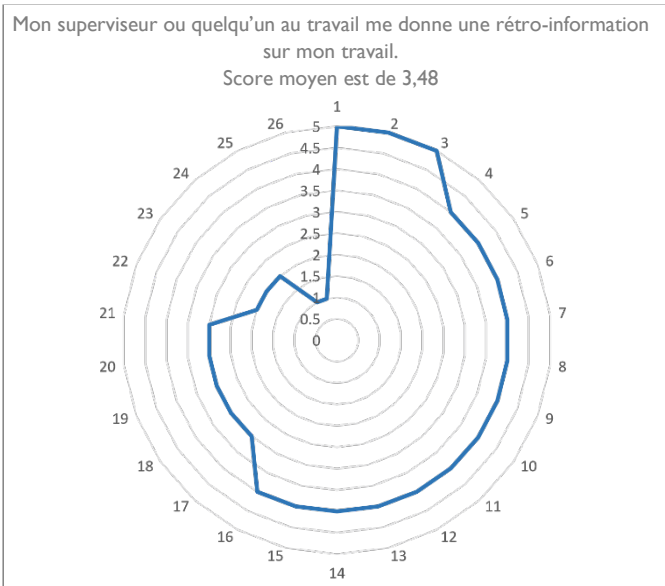
During the semi-structured survey, staff stated that workers have the capacity to achieve results but that they need to build capacities, to learn from sharing experiences, and to benefit from sharing best practices and updates. Such support can come from a supervisor, a member of the team, or a relationship with a colleague. The threshold value is 4/5.

The engagement survey provided average scores of 3.48/5 for the statement, “My supervisor or someone else at work gives me feedback on my work,” (Figure 9) and 3.93/5 for the statement, “There is someone at work who encourages my development,” (Figure 10).

The fact that these scores are less than 4/5 confirms the need to improve feedback within the NMCP.

Capacity Building

Figure 9. NMCP-Togo Engagement survey: feedback, October 2019



During the engagement survey and the semi-structured interviews, staff noted that they have the ability to achieve the defined objectives. This translated to an average score on the capacity to make informed decisions of 4.15/5 (Figure 11). However, the lack of a capacity-building plan to schedule programs to maintain competency and/or build staff competency is a problem. Information gathered during the interviews indicates that, as a whole, staff need capacity building in areas such as: *statistics (software like SPSS, mapping); monitoring/evaluation; administrative management; epidemiological surveillance and research; planning, larval control; advocacy and resource mobilization.*

Figure 10. Engagement survey: Encouragement for staff development NMCP-Togo, October 2019

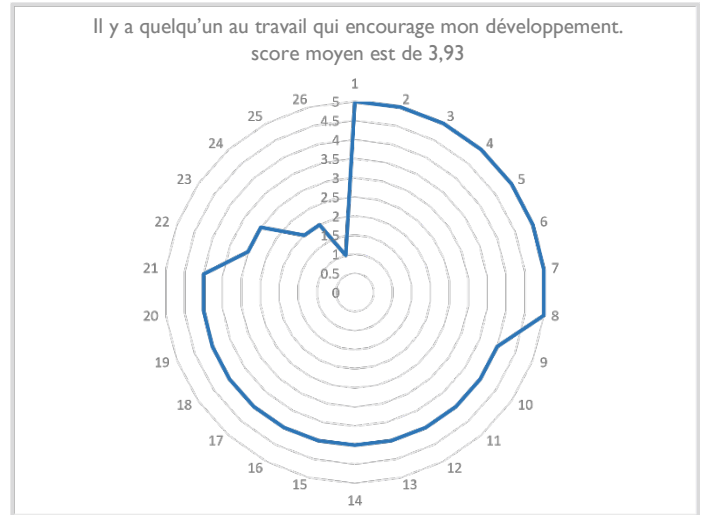
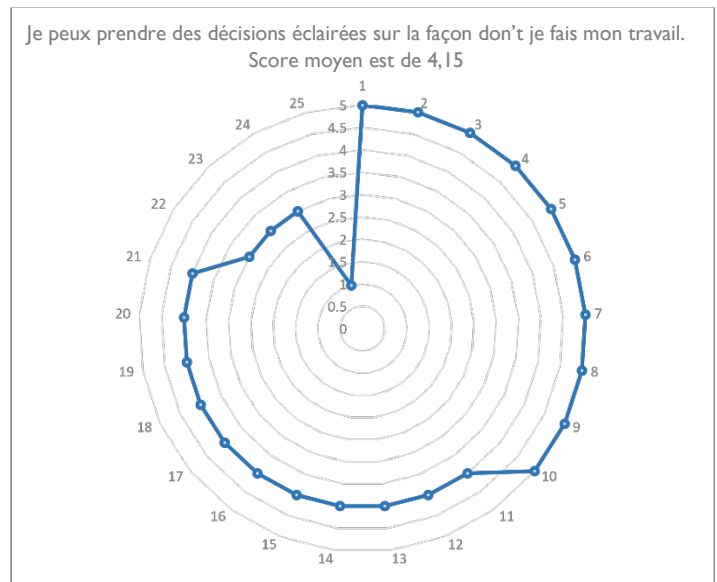


Figure 11. NMCP-Togo Engagement Survey: capacity to make informed decisions, October 2019



Section 4. Organizational Culture

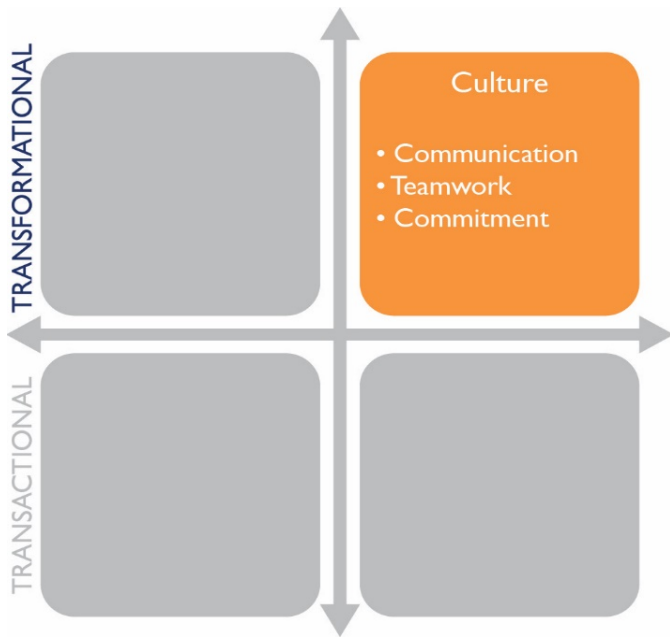


Figure 12: Organizational Culture

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.

However, it can also significantly impede change, no matter how many written strategies exist or how many meetings are held. The components that affect organizational culture include internal communication, transparency and teamwork, motivational factors such as feedback and recognition, and the physical work environment where people work.

(a) Internal Communication and Transparency

Internal coordination is very important to organizational performance. Coordination built on frequent, high-quality communication, used for problem-solving, supported by common objectives, shared knowledge and mutual respect enables organizations to better achieve desired results. Coordination is the process of interactions that are mutually strengthened by communication and the relationships put in place in order to integrate tasks (Gittel, 2002a: 301).

During the Togo NMCP assessment, three tools helped evaluate internal NMCP communication:

- 1) Information gathered from NMCP leaders with the semi-structured interview survey tool
- 2) The NMCP staff engagement survey form
- 3) The survey form on interpersonal communication or internal communication

The survey tool of semi-structured interviews with NMCP leaders revealed that weekly meetings with unit leads and sub-leads are held regularly, that there is a “NMCP staff” WhatsApp Group to facilitate internal communication, and that there is a climate favorable to internal communication. However, this survey also revealed that internal communication is reserved for only some of the staff. They reproach the coordinator for not having a more inclusive internal meetings that include all staff. Some interviewees said:

“Strengthen communication within the team and put a transparent system in place.”

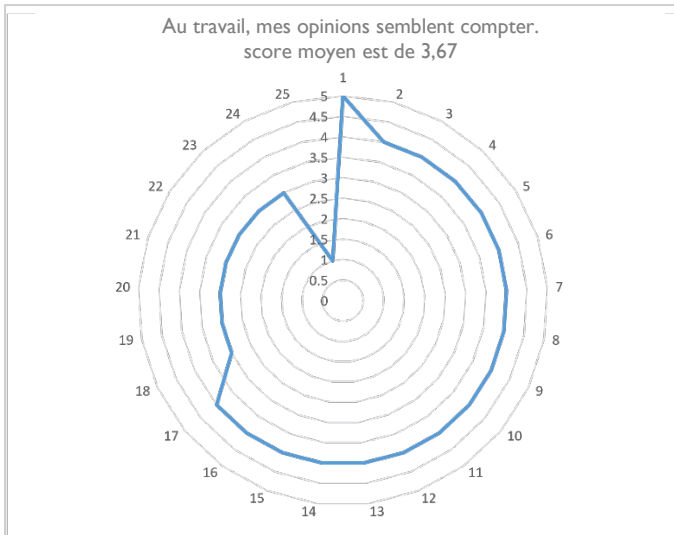
“The coordinator must include all staff in the weekly meetings.”
(Interviewees)

For all staff, the **engagement survey results** revealed a lack of **internal communication** at the NMCP. This lack of communication translates to an average listening score of 3.8/5 (Figure 13), staff opinion received an average score of 3.6/5 (Figure 14, on the next page) and feedback received an average score of 3.5/5.

Figure 13. NMCP-Togo Engagement Survey: listening, October 2019



Figure 14. NMCP-Togo Engagement Survey: taking staff opinion into account, October 2019



The internal communication survey (designed by HRH2030 and Columbia University) was conducted using the Brandeis relational tool adapted to the Togo NMCP context. The survey results were measured using a scale of 1 to 5, with 1 meaning “Never,” 2 meaning “Rarely,” 3 meaning “Sometimes,” 4 meaning “Often” and 5 meaning “Constantly.”

The results of this survey have been compiled into a matrixed table (see Table 1 on page 23). With 65 percent of scores measured at 4 or below, the consensus is that internal communication needs to be improved.

(b) Teamwork

The work environment at NMCP centers around teamwork. During the semi-structured survey, 13 unit leads and sub-leads out of the 14 people interviewed confirmed that employees have a sense of teamwork, an annual NMCP team retreat was organized, and relationships are positive between colleagues and superiors. The feeling of team spirit was also cited as the NMCP’s greatest strength on the engagement survey under the open-ended question “List 5 NMCP strengths.”

However, there is a need to increase the team spirit of certain NMCP staff members through education, bringing back departmental meetings, defining each NMCP staff member’s job description, training staff members on their job description, and holding team-

building activities such as evening recreational events, meals, and outings. One person noted:

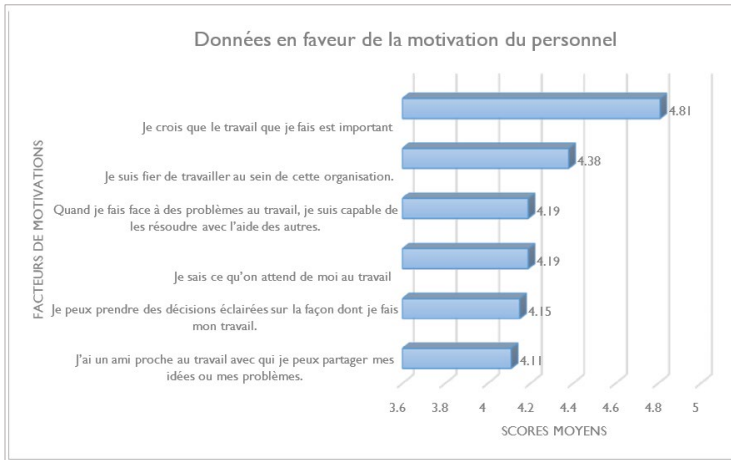
“Teamwork is our greatest strength.”
(Interviewee)

(c) Motivational Factors (feedback, recognition)

The assessment highlighted the following staff incentives: the ease for unit leads to participate in decision-making during weekly team meetings; the recognition they often received from the coordinator for their positive contributions; the organization of an annual retreat and the meal organized at a restaurant to celebrate International Women’s Day (March 8); and the sufficient renovations to the building housing the NMCP. In addition, during the engagement survey, staff strongly indicated that they knew what was expected of them at work (average score: 4.19/5); received assistance at work when they needed it (average score: 4.19/5); could make informed decisions about their work (average score: 4.15/5); had a friend with whom to share ideas (4.11/5); expressed pride in their work (average score: 4.38/5); and believed that the work they did was important (average score: 4.81). All these scores are within the 4/5 range and indicate strong motivational factors (see Figure 20 on page 22).

However, the lack of a performance review system, unattractive salary conditions and professional environment, and a fleet of obsolete and aging vehicles are considered demotivating factors. This demotivation is also expressed on the engagement survey by scores that are less than 4. For example, for the statement, “I have enough opportunities in my work to grow and develop,” the average staff score was 3.59/5, revealing insufficient opportunities for staff to grow in their work or develop in general. Overall, NMCP workers do not feel that they have all the equipment needed to do their work well. This was very clearly expressed in response to the statement, “I have the equipment I need to do my work well,” for which the average score was 3.5/5. NMCP recognition and compensation are strongly disparaged at NMCP. The staff does not think they are recognized for work well done. This translates to an average score of 2.92/5 for the statement, “During the last seven days, I received recognition or praise for having done good work” (Figure 15).

Figure 15. NMCP-Togo Engagement Survey: staff motivational factors



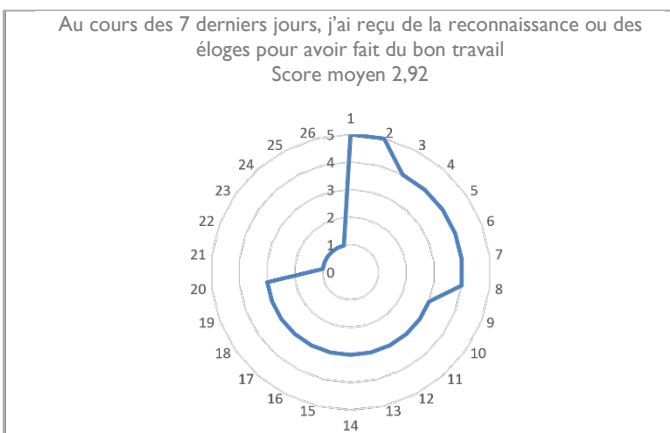
The assessment therefore recommends drafting a reference document to guide performance review, merit evaluation, and corrective measures when needed; proposing a capacity-building plan for underperformance; advocating for management funds for projects managed by NMCP; and providing NMCP with new vehicles.

(d) Physical Work Environment

The NMCP team recognizes that considerable effort has been made to improve working conditions related to infrastructure (renovation of an appropriate location to house the NMCP, conducive to a good working environment).

But the effort to provide NMCP with new vehicles by replacing the obsolete aging fleet must move forward.

Figure 16. NMCP-Togo Engagement Survey: recognition of work well done, October 2019



Improving the inadequate vehicle fleet is the second most important recommendation from the staff for challenges to be resolved by the NMCP, after issues with internal communication (see Figure 16).

(e) Staff Engagement

The average general score for individuals interviewed was 3.91 (score < 4). This means there is poor staff engagement in general (Figure 19 on the next page), however, at the to a third who are not engaged (33%, score between 3 and 4) and, finally, two individuals out of 27 who are strongly disengaged (score between 1 and 3) (Figure 17). In addition, unit leads are optimistic in 40% (9/13) cases and pessimistic in 20% (1/13). Relationships between colleagues are often considered to be positive (9/13). (Figure 17). individual level, more than half of the staff is engaged (60%) with a score between 4 and 5; this is in contrast

In addition, staff members feel they can make informed decisions when carrying out their work, with an average score of 4.15/5. While teamwork is one of NMCP's major advantages, the relative score for taking the ideas/opinions of the staff into account was 3.77/5 and translates to staff ideas and opinions being insufficiently considered. The level of optimism and engagement means that an incentive policy should be drafted addressing staff motivation, engagement, and retention while also accounting for salary norms within the country.

Figure 17. NMCP-Togo Engagement Survey: 5 weaknesses, October 2019

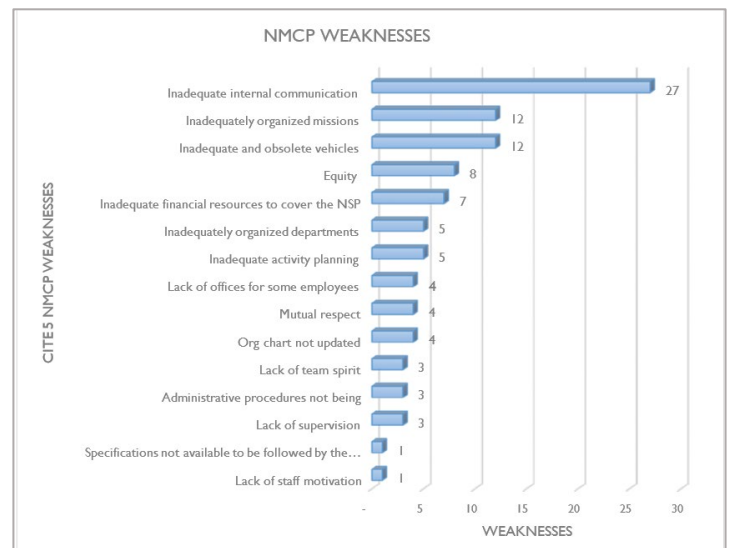


Figure 18. NMCP-Togo Engagement Survey: Staff engagement by question

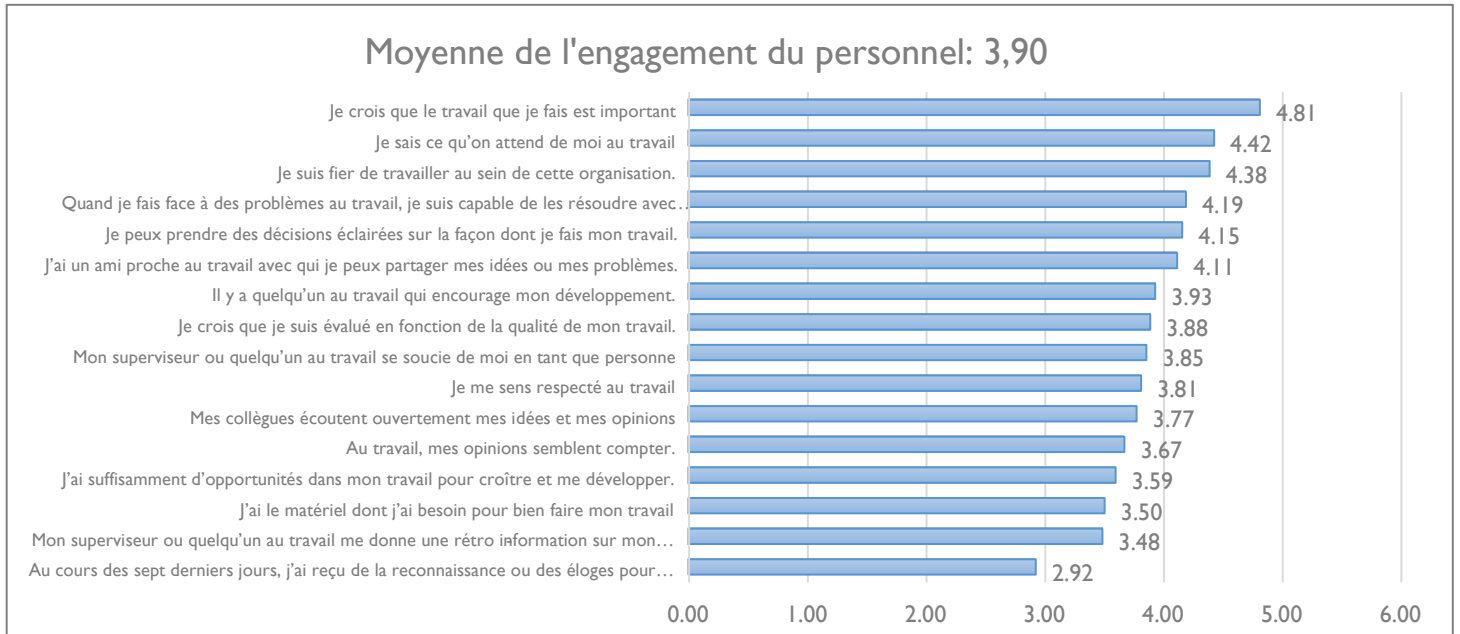


Figure 19. NMCP-Togo Engagement Survey: Individual engagement level

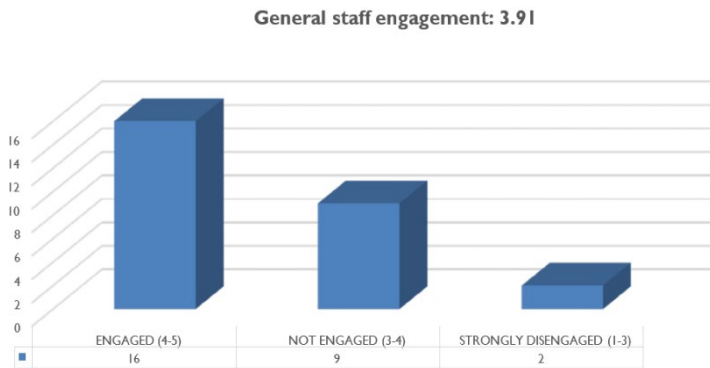


Figure 20. NMCP-Togo Engagement Survey: General staff engagement level

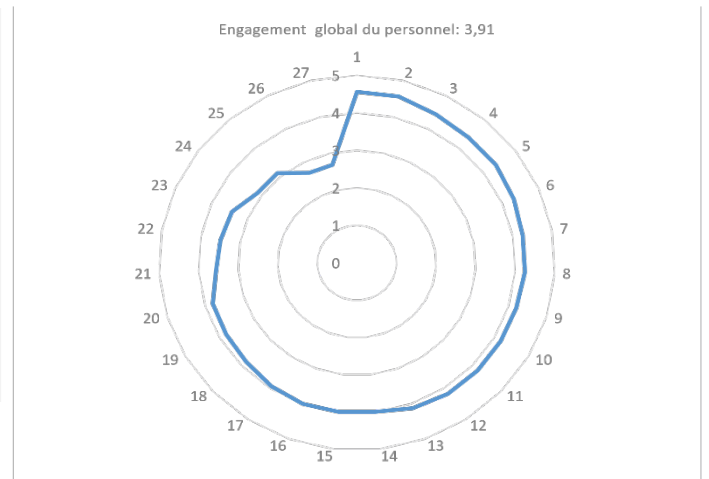


Table I: general data on internal coordination taking all components into account

	Relational coordination: Scale from 1 to 5									
	General									
	Coordination	Adm/Finance Unit	IEC/CC/ Promotion Unit	Laborator y Unit	Prevention Unit	PEC Unit	GAS Unit	Surv/ME/Res Unit	Partnerships Unit	CBI Unit
Coordination	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86
Adm/Finance Unit	3.79	4.05	2.64	2.63	2.66	2.45	2.61	2.63	2.48	2.29
IEC/CC/Promotion Unit	3.97	3.67	3.32	3.35	3.34	3.32	3.35	3.30	3.09	3.07
Laboratory Unit	4.71	2.86	3.29	4.57	3.00	3.86	3.57	3.00	2.86	2.86
Prevention Unit	2.86	2.86	3.86	2.86	3.00	2.86	2.71	2.86	4.00	2.86
PEC Unit	4.14	3.21	3.86	4.21	4.07	4.93	4.36	3.79	3.29	3.86
GAS Unit	2.86	2.57	2.29	2.43	2.57	3.00	4.43	2.71	2.29	2.43
Surv/ME/Res Unit	4.68	3.96	4.04	4.04	4.00	3.96	4.21	4.50	3.82	4.00
Partnerships Unit	2.71	2.43	3.14	2.43	2.43	2.43	2.43	2.43	2.43	2.43
CBI Unit	4.86	3.71	4.86	3.57	4.43	5.00	4.43	5.00	4.43	5.00

Interpersonal communication survey, NMCP Togo, 2019

V. Sustainable Change Strategy

The OD model used for this assessment highlighted how organizational framework and culture are transformational components that can initiate and influence the change process, respectively, while also improving transactional components, the system and human resources, to implement and support change. The interoperability of these four areas determines whether an organization is well placed to lead change and achieve its desired impact. The five recommended steps reflect the change process and define a strategy for sustainable change.

Step 1: Preparing for Change

Assessing the level of preparation for change and preparing for the change process are two steps that improve the chances of success. During this assessment, it was clear that all stakeholders, from NMCP leaders to staff members, including MHPH partners, agree that the NMCP must make structural, systematic, and human resource changes to be able to achieve the objectives that have been set for eliminating malaria. It is also clear that these stakeholders are in perfect agreement about how the organization must change and that the NMCP would fervently like to adopt this change.

The NMCP has shown high levels of cooperation and engagement during this assessment and has taken the initiative to make recommendations. Organizational change is difficult for any organization. Change occurs when coordination strengthens leadership, internal communication, and teamwork. However, this is difficult and takes time. The NMCP must reach out to external experts in the field of change and organizational development for guidance and support. Among other elements that determine whether change is successful are leadership's and staff's participation in drafting, communicating, and implementing the road map. For this reason, we recommend creating a working group and developing a clear communication plan to manage change. This plan should identify specific objectives, define who will be involved, and provide a schedule for steps that can be communicated to the organization. This would send a clear signal that leadership is committed to real change.

Step 2: Launching Change with Codes of Conduct

The majority of the NMCP staff does not know what the program's vision is, and their own vision is not aligned with the global vision to eliminate malaria. Such alignment would unify the organization and lead it toward its objectives. In addition, the assessment team recommends that the NMCP also define its stated values and code of conduct. These describe how the NMCP should behave internally and externally, according to a code of conduct and internal statutes and regulations. In addition, there is no framework for incentives and compensation, nor a staff performance review mechanism. The staff engagement and internal communication surveys confirmed that the staff is not, in general, engaged. However, more than half (60%) of the staff is, on an individual basis, committed to achieving their mission and vision. Numerous opinions expressed throughout the assessment highlighted mixed feelings about internal communication—in some instances, those surveyed said it was transparent, in other instances that access to internal communications was reserved for specific people—and the need to improve internal communication. In addition, staff expressed the need to improve team spirit, engagement, staff incentives and encouragement, and performance reviews.

The NMCP can initiate change in the organizational culture by improving sharing and knowledge of NMCP's vision, defining common values and code of conduct, improving internal communication and team spirit, and establishing the way in which the staff expects to be motivated as individuals and as an organization to attain the best possible performance.

Step 3: Standardization of Objectives and Clarification of Roles and Responsibilities

Aligning objectives and clarifying roles and responsibilities is perhaps the most important step within the process of fostering change. Alignment should answer the question, "How does this unit/sub-unit/individual contribute to the organization's objectives?" Specific roles and responsibilities should be defined at each level in relation to their contributions. Job descriptions, whether they are official (from the MHPH) or informal (developed by NMCP), are based on these roles and responsibilities. The interviews revealed that each unit/sub-unit/individual's roles and responsibilities are not adequately defined and there is

inadequate knowledge of the tasks listed in job descriptions.

Stage 4: Organizational and Structural Change

The NMCP org chart is not up to date, as the program has undergone structural changes that are not reflected in the current org chart. In addition, the current organizational structure is not appropriate. The NMCP does not have all the units and sub-units it needs to carry out its vision and mission of eliminating malaria, as related to the 2016-2030 global elimination vision and strategy. The assessment team suggests the following modifications: (i) strengthening leadership so that it can be effective in its role; (ii) recruiting or assigning staff to certain key positions that can help improve internal and external operations; (iii) capacity building for existing staff; (iv) having the proper authorities approve the new org chart.

Step 5: Improving Management and Central Systems

This last step defines a process that will begin to address the inadequacies in culture and performance by management and staff. It will improve management and central systems by developing policies and procedures

that reflect the new organizational structure and strengthening the defined roles and responsibilities. With this last step, organizational change now moves from the “transformational” components to the “transactional” components and can lead to improvements in the organization’s operational areas. The assessment team formulated specific recommendations for the changes listed below. However, the NMCP can also identify specific changes in the list of solutions that were developed in the study workshop by relying on the organizational change process that has been put in place. At this stage, the OD working group should include experts in each area targeted for improvement. These experts should be recruited from within NMCP or identified outside the organization. Assistance from partners and the Ministry of Health for this ongoing phase is crucial.

VI. NMCP Action Plan and Reflection

The results of the NMCP assessment primarily suggest: (i) adopting the vision and mission; (ii) redefining the NMCP's own vision; (iii) aligning objectives; (iv) adopting a new org chart adapted to the NMCP's missions and responsibilities; (v) building existing staff capacity; and (vi) improving communication, systems and processes to be able to focus on and fully engage in the coordinator's role of coordinating, leading strategy, supervising and mobilizing resources for malaria control. A change of this type will surely lead to notable improvements at all levels of malaria control.

During the two-day study workshop, the preliminary assessment results were presented to the NMCP leadership. The table below presents a summary of reflection work done by the NMCP, the workshop participants, and the assessment team. Below is a prioritized action plan with a strategy for sustainable organizational change to move the NMCP's organizational development forward.

As described in the first section of this report, the OD model used for this assessment highlighted *organizational framework and culture* as *transformational components* that can initiate and influence the change process, respectively, while also improving *transactional components*, the *system* and *human resources*, to implement and support change respectively. The interoperability of these four areas determines whether an organization is well placed to lead change and achieve its desired impact. The action plan reflects the change process and defines a sustainable change strategy that includes:

- The area to be improved, which corresponds to the issues identified during the capacity assessment
- Recommendations to improve the identified issues
- Improvement solutions/activities identified in relation to the issues to be improved
- A party *responsible for managing the activity to be improved*
- Timelines: a five-year timeline reflecting the 2017-2022 NSP (describing schedules for activities' completion: in the short term: 6 to 12 months; medium term: 1 to 2 years; or long term: 2 to 5 years)
- Priority (high, medium, or low),
- Technical support: an opportunity to identify if technical assistance external to the NMCP is required

The possible funding sources:

I. Organizational Framework

Organizational framework refers to general organization through five (5) components: Vision and Mission; Structure; Policies and Procedures; Leadership; and lastly coordination/communication with partners. After the semi-structured interviews with partners, the following results were evident:

I. VISION – MISSION											
Strengths:											
<ul style="list-style-type: none"> - A clearly defined vision exists in the 2017-2022 NSP that is aligned with the vision of the global technical strategy to control malaria: “Togolese communities and families are free from the burden of malaria by 2030 so they may contribute the country’s development” - A mission exists to ensure universal access to antimalarial initiatives 											
Area to be Improved	Recommendations	Improved Solutions/Activities	Responsible Party	Completion Date			Priority			Technical Support	Funding Source
				Short-term 2020-2021	Medium-term 2021-2023	Long-term 2023-2023	High	Medium	Low		
The vision and mission are not well known within the organization as a whole and have not been regularly reviewed or revised: only three (3) individuals out of the 13 interviewed can clearly define the NMCP’s vision	Make the NMCP vision and mission clearly known to all NMCP staff	Regularly present, share and review the organizational vision and state the mission to all NMCP staff during periodic meetings	NMCP				High			TFP	N/A
		Describe how each unit lead, including employees, envisages contributing to achieving the organization’s main objective as described in the global vision. The process must include all employees from the various NMCP units.	NMCP				High			TFP	N/A
		Commit to accomplishing the NMCP’s vision/mission as a unit	NMCP				High			TFP	N/A
		The NMCP tracks key indicators to measure individuals’ understanding of and alignment with the NMCP’s mission and vision, throughout the entire organization	NMCP				High			TFP	N/A
The NSP’s vision and mission are not visible in offices or in any area where they are visible to all.	Make the NMCP’s vision and mission visible	Print the vision in large letters and display it in the hallway and various NMCP offices	NMCP				High			TFP	State/TFP
		- Display mission and vision in offices and building entryways (front)	NMCP				High			TFP	State/TFP

		- Display a notice or poster with the Mission/Vision in the NMCP entryway	NMCP							TFP	State/TFP
		Fund NMCP communication and visibility activities	NMCP							TFP	State/TFP
Lack of the NMCP's own organizational vision.	Formulate a clear, uncomplicated, and captivating NMCP vision in line with the NSP's vision	Develop its own vision in the form of an NMCP slogan that is directly related to the 2017-2022 NSP's vision and strategic direction (slogan)	NMCP							TFP	State/TFP

2. STRUCTURE: ORGANIZATION CHART

Strengths: An NMCP org chart exists											
Area to be Improved	Recommendations	Improved Solutions/Activities	Responsible Party	Completion Date			Priority			Technical Support	Funding Source
				Short-term 2020-2021	Medium-term 2021-2023	Long-term 2023-2023	High	Medium	Low		
The org chart is not up to date and does not reflect the organization set out in Decree 0067 that created and organized the NMCP	Update the org chart with the support of the HRD/SMHP so that all departments are accounted for and oriented towards elimination	Monitor and advocate to the MHPH to accelerate the approval process and sign-off for the revised org chart modifying Decree 0067	NMCP							HRD/MHPH	N/A
		Use the old org chart that complies with the current decree while waiting for the new org chart to be approved	NMCP							HRD/MHPH	N/A
The current organizational structure is not appropriate for executing the NMCP's mission: the NMCP does not have all the staff it needs to carry out its mission	Assign/recruit the required human resources (see section of the report on structure and org chart)	Advocate with the Directorate of Human Resources/MHPH to assign staff members that meet the profiles of the positions included in the new org chart (see section of report on structure and org chart)	NMCP							DGAS and DRHF	N/A

3. POLICIES AND PROCEDURES

Strengths:											
<ul style="list-style-type: none"> - Existence of policies and procedures that guide the implementation of malaria control initiatives - Existence of procedures that guide daily management and MHPH human resource management - Existence and availability of administrative, procurement (government) and funding (GF) procedures - Existence of current regulations by the Ministry of Health and Public Hygiene (MHPH) - The NMCP is governed by ministerial legislative decree no. OO67/2009/MS/CAB/DGS/SP dated April 14, 2009, which organized the NMCP into distinct departments - The NMCP is part of the Division of Communicable Diseases, which is part of the Directorate of Disease Prevention and Public Health Programs, which is part of the General Directorate of Health Action (DGAS), which is part of the Secretariat General, which is part of the MHPH offices. - Existence of well-defined job descriptions - Local - Building renovated (space, security, amenities, IT equipment) to house various units and staff - Existence of a NMCP support body: GF-PMU, CCM - Existence of a decree creating technical working groups 											
Area to be Improved	Recommendations	Improved Solutions/Activities	Responsible Party	Completion Date			Priority			Technical Support	Funding Source
				Short-term 2020-2021	Medium-term 2021-2023	Long-term 2023-2023	High	Medium	Low		
Lack of communication plan (2006) updated with new directives (IPTp 3, free care, etc.);	Provide the NMCP with an updated communication plan	Organize a development and approval workshop to update the NMCP communication plan	NMCP							TFP	State/TFP
Lack of an operational procedures manual for larval control;	Provide the NMCP with an operational procedures manual for larval control;	Develop an operational procedures manual for larval control;	NMCP							TFP	State/TFP
There are no policies and procedures to promote full private sector engagement in planning, implementing and evaluating malaria control activities.	Using the survey results on private sector involvement, develop policies and procedures to promote full private sector engagement in planning, implementing and evaluating malaria control activities.	<ul style="list-style-type: none"> - Implement conclusions and recommendations from the survey on private sector involvement - Develop a strategy to progressively introduce private sector involvement in malaria control, taking conclusions and recommendations from the survey into account - Implement the strategy developed - Evaluate the strategy - Revise/readapt the strategy. 	NMCP							TFP	State/TFP

Area to be Improved	Recommendations	Improved Solutions/Activities	Responsible Party	Completion Date			Priority			Technical Support	Funding Source
				Short-term 2020-2021	Medium-term 2021-2023	Long-term 2023-2023	High	Medium	Low		
Lack of a capacity building plan (training, seminars, etc.) for NMCP staff aligned with the NSP	Provide the NMCP with a staff capacity building plan	<ul style="list-style-type: none"> - Develop a capacity building plan that is aligned with the 2017-2022 NSP - Mobilize resources to fund the capacity building plan - Implement, monitor, and evaluate the capacity building plan 	NMCP							TFP	State/TFP
Technical working groups are not operational	Revitalize/make NMCP Committees and Technical Support Groups operational	<ul style="list-style-type: none"> - Revise the decree creating the committees and technical support groups: composition, mission, frequency of meetings - Organize regular meetings of the NMCP Committees and Technical Support Groups 	NMCP/DRH/MHPH							TFP	State/TFP
Lack of knowledge in some staff members about roles and responsibilities	Improve knowledge of roles and responsibilities in the entire the NMCP staff	<ul style="list-style-type: none"> - Develop roles and responsibilities specific to each unit.* Each unit must be able to answer the question: "How does this section/unit contribute to the NMCP's specific objectives?" These roles and responsibilities are not generic descriptions that are part of current "standards" documents (job descriptions) but are specific and evolving. - Develop roles and responsibilities specific to each individual: Each individual/worker must be able to answer the question: "Who is in charge of these tasks/activities, who decides, who approves the results or is responsible if there are problems, who has expertise in this field, who needs to be informed? etc." - The roles and responsibilities must include the HRH2030 	NMCP							TFP	N/A

		<p>Technical Adviser and malaria Focal Points in the regions and districts.</p> <ul style="list-style-type: none"> - Improve knowledge of the tasks listed in the job descriptions: Organize annual orientation sessions for newly assigned personnel to provide for better understanding of roles and responsibilities and tasks to be accomplished as outlined in the job descriptions. 								
<ul style="list-style-type: none"> - Lack of some internal procedures on daily management and NMCP human resources management: internal regulations, code of conduct - Insufficient adherence to the procedures guiding daily and human resources management 	<p>Develop internal procedures for daily and human resources management aligned with the civil service code and the MHPH code</p>	<ul style="list-style-type: none"> - Develop internal regulatory procedures and a code of conduct aligned with the civil service and MHPH codes - Implement internal regulatory procedures, code of conduct: remind NMCP staff of procedures for human resource management, specifically by developing a short manual that refreshes the major highlights - Evaluate internal procedures for daily and human resource management - Revise/readapt internal procedures 	NMCP						TFP	State/TFP

<ul style="list-style-type: none"> - The staff is, in general, familiar with the policies and procedures related to their unit/ department, but not with those that are not directly related to their unit. - The administration department is familiar with the procedures related to general public service functions, but not the Global Fund 	Improve the sharing of procedures between all units/departments	<ul style="list-style-type: none"> - Encourage staff to become familiar with the policies and procedures in other units by organizing sessions to share standard procedure documents from each unit, summarized in slides during team coordination meetings - Share the GF procedures manual with NMCP staff 								TFP	State/TFP
Area to be Improved	Recommendations	Improved Solutions/Activities	Responsible Party	Completion Date			Priority			Technical Support	Funding Source
				Short-term 2020-2021	Medium-term 2021-2023	Long-term 2023-2023	High	Medium	Low		
Lack of NMCP statutes/internal regulations or a code of conduct aligned with the civil service and MHPH codes	Develop documents containing NMCP statutes/internal regulation or a code of conduct, aligned with the civil service and MHPH codes	<p>Establish a link with the civil service and MHPH codes:</p> <ol style="list-style-type: none"> 1. a <u>code of conduct</u>: a document that aligns staff behavior and actions with legal requirements and defines an organization's specific vision and common values. 2. <u>internal statutes and regulations</u> that define the organization's structure and confer certain rights, powers, privileges, or specific functions 	NMCP							TFP	STATE/TFP
The decree creating the NMCP does not define the malaria-related roles and responsibilities for stakeholder positions (malaria focal points) acting at the regional	Define roles and responsibilities for malaria focal points acting at the regional and departmental levels.	Revise the decree creating the NMCP by including the roles and responsibilities for malaria focal points acting at the regional and departmental levels.	MHPH							DGAS	

and departmental levels.										
NMCP as part of the MHPH organizational structure does not promote management performance or program coordination	Review NMCP's position in the management section in the MHPH org chart	Advocate for bringing priority programs (Malaria, HIV/AIDS, and TB) to top leaders at the MHPH: the position of the NMCP in the management section of the MHPH org chart and malaria's priority make it possible to improve visibility and effectiveness.	MHPH						DGAS	

4. LEADERSHIP-COORDINATION

Strengths:

- The coordinator's leadership, momentum, and openness are largely appreciated
- Unit leads easily participate in decision-making during the various team meetings
- The coordinator and unit and sub-unit leads regularly hold weekly meetings (on Tuesdays)

Area to be Improved	Recommendations	Improved Solutions/Activities	Responsible Party	Completion Date			Priority			Technical Support	Funding Source
				Short-term 2020-2021	Medium-term 2021-2023	Long-term 2023-2023	High	Medium	Low		
Lack of capacity to advocate externally to mobilize financial resources for 2017-2022 NSP priority activities (supervision, training, World Malaria Day communication, etc.)	Improve capacity to advocate externally to mobilize financial resources for 2017-2022 NSP priority activities (supervision, training, World Malaria Day communication)	<ul style="list-style-type: none"> - Improve the coordinator's capacity to advocate externally to mobilize financial resources - Prepare an advocacy plan to mobilize resources to fund priority activities (communication, supervision, training) - Fund activities in the advocacy and resource mobilization plan - Mobilize additional local/domestic resources (private sector, companies to fund priority activities) - Advocate with the government for an increased budget allocated to NMCP (14-15% of the 	NMCP				High	Medium	Low	TFP	STATE/TFP

		governmental budget is allocated to health (Togo: 7 to 8%)									
Lack of representation for malaria control activities at the highest levels of government	Improve representation for malaria control activities at the highest levels of government	Advocate with Office of the President/Office of the Prime Minister for the Chief of State or Prime Minister to participate effectively in key NMCP activities (World Malaria Day, launching mass campaigns)	NMCP/MHPH							TFP	STATE/TFP
Weekly meetings are not structured: lack of sharing the agenda in advance, undefined length	Improve the organization of weekly meetings	Share the agenda with all staff before the weekly meeting is held	NMCP							TFP	STATE/TFP
Internal department meetings, which should prepare for weekly meetings, are held inconsistently and not systematically,	Improve the regularity with which internal departmental meetings are held	Systematically hold internal department meetings to prepare for weekly meetings	NMCP								
Lack of meetings between unit leads	Systematically organize unit lead meetings	Systematically hold meetings between unit/department leads	NMCP								

5. COMMUNICATION/COLLABORATION WITH PARTNERS

Strengths:

- Existence of collaboration with international and local, governmental technical and financial partners
- Existence of communication channels for NMCP activities:
 - o With the MHPH: Weekly cabinet meetings
 - o With partners: CCM meetings, meetings with partners, programming meetings within the MHPH, monthly PMU/NMCP meetings, CNO and other committee meetings
- Existence of a monthly meeting between NMCP and NMCP PMU coordination
- Use of social media and networks to communicate about activities on WhatsApp in real time between NMCP and partners, especially in the regions and health districts

Area to be Improved	Recommendations	Improved Solutions/Activities	Responsible Party	Completion Date			Priority			Technical Support	Funding Source
				Short-term 2020-2021	Medium-term 2021-2023	Long-term 2023-2023	High	Medium	Low		
Committees and technical support groups related to malaria control are not functional	Make committees and technical support groups related to malaria control operational	<ul style="list-style-type: none"> - Keep discussions going by organizing discussion and consultative meetings related to malaria control - Formalize the NMCP collaboration framework, 	NMCP							DiVMT/MHPH	STATE/TFP

		<p>describing the roles and responsibilities of each stakeholder in malaria control</p> <ul style="list-style-type: none"> - Hold twice-yearly meetings to review malaria control projects 								
Committees and technical support groups related to malaria control are not functional	Make committees and technical support groups related to malaria control operational;	<ul style="list-style-type: none"> - Revitalize malaria control committees and technical support groups - Make quarterly GSE meetings functional (NMCP, PMU, CAMEG, CRT, etc.) - Develop an information strategy for the various stakeholders active in malaria control - Implement, monitor, and evaluate strategy implementation - Readapt/update the strategy - Revise the decree creating technical working groups: composition, mission, frequency of meetings - Technical groups hold quarterly meetings - Strengthen committees and technical support groups by creating a multidisciplinary scientific committee 	NMCP						TFP	STATE/ TFP
Lack of an updated communication plan (2006)	Increase NMCP visibility and reputation by communicating NMCP's achievements and their impact on malaria indicators	<ul style="list-style-type: none"> - Revitalize or create informational bulletins, website, library, discussion platform and social media use (Instagram, Skype, WhatsApp) - Mobilize resources to develop a communication plan - Prepare a communication plan - Distribute the communication plan - Identify indicators to be able to monitor the communication plan 	NMCP						TFP	STATE/ TFP

2 – Organizational Systems

The second quadrant of the OD model looks at the *transactional* systems needed to implement and support organizational change. To fulfill its mission, an organization's operational systems must ensure that the right resources are in the right place at the right time. Operational systems help the organization to deploy human and financial resources, make data-driven decisions, provide goods and services, maintain infrastructure and logistics, and implement and supervise the programs within these systems as a whole. Leadership plays a key role in guaranteeing that these operational systems function as expected. Management practices are what managers normally do with the human resources, equipment, and systems available to them to successfully execute the organization's strategy. Managers supervise the consistent implementation of activities: they plan, resolve problems with staff, and supervise staff to ensure that they have the financial, logistical, and technical support needed to execute their tasks.

This systemic quadrant refers to (i) planning/problem-solving; (ii) supervision; (iii) monitoring and evaluation; (iv) finances; and (v) supply chain Management/Procurement.

I. PLANNING AND PROBLEM-SOLVING											
Strengths: <ul style="list-style-type: none"> - Existence and implementation of a well-defined planning process - Development of the 2017-2022 NSP in a participative and inclusive way - Existence of an annual work plan and a quarterly work plan for all activities and all partners - Existence of a quarterly action plan with the Global Fund - Existence of a quarterly action plan with the Directorate of Disease Prevention - Existence of a data analysis process for problem-solving and decision-making at the central and partner level - Existence of an integrated and consolidated action plan for all initiatives and partners - Existence of a mechanism for weekly activity monitoring via weekly NMCP staff meetings 											
Area for Improvement	Recommendations	Improved Solutions/Activities	Responsible Party	Completion Date			Priority			Technical Support	Funding Source
				Short-term 2020- 2021	Medium-term 2021- 2023	Long-term 2023- 2025	High	Medium	Low		

<ul style="list-style-type: none"> - Lack of a problem-solving plan (bottleneck management) - Inadequate data analysis process for problem-solving and decision-making at the central and partner level 	<p>Provide the NMCP with a problem-solving plan (bottleneck management)</p> <p>Improve the data analysis process for problem-solving and decision-making at the central and partner level</p>	<ul style="list-style-type: none"> - Review the progress in identifying problems as well as their solutions - Write a Standard Operating Procedure (SOP) to identify problems and resolve them: Develop a problem-solving plan (bottleneck management) - Approve and distribute the SOP - Establish a coordination and problem management group - Define the information flow for problem management - Train stakeholders to use the SOP - Monitor problem management - Organize sessions to share information, experiences, and best practices for problem management 	<p>NMCP</p>						<p>TFP</p>	<p>STATE / TFP</p>
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<ul style="list-style-type: none"> - Lack of implementation of the three-year strategic plan aligned with Global Fund funding - Lack of separate annual work plans throughout the program to the decentralized level (from the NMCP to CHWs) 	<p>Improve NMCP's planning and monitoring process</p>	<ul style="list-style-type: none"> - Develop dashboards for all levels - Organize annual performance reviews - Outline the strategic plan as two three-year strategic plans aligned with Global Fund funding - Develop annual work plans for the program and the decentralized level (from the NMCP to CHWs) 	<p>NMCP</p>						<p>TFP</p>	<p>STATE / TFP</p>
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2. SUPERVISION

Strengths:

Existence of a system to supervise NMCP and partner initiatives at the decentralized level:

- The central level supervises health regions twice a year
- The regional level supervises health districts twice a year
- The district level supervises healthcare facilities quarterly
- Healthcare facility managers supervise community health workers (CHWs) every two months

Specific case of community activities

The Division of Community Health and the Togolese Red Cross (CRT) oversee coordinating, monitoring, and supervising community activities at the central level; CSOs work closely with the CRT at the local level, relying on local workers assisting healthcare facility managers to supervise CHWs; Availability of integrated supervisory tools at the decentralized level; Existence of a supervision handbook for the individual being supervised

Area for Improvement	Recommendations	Improved Solutions/Activities	Responsible Party	Completion Date			Priority			Technical Support	Funding Source
				Short-term 2020- 2021	Medium-term 2021- 2023	Long-term 2023- 2025	High	Medium	Low		
<p>Inadequate financial resources to fund supervisory activities</p>	<p>Mobilize resources for supervisory training sessions on malaria</p>	<p>Improve management's capacity to advocate for the mobilization of financial resources</p>	<p>NMCP</p>						<p>STATE/ TFP</p>	<p>STATE/ TFP</p>	
<p>Lack of supervisory training since NFM2 (January 1, 2019): (GF removed funding for supervision)</p>		<p>Develop a plan to mobilize resources (identify appropriate individuals, map funding sources)</p>	<p>NMCP</p>						<p>STATE/ TFP</p>	<p>STATE/ TFP</p>	

Complete lack of staff to manage NMCP data (data manager)	Increase headcount in the ME unit	Recruit/assign an NMCP data manager	MHPH							STATE/ TFP	STATE/ TFP
Lack of quality data for decision-making	Implement a mechanism to improve data quality for decision-making	- Hold quarterly NHIS meetings at the national, regional and district and healthcare facility levels - Organize periodic reviews - Mobilize resources to support target sites with the greatest inadequacies	NMCP MHPH							STATE/ TFP	STATE/ TFP
Lack of a quality process at NMCP	Implement a quality process at NMCP	- Develop a quality process document - Appoint a quality assurance manager (QAM)	MHPH								

4. ADMINISTRATION AND FINANCES

Strengths:

- Existence of financial procedures from GF
- Existence of a public procurement procedures manual from the state
- Existence of technical and financial partners

Poor resource mobilization, up to a complete lack of the funds needed to implement the plan throughout the 2018-2023 period. Only 13.23% resource mobilization to cover NSP activities budgeted for 2018	Reduce funding gap for 2018 = 86.77% Improve coverage for activities budgeted for the 2017-2022 NSP by mobilizing the required financial resources	Develop a plan to mobilize resources	NMCP							TFP/ STATE	STATE/ TFP
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5. SUPPLY AND INVENTORY MANAGEMENT

Strengths:

- Good availability of commodities
- Existence of a coordination and monitoring framework focused on the supply chain through the CAMEG
- Existence of an individual at NMCP who is qualified in Procurement and Supply Management
- Existence of an internal NMCP procedures manual on antimalarial commodity management and security.
- Existence of data collection tools
- The existence of a logistics data collection route defined for various types of commodity (drugs, reagents, etc.) through DHIS2, related to patients and the template (report form/purchase order)

<ul style="list-style-type: none"> - Existence of tools to monitor inventory and avoid shortages (Excel analysis tools filled out manually every month) - Existence of a supply plan (with provisional dates for purchases/receipt of products) integrated into the quantities file - The existence of tools to quantify national/regional/local needs for medical products and/or antimalarial pharmaceuticals in the template (to be manually filled out); - The existence of data quantification approval meetings at the peripheral and central levels - Monthly inventory reconciliation meetings 											
Area for Improvement	Recommendations	Improved Solutions/Activities	Responsible Party	Completion Date			Priority			Technical Support	Funding Source
				Short-term 2020-2021	Medium-term 2021-2023	Long-term 2023-2025	High	Medium	Low		
The national manual on medical commodity management and security has not yet been finalized and has not been updated with the new provisions (at the DPML level) (in general).	Finalize and update an NMCP procedures manual for commodity management and security.	In coordination with DPML, PMU, CAMEG, pharmacists in other programs: - Develop logistics management procedures (including a responsibility matrix, emphasizing the necessity of converting logistics management to a computerized format at the healthcare facility level—procure tablets and train stakeholders) - Implement an efficient logistics management system with appropriate tools at all levels - Organize periodic missions to approve logistics data	MHPH DPML, PMU, CAMEG, Pharmacists from other programs				High	Medium	Low	STATE/ TFP	STATE/ TFP
Logistics data (drugs, RDT, LLIN and other commodities) are not captured in DHIS2	Systematize orders in DHIS2	Systematize orders in DHIS2	MHPH				High	Medium	Low	N/A	N/A
Lack of financial means to organize data validation missions	Mobilize the financial resources needed to organize monthly data	Develop a plan to advocate for and mobilize the financial resources needed to organize monthly data	NMCP				High	Medium	Low	STATE/ TFP	STATE/ TFP

	validation missions at all levels	validation meetings at all levels									
Lack of financial means to update human resources at the peripheral levels on antimalarial commodity management	Mobilize the resources needed to train human resources on antimalarial commodity management	Develop a plan to advocate for and mobilize the resources needed to train human resources on antimalarial commodity management	NMCP DPML, PMU, CAMEG Pharmacists with NMCP and other programs							STATE/ TFP	STATE/ TFP
Problems updating human resources at peripheral levels on antimalarial commodity management (antimalarial focal points, healthcare facility service providers and CHWs)	Ensure training and update operational stakeholders (antimalarial focal points, healthcare facility service providers and CHWs) on antimalarial commodity management	Train operational stakeholders (antimalarial focal points, healthcare facility service providers and CHWs) on antimalarial commodity management								STATE/ TFP	STATE/ TFP
Inadequate supervisory training to improve inventory management at operational levels	Provide supervisory training to improve inventory management at operational levels	Conduct supervisory training to improve inventory management at operational levels								STATE/ TFP	STATE/ TFP
Problems with traceability of commodities from the central level to peripheral levels	Improve traceability of commodities from the central level to peripheral levels	Organize missions to evaluate the traceability of commodities from the central level to peripheral levels								STATE/ TFP	STATE/ TFP

3. Human Resources

The third quadrant in the OD model is transactional and essential to implementing sustainable change. Human resources (Figure 6) include: (i) recruitment and staffing; (ii) roles and responsibilities; (iii) equitable reviews; (iv) compensation and results; (v) feedback; and (vi) capacity building. In addition to relying on the interviews, this section also significantly relies on the results of the staff engagement and internal communication surveys.

I. RECRUITMENT, STAFFING AND RETENTION (STAFF)											
Strengths: NMCP Staff (36): 75% civil service, 0% government contract, 19% contract through Global Fund funding, 6% other TFP contract. Mobility expressed by the NMCP staff surveyed in 2019: 70% of staff has no intention of leaving the NMCP											
Area to be Improved	Recommendations	Improved Solutions/Activities	Responsible Party	Completion Date			Priority			Technical Support	Funding Source
				Short-term 2020	Medium-term 2021-2022	Long-term 2022-2023	High	Medium	Low		
The Coordinator is not consulted when the MHPH/HRD assigns staff	Involve the Coordinator in the process of assigning NMCP staff	Advocate to the Minister of Health to involve the Coordinator in the process of assigning NMCP staff	MHPH				High			N/A	N/A
15% say they would like to leave NMCP (11% will leave within six months to a year, and 4% in less than six months). 15% have no opinion.	Improve the staff retention rate	Implement an incentive and motivation policy for all staff	MHPH NMCP				High			STATE	STATE/ TFP
Lack of staff to lead the NMCP mission. Needs: 1 healthcare-focused social anthropologist, 1 laboratory technician (PEC), 1 senior health engineering technician (Prevention), 1 statistics engineer (Research), 1 archivist, 1 senior IT technician, 1 executive secretary (for the coordinator), 1 public health assistant (or pharmacy assistant), 2 daytime security guards, 1 janitor, 1 human resources manager	Build NMCP capacity with additional qualified staff as needed:	Recruit/assign staff to lead NMCP missions: - 1 healthcare-focused social anthropologist - 1 laboratory technician (PEC) - 1 senior health engineering technician (Prevention) - 1 statistics engineer (Research) - 1 archivist - 1 senior IT technician - 1 executive secretary (for the coordinator)	MHPH					Medium		STATE/ TFP	STATE/ TFP

(Administration Unit), 1 warehouse worker and 1 driver.		- 1 public health assistant (or pharmacy assistant) - 2 daytime security guards - 1 janitor - 1 human resources manager - 1 warehouse worker - 1 driver								
2. ROLES AND RESPONSIBILITIES										
Strengths:										
Existence of staff job descriptions, except for the community initiative unit (still being approved)										
Roles and responsibilities are not clearly defined	Clearly define roles and responsibilities for each NMCP worker using a role and responsibility definition matrix	Improve understanding of the tasks written in the descriptions through individual meetings and staff coaching	NMCP						HRD / TFP	
		Improve understanding of the roles and responsibilities specified for each department, unit, and individual through individual meetings and staff coaching	NMCP						N/A	N/A
		Organize annual orientation sessions for staff to better understand roles and responsibilities and tasks to be accomplished, as outlined in the job descriptions.	NMCP						N/A	N/A
		Organize periodic reviews using job description outlines	NMCP						N/A	N/A

3. EQUITABLE REVIEWS, COMPENSATION AND RESULTS											
Strengths:											
<ul style="list-style-type: none"> - Existence of an annual review process for civil servants - Existence of a performance-based incentive mechanism funded by the Global Fund - Verbal praise from the coordinator - Existence of team-building activities during the end-of-the-year retreat and when celebrating International Women's Day (March 8) 											
Lack of a performance-based incentive mechanism for civil servant staff	Define a performance-based incentive mechanism for civil servant staff	Describe the performance-based incentive procedure in the internal regulations or code of conduct	NMCP							N/A	N/A
		Create, formalize or diversify opportunities to encourage and congratulate staff for positive actions	NMCP							STATE /TFP	STATE/ TFP
		Advocate to the MHPH to create a mechanism to motivate civil servant staff members to be high performing	MHPH							STATE /TFP	STATE/ TFP
4. FEEDBACK AND CAPACITY BUILDING											
Strengths:											
Need to build capacity in existing staff: People have the ability to achieve results, but they need improved capacity building, to share experiences and best practices, and to get updated	Improve capacity in existing staff	Build staff capacity in the following areas: statistics (using software such as SPSS or mapping programs) monitoring/ evaluation; administrative management; Epidemiological research and surveillance; planning; larval control; advocacy and resource mobilization.	MHPH/TFP							STATE /TFP	STATE/T FP
Lack of a plan to build integrated capacity that is specific to the NMCP	Develop a plan to build integrated staff capacity	Develop a plan to build integrated staff capacity	NMCP/MHP H							STATE /TFP	STATE/T FP

<p>Inadequate internal communication and feedback: The average score on the engagement survey was 3.48/5</p>	<p>Improve internal communication: Improve communication frequency and clarity Improve communication timeliness Improve problem-solving communication Improve communication towards shared objectives</p>	<p>Define a process that includes sharing and reviewing meeting reports, financial reports, and other progress reports</p>	<p>NMCP</p>							<p>N/A</p>	<p>N/A</p>
	<p>Improve listening, feedback and taking staff opinions into account</p>	<p>Organize periodic meetings with all staff</p>	<p>NMCP</p>							<p>N/A</p>	<p>N/A</p>

4. Organizational Culture

Organizational culture is a by-product of all the other components this assessment addresses. By improving communication, management, use of data in decision-making, building capacities in existing human resources and staff, providing compensation, and encouraging good performance, the NMCP can make enormous progress toward developing a positive culture. Comments collected and survey results from stakeholders indicate that they think that, due to the leadership’s momentum and availability and employees’ belief the importance of their work, they can overcome organizational obstacles.

I. INTERNAL COMMUNICATION AND TRANSPARENCY											
Strengths: <ul style="list-style-type: none"> - Regular weekly meetings are held with unit leads and sub-leads - There is a “NMCP staff” WhatsApp Group to facilitate internal communication - A climate favorable to internal communication 											
Area to be Improved	Recommendations	Improved Solutions/Activities	Responsible Party	Completion Date			Priority			Technical Support	Funding Source
				Short-term 2020	Medium-term 2021-2022	Long-term 2022-2023	High	Medium	Low		
Internal communication is reserved for only some of the staff	Improve internal communication for all staff	Develop a communication strategy that details internal procedures and NMCP’s information flow	NMCP				High			N/A	N/A
		Organize quarterly meetings for all staff	NMCP				High			N/A	N/A
		Improve listening, feedback and taking staff opinions into account	NMCP				High			N/A	N/A
2. TEAMWORK											
Strengths: <ul style="list-style-type: none"> - Teamwork - Organization of an annual retreat for the NMCP team - Relationships between colleagues and supervisors perceived as positive 											
Some staff members need to improve their NMCP team spirit.	Improve teamwork	Organize trainings on Leadership Management Governance for staff who have not yet been trained	TFP				High				
		Educate and revitalize departmental meetings	NMCP					Medium			

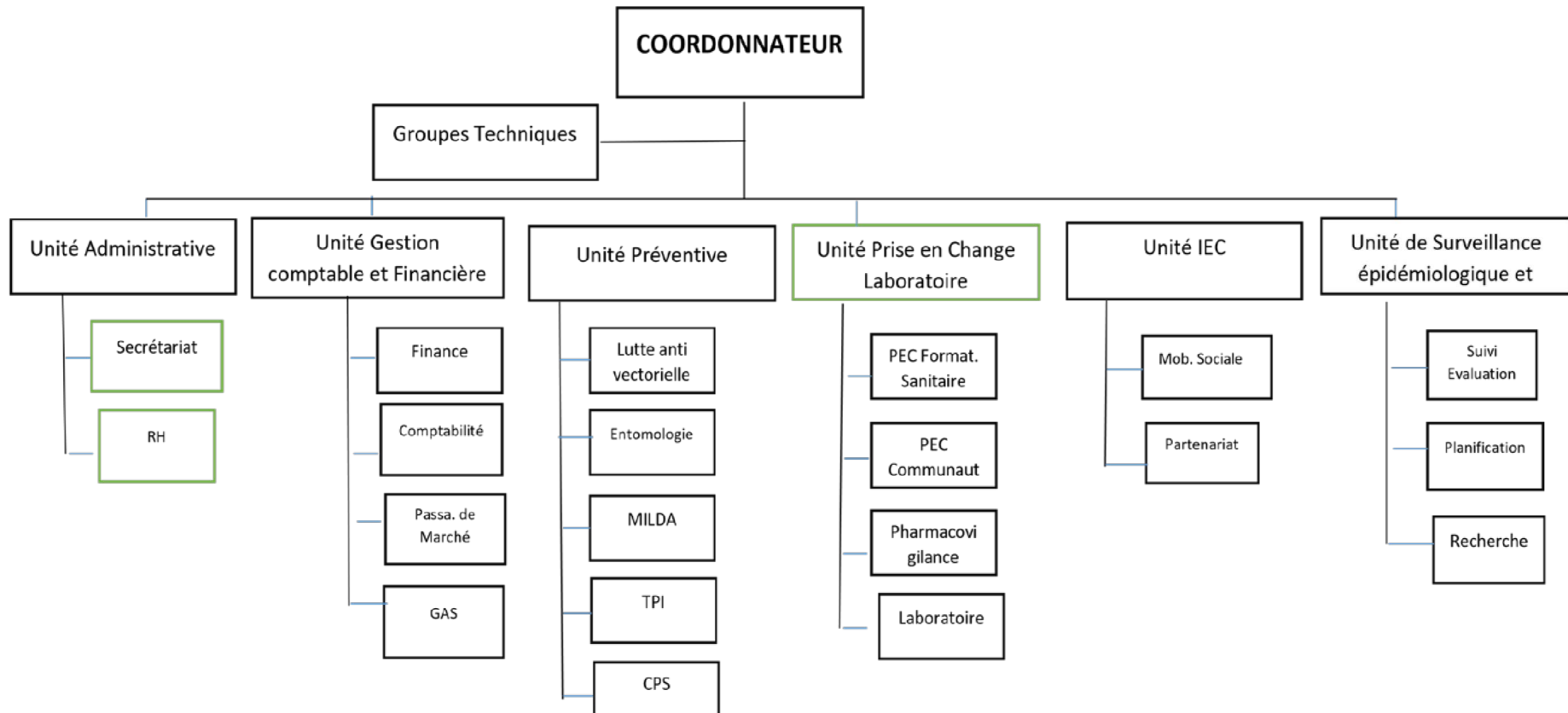
5. STAFF ENGAGEMENT										
Strengths:										
At the individual level, more than half of staff (60%) is engaged, with a score greater than 4										
Improve general level of staff engagement: The average score was 3.90, which is less than 4, meaning that the staff is generally not engaged	Develop a communication plan and a change management plan	Define a process that includes sharing and reviewing meeting reports, financial reports, and other progress reports	NMCP							
	Develop statements on values and the principles of engagement describing how employees, including management, would like to be treated and how they will behave within the organization	Define a mechanism for the equitable treatment of all employees with the same level of respect; commit to transparent communication	NMCP							
		As an organization, commit to accomplishing the NMCP's vision/mission and adhering to new statements on values and principles of engagement	NMCP							
Develop motivational factors and factors for an environment that is conducive to work		Develop a performance-based incentive procedure in the internal regulations or code of conduct aligned with objectives, job descriptions, the annual work plan, etc.	NMCP							
		Improve material workplace conditions (availability of computer and office equipment, vehicle fleet, etc.)	MHPH/ TFP							
Improve knowledge of tasks listed in job descriptions		Organize annual orientation sessions for staff to better understand roles and responsibilities and tasks to be accomplished, as outlined in the job descriptions. Organize periodic reviews based on job descriptions.	NMCP							
Clarify roles and responsibilities.		Each role and each responsibility must be clearly defined and related to the	NMCP							

		objectives and indicators stated in the NSP.									
	Define the MHPH's rules of engagement with the NMCP	Advocate with the HRD/MHPH to take NMCP's expectations and needs into account when assigning staff	MHPH/ NMCP								

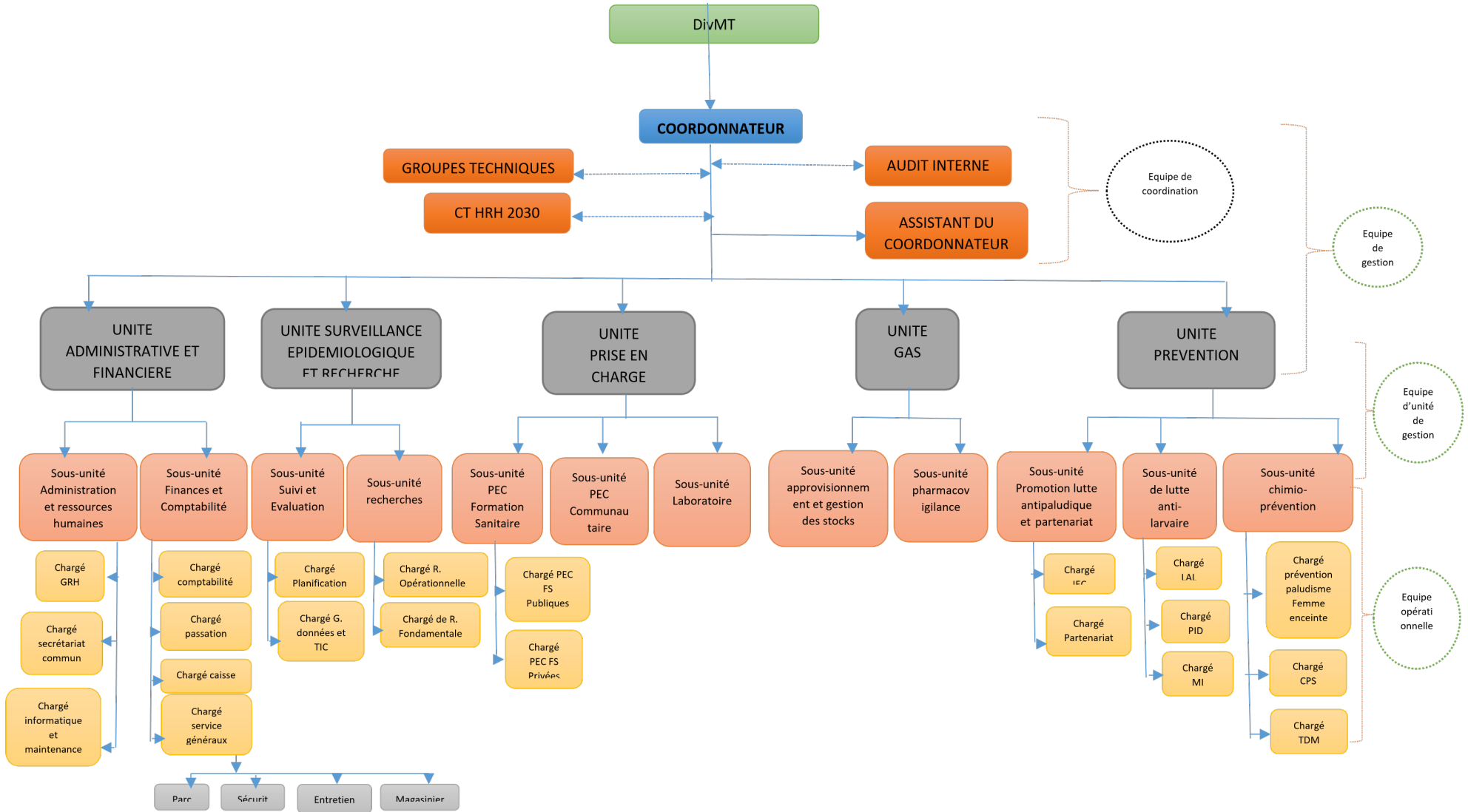
VII. ORGANIZATION CHARTS

CURRENT NMCP ORGANIZATION CHART

2009 Version per Decree no. 067/2009/MS/CAB/DGS



ORGANIZATIONAL CHART PROPOSED BY ASSESSMENT



Légende :



VIII. APPENDICES

APPENDIX A: Conceptual note about the rapid assessment of the National Malaria Control Program's organizational capacity in Togo

Conceptual Note

Technical assistance to evaluate organizational capacity and management of the National Malaria Control Program (NMCP) in Togo

September to November 2019

Purpose: The goal of this technical assistance is to assess the National Malaria Control Program's management and organizational capacity and to guide the HRH2030 Program, which will provide the required technical assistance, with support from the US President's Malaria Initiative. This capacity assessment is intended to help the NMCP to strengthen implementation, surveillance and monitoring of the strategic plan in order to achieve the objectives and goals set for malaria control. This assessment's results and recommendations will be used to draft an action plan for capacity building that will be supported by the government of Togo and HRH2030 as well as its partners in malaria control to eventually eliminate malaria.

Assessment Context

A similar assessment was conducted by the PMI in Niger, Côte d'Ivoire, and Chad, in 2018 and 2019, respectively. This assessment was also conducted by Open Development in its role as a member of the HRH2030 program consortium. The lessons learned from the methodological approach and implementation of this assessment will benefit the Togo assessment. The toolbox developed in Niger, adapted and used in Côte d'Ivoire and Chad, will be reused and readapted for the local context using the following methodology:

- Document review
- Semi-structured interviews with key informants
- A staff engagement survey
- An NMCP internal communication survey
- A workshop that will use the activities listed above to develop a PowerPoint presentation and conduct a study session on preliminary results, reflect on data/information, formulate recommendations and develop an action plan

Scope of the Assessment:

The assessment will evaluate the NMCP's management and coordination capacity as it relates to the objectives and results stated in the National Strategic Plan for Malaria Control. The following tasks will be performed during the assessment:

- a) Systematically review existing assessment reports on NMCP institutional performance supported by the government of Togo and its malaria control partners
- b) Review NMCP processes and functions, including organizational structure, staff categories, roles and responsibilities for each department, department heads and staff members
- c) Assess if roles and responsibilities are adequate in relation to the objectives and outcomes outlined in the National Strategic Plan for Malaria Control, as well as synergies that affect working as a team
- d) Identify challenges that affect the program's ability to conduct its daily initiatives as well as strategic reflection on achieving the National Strategic Plan for Malaria Control's objectives and outcomes.

- e) Interview key NMCP staff, both technical and administrative, to assess their vision of organizational structure and the performance (strengths, weaknesses, challenges and opportunities) of program leadership
- f) Interview NMCP's technical and financial partners to understand their points of view and ask for their recommendations for approaches and strategies focusing on building the program's capacities in management and coordination.
- g) Interview leaders at the Ministry of Health to discuss their points of view and recommendations in the context of growing the malaria portfolio and opportunities to improve program management.
- h) Assess opportunities to decentralize NMCP initiatives and ways to promote bottom-up planning and empower key stakeholders, primarily related to supply chain performance
- i) Review communication pathways with the Ministry of Health to make sure that the NMCP receives the supervision and support needed to smoothly carry out coordination activities
- j) Review existing coordination mechanisms at the central, regional and operational levels, in accordance with the Roll Back Malaria (RBM) partnership directives on coordination.
- k) Review NMCP collaboration with its financial and technical partners to ensure effective coordination of efforts to achieve the National Strategic Plan for Malaria Control's expected objectives and outcomes

The final report will serve as a deliverable to help NMCP build organizational and management capacities and guide HRH2030 program investments. The report will be written in French and should include:

- A summary that presents salient points from the conclusions and recommendations
- Recommendations to the Ministry of Health and the NMCP to improve the current organizational structure and strengthen management and coordination operations.
- Recommendations must be concrete, practical, clearly related to assessment results and designed to be implemented.
- As applicable, a proposed org chart and all suggestions related to staff profiles resulting from the observations and information gathered during the assessment will be included in the report.

Assessment Team

Role / Title	Key Tasks	Organization	Location
Team lead	Supervise activity implementation and coordinate the team, using lessons learned and best practices taken from the experience of conducting a similar assessment in Côte d'Ivoire	Open Development Consultant	Abidjan, Côte d'Ivoire
Public Health and Malaria Expert	Brings important clinical and public health knowledge of malaria and extensive experience working with the NMCP in Togo	Open Development Consultant	Lomé, Togo
Research Assistant	A research assistant supporting the team with logistics and data analysis	Open Development Consultant	Abidjan, Côte d'Ivoire

Provisional Schedule:

Pre-assessment: third week in *September to beginning October 2019*

- Documentation review, including performing documentary analysis
- Finalize assessment tools and identify main stakeholders
- Make contact with the NMCP to evaluate and identify a point of contact within the NMCP

Assessment phase: start of October to *mid-November 2019*

- Use assessment tools, specifically conducting interviews and collecting data
- Schedule a mid-point briefing with HRH2030 to discuss progress made/challenges encountered
- conduct data analysis and synthesize the results
- Present the results to the NMCP and organize a workshop to “review the study and develop an action plan”
- Develop achievable recommendations

Report phase: November 30, 2019, at the latest

- Write a final report with a summary presenting salient points from the conclusions and recommendations
- Distribute the report to the main stakeholders and incorporate their comments into the final report
- Present the results to the main participants, as needed

APPENDIX B: List of persons met (interviewed)

#	LAST AND FIRST NAMES	GROUP/ FUNCTION	CONTACT INFORMATION	INTERVIEW DATE
1	ATCHA-OUBOU TINAH	NMCP COORDINATOR	90014521 atchaoubou@yahoo.fr	10/08/2019
2	TAKO ESSO-KILINA	NMCP IPT UNIT LEAD	90163557 nalolau1@yahoo.fr	10/08/2019
3	TCHADJOBO TCHASSAMA	NMCP MONITORING AND EVALUATION UNIT LEAD	90299353 tchasteha@yahoo.fr	10/08/2019
4	AKAKPO BATAWA	NMCP PLANNING UNIT	90931829	10/09/2019
5	KADZAHLO KOMLA	NMCP COMMUNITY-BASED INITIATIVE UNIT LEAD	90216528 tdkadzahlo@gmail.com	10/09/2019
6	AAWI AGNIDOU FEIJI	NMCP PREVENTION/LARVAL CONTROL UNIT	90193704 matawo@yahoo.fr	10/09/2019
7	TOMBEGOU PANA BATAMA	NMCP IEC PARTNER LEAD-MALARIA CONTROL PROMOTION	9039454 paulinenapana@yahoo.fr	10/09/2019
8	BOUKPESSI AFEIGNITOU	NMCP ADMINISTRATION UNIT LEAD	90107975 boukpeSSIyvette@yahoo.fr	10/09/2019
9	TCHAMOOUSSA LEY-BARVÈ	NMCP FINANCE AND ADMINISTRATION UNIT LEAD	90071508 aristideeleyb@yahoo.fr	10/09/2019
10	D'ALMEIDA KOKOE	NMCP PATIENT CARE UNIT LEAD	90236986 abbelise@yahoo.fr	10/09/2019
11	YAKPA KOSSI	NMCP HUMAN RESOURCES/ LABORATORY UNIT LEAD	90096378 yakpakossie@yahoo.fr	10/09/2019
12	BAKAÏ TCHOA ABALO	NMCP RESEARCH AND EPIDEMIOLOGICAL SURVEILLANCE UNIT LEAD	92705233 francis10gr@yahoo.fr	10/09/2019
13	KUSIAAKU KOMI	PMU-TOGO- Monitoring/Evaluation Manager	90221616 kkuhaku@ugptogo.org	10/11/2019
14	QUEVISON KOMLA	PMU-TOGO	92294249 kquevison@ugptogo.org	10/11/2019
15	GAYI ELIAS	PMU-TOGO	90109319 egayi@ugptogo	10/11/2019
16	AVOWLANOU EDMOND	PMU-TOGO	90211194 eavowlanou@ugptogo.prg	10/11/2019
17	SILIADIN KOFFI M.	PMU-TOGO	90063535 ksiliadin@ugptogo.org	10/11/2019
18	DODZRO KOSSI CHARLES	PMU-TOGO	99470909 kdodzro@ugptogo.org	10/11/2019
19	PIGNANDI AKOU	CCM	98144097 spccmtg@yahoo.fr	10/11/2019
20	DORKENOO MONICA	LABORATORY / MHPH		10/11/2019
21	BERNARDIN NYANSA	DPML/MHPH		10/11/2019
22	AWOKOU FANATCHE	MCHNP/WB		10/11/2019
23	DAVI KOKOU MAWULE	ADMINISTRATOR WHO DISEASE PREVENTION AND CONTROL PROGRAM	99132256 davik@who.int	10/14/2019
24	HORTENSE ME	SENIOR HEALTH ADVISER U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT - WEST	hme@usaid.gov +228-2261-5470/ ext.: 455	10/14/2019

		AFRICA		
25	Samson	CATHOLIC RELIEF SERVICES		10/15/2019
26	Prof. KETOH KOFFIVI K. GUILLAUME	UNIVERSITY OF LOME	90024663 gketoh@uni-lome.tg/ guillaume.ketoh@gmail.com	10/15/2019
28	AHADJI-DABLA KOFF MENSAH	UNIVERSITY OF LOME	90006050 km.ahadjidabla@gmail.com	10/15/2019
27	APETOGBO YAWO	UNIVERSITY OF LOME	90255597 georgesapetogbo@gmail.com	10/15/2019
28	AGBETONON KOKON	PHD-LACS	90058332	10/17/2019
29	ADIOKO A. A. G	PHD-LACS RFS AGBODRAFO /	96961740	10/17/2019
30	GNALO ABEL	PHD-LACS/ RFS AGBODRAFO	90143039	10/17/2019
31	ADRY MAWULAWOE	PHD-LACS	93540149	10/17/2019
32	WANKPO BERGER	CAMEG-TOGO	70091011 dppstogo@gmail.com	10/18/2019
33	SAMA MOUSSA SESSO	CAMEG-TOGO	90144178 msama@ugptogo.org	10/18/2019
34	SEMA MADIBAWELE	CAMEG-TOGO	91474271 pharmaciennpls@gmail.com	10/18/2019
35	DEH KOSSI C	CAMEG-TOGO	90738696 dehfrancis1975@gmail.com	10/18/2019
36	ABASSI AFAZAZI	CAMEG-TOGO	90121731 zafabassi@gmail.com	10/18/2019
37	RASAK SOUKOURATOU	CAMEG-TOGO	99330419 rasaksoukouratou@gmail.com	10/18/2019
38	ETOH, M. GAGA	HRD MARITIME	90047561	10/18/2019
39	ALIOU NOUROU	HRD MARITIME	90879239	10/18/2019

APPENDIX C: Internal communication survey results: relational coordination – NMCP Togo October 2019

HRH2030-RELATIONAL COORDINATION-TOGO-ASSESSMENT

Relational coordination or internal communication is very important to organizational performance. Coordination built on frequent, high-quality communication, supported by common objectives, shared knowledge and mutual respect enables organizations to better achieve desired results. Coordination is the process of interactions that are mutually strengthened with communication and the relationships put in place when tasks are integrated” (Gittell, 2002a: 301).

The data collection tool designed by HRH2030 was adapted for Togo’s National Malaria Control Program (NMCP). The assessment consisted of interviewing staff in all NMCP departments about their communication and their relationships with colleagues in other program departments, based on the primary items developed in this tool. A total of 10 questions were addressed to all staff. One question identified the unit responding to the question, seven (7) questions on communication characteristics as presented in Table 1, one (1) question on the level or quantity of information received by the units, and one open-ended question on the intention to improve the information management process.

All the components were measured using a scale of 1 to 5, 1 meaning “Never,” 2 meaning “Rarely,” 3 meaning “Sometimes,” 4 meaning “Often” and 5 meaning “Constantly.”

Table 1: Primary questions asked during NMCP staff interviews in Togo

#	Questionnaire topic	Primary question asked of staff
1	Frequent communication	How often do you communicate with colleagues in the Program?
2	Precise communication	Do colleagues communicate with you in a precise fashion?
3	Timely communication	Do colleagues communicate with you in a timely fashion?
4	Communication for problem-solving	When problems arise at work, do colleagues work with you to resolve the problem?
5	Knowing how to share	To what degree are colleagues aware of the work you do?
6	Mutual respect	To what degree do colleagues respect the work you do?
7	Shared objectives	To what degree do colleagues share your objectives for the work you do?

Staff replied to each question for each unit assessed, including their own.

The staff was invited to grade their communications with other units, not with specific individuals within those units. The purpose of the scores was not to provide information on the “best” units or the units with the “worst” communication/relationships with the other units. Rather, the purpose of the scores was to provide information on the relationships between the technical units so that HRH2030 and ICBF could find ways to strengthen these relationships.

Survey Selection and Sample Size

The NMCP Coordinator informed all workers during the introductory meeting they led. The tool was then distributed in the meeting room after a brief presentation on it by one of the international consultants. A total of 30 NMCP workers/managers participated in the assessment. Of the 30 surveys collected, 7 were excluded from the analysis and 23 were included. Of the 7 surveys that were excluded from the analysis, 6 had not filled out enough of the questionnaire (less than 50% of the items) and the

seventh was excluded for not identifying the unit participating in the survey. Of the 23 surveys that remained, at least 90% of the questionnaire was filled out.

Analysis

The remaining twenty-three (23) surveys were analyzed. For each question in the survey, a matrix was created to display the scores between units. Scores for each cell were calculated by taking the average of all participant scores for that cell.

In addition to a matrix for each component, a general matrix was created that shows the average scores of the seven main themes under Brandeis relational coordination. This matrix does not include the additional question about the quantity of information exchanged between units. All matrix tables were then formatted using a heat map highlighting communication/relationship strengths between the two units (darker green) and those that need improvement (red).

Responses to the open-ended question about suggestions for improving the exchange of information were coded using 5 categories: governance (sharing information, participating in decision-making, communicating to solve problems, etc.), problems building capacity, internal communication, relational problems (team spirit), and responses that cannot be classified within any other category (reorganizing the NMCP, improving working conditions, improving planning).

In addition, qualitative responses were archived to provide information for future discussions with the NMCP.

Results

The primary results were the following:

- A general matrix for the relational coordination indicator (Table 2)
- Matrix tables for each of the seven relational coordination components (Component matrices: Tables 3 to 9)
- A matrix table for the additional question on the quantity of information exchanged (Table 10)
- Brief notes on general trends identified in the matrices o Results of the open-ended question
- It was agreed that all scores less than 4 need to be improved

a) General data on all communication components.**Table 2: general data on internal coordination taking all components into account**

Relational coordination: Scale from 1 to 5										
General										
	Coordination	Adm/ Finance Unit	IEC/CC/ Promotion Unit	Laboratory Unit	Prevention Unit	PEC Unit	GAS Unit	Surv/ME/Res Unit	Partnerships Unit	CBI Unit
Coordination	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86
Adm/Finance Unit	3.79	4.05	2.64	2.63	2.66	2.45	2.61	2.63	2.48	2.29
IEC/CC/Promotion Unit	3.97	3.67	3.32	3.35	3.34	3.32	3.35	3.30	3.09	3.07
Laboratory Unit	4.71	2.86	3.29	4.57	3.00	3.86	3.57	3.00	2.86	2.86
Prevention Unit	2.86	2.86	3.86	2.86	3.00	2.86	2.71	2.86	4.00	2.86
PEC Unit	4.14	3.21	3.86	4.21	4.07	4.93	4.36	3.79	3.29	3.86
GAS Unit	2.86	2.57	2.29	2.43	2.57	3.00	4.43	2.71	2.29	2.43
Surv/ME/Res Unit	4.68	3.96	4.04	4.04	4.00	3.96	4.21	4.50	3.82	4.00
Partnerships Unit	2.71	2.43	3.14	2.43	2.43	2.43	2.43	2.43	2.43	2.43
CBI Unit	4.86	3.71	4.86	3.57	4.43	5.00	4.43	5.00	4.43	5.00
Interpersonal communication survey, NMCP Togo, 2019										

Internal communication in general still needs to be improved. This need for improved communication affects practically all of NMCP's units, with average scores on a 5-point scale ranging from 2.43 to 3.97. Sixty-five (65) % of scores were less than 4.

b) Communication Frequency

Throughout this assessment, the frequency of communication between NMCP staff was regarded positively. But the role of communication is not only to be informative. Frequent communication helps to solidify relationships due to the familiarity created by repeated interactions. In network theory, strong links are defined primarily, and sometimes only, in terms of frequency.

Table 3: Communication frequency as related to data transmission, analysis and information processing

Relational coordination: Scale from 1 to 5										
Frequency										
	Coordination	Adm/Finance Unit	IEC/CC/Promotion Unit	Laboratory Unit	Prevention Unit	PEC Unit	GAS Unit	Surv/ME/Res Unit	Partnerships Unit	CBI Unit
Coordination	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Adm/Finance Unit	4.25	4.50	2.88	3.00	2.75	2.50	2.88	2.88	2.50	2.38
IEC/CC/Promotion Unit	4.10	3.86	3.29	3.52	3.48	3.33	3.38	3.48	3.05	3.05
Laboratory Unit	5.00	4.00	3.00	5.00	3.00	4.00	4.00	4.00	3.00	3.00
Prevention Unit	4.00	4.00	4.00	4.00	4.00	3.00	3.00	3.00	5.00	3.00
PEC Unit	2.00	3.00	3.50	4.50	4.00	5.00	5.00	4.00	3.00	3.50
GAS Unit	5.00	3.00	2.00	3.00	4.00	4.00	5.00	5.00	2.00	3.00
Surv/ME/Res Unit	4.50	3.75	4.00	4.00	3.75	3.75	3.75	4.50	3.75	4.00
Partnerships Unit	2.00	2.00	5.00	3.00	4.00	2.00	2.00	2.00	2.00	2.00
CBI Unit	5.00	3.00	5.00	3.00	4.00	5.00	4.00	5.00	4.00	5.00

Interpersonal communication survey, NMCP Togo, 2019

Communication frequency must be improved, especially for the administration and finance units and the Partnerships Unit. Fifty-two (52) % of scores were less than 4.

c) Precise/Clear Communication

Effective coordination of work depends not only on frequent and rapid communication, but also on precise communication. If updates are frequent and timely but the information is vague, errors will happen or a delay will occur when staff interrupts the process to seek out more precise information. Following this reasoning, Charles O'Reilly and Karlene Roberts have shown that precise communication plays a key role in the effectiveness of workgroups. Vague communication can also have consequences for trustworthiness, and, as result, the probability that additional information will be sought, as was recently suggested by Daniel Levin and Rob Cross. In contrast, some people believe that high-quality connections can exist separately from communication frequency.

Table 4: Communication clarity as related to data transmission, analysis and information processing

Relational coordination: Scale from 1 to 5										
Clarity (Precision)										
	Coordination	Adm/Finance Unit	IEC/CC/Promotion Unit	Laboratory Unit	Prevention Unit	PEC Unit	GAS Unit	Surv/ME/Res Unit	Partnerships Unit	CBI Unit
Coordination	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Adm/Finance Unit	4.00	4.25	2.00	2.25	2.38	2.00	2.38	2.25	2.13	1.88
IEC/CC/Promotion Unit	3.95	3.38	2.81	2.95	3.14	2.90	3.00	3.05	2.67	2.67
Laboratory Unit	4.00	2.00	2.00	5.00	2.00	3.00	3.00		2.00	2.00
Prevention Unit	3.00	3.00	5.00	3.00	3.00	3.00	3.00	3.00	4.00	3.00
PEC Unit	4.50	2.50	3.50	4.50	3.50	5.00	4.50	4.00	3.00	4.00
GAS Unit	3.00	2.00	2.00	2.00	2.00	2.00	5.00	3.00	2.00	2.00
Surv/ME/Res Unit	4.50	3.75	4.00	4.00	4.00	4.00	3.75	4.50	3.50	3.75
Partnerships Unit	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
CBI Unit	5.00	3.00	5.00	3.00	4.00	5.00	4.00	5.00	4.00	5.00

Interpersonal communication survey, NMCP Togo, 2019

In the Togo NMCP, precise communication must be significantly improved (64% of scores were less than 4) sometimes with numerous scores ranging from 1.83 to 2 (25%).

d) Timely Communication

Communication can be frequent and still be poor quality. In addition, it may not necessarily be rapid. When coordinating work that is very interdependent, timing can be critical. Delayed communication can lead to errors or delays, with negative consequences for organizational outcomes. Even though timely communication has not been widely recognized as essential for coordinating highly interdependent work, researchers Wanda Orlikowski and Joanne Yates, as well as more recently Mary Waller, affirm its importance for good task execution. While recognizing the importance of frequent communication when coordinating highly interdependent projects, relational coordination goes further than just frequent communication.

Table 5: Timely communication for developing processes related to data transmission, analysis and information processing

Relational coordination: Scale from 1 to 5										
Timely Communication										
	Coordination	Adm/Finance Unit	IEC/CC/Promotion Unit	Laboratory Unit	Conrol Unit	PEC Unit	GAS Unit	Surv/ME/Res Unit	Partnerships Unit	CBI Unit
Coordination	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Adm/Finance Unit	4.00	4.13	2.50	2.50	2.38	2.13	2.50	2.50	2.25	2.00
IEC/CC/Promotion Unit	3.95	3.67	3.05	3.14	3.14	3.10	3.19	3.14	2.86	2.86
Laboratory Unit	4.00	2.00	2.00	5.00	2.00	3.00	3.00	2.00	2.00	2.00
Prevention Unit	2.00	2.00	3.00	2.00	3.00	3.00	2.00	2.00	4.00	3.00
PEC Unit	4.50	3.50	3.50	4.00	3.50	5.00	4.00	3.50	3.00	3.50
GAS Unit	2.00	3.00	2.00	2.00	2.00	2.00	5.00	2.00	2.00	2.00
Surv/ME/Res Unit	4.75	4.00	4.00	4.00	4.00	4.00	4.00	4.50	3.75	4.00
Partnership Unit	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
CBI Unit	5.00	4.00	5.00	3.00	5.00	5.00	5.00	5.00	5.00	5.00

Interpersonal communication survey, NMCP Togo, 2019

Timely communication is lacking within internal communication and must be improved. Sixty-two (62) % of scores were less than 4.

e) **Communication for Problem-Solving**

Task interdependence often leads to problems that require a joint solution. As a consequence, effective coordination requires that participants engage in communication to resolve problems. However, the most frequent response to interdependence is conflict, as well as blame and avoiding blame. This is what J. Edward Deming predicted in his work on quality.

Managing total quality, which consists of placing blame rather than solving problems, reduces the possibility of problem resolution and has negative consequences on performance. William Stevenson and his colleagues, as well as Saul Rubinstein, have explored more in depth the role that problem-solving communication plays in coordinating highly interdependent work.

Table 6: Common problem-solving when problems arise in the development process related to data transmission, analysis and information processing

Relational coordination: Scale from 1 to 5										
Problem-Solving Communication										
	Coordination	Adm/Finance Unit	IEC/CC/Promotion Unit	Laboratory Unit	Prevention Unit	PEC Unit	GAS Unit	Surv/ME/Res Unit	Partnerships Unit	CBI Unit
Coordination	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Adm/Finance Unit	3.13	3.38	1.88	1.75	1.88	1.75	2.00	1.88	1.88	1.63
IEC/CC/Promotion Unit	3.71	3.33	3.00	2.90	2.95	2.90	3.05	3.05	2.67	2.71
Laboratory Unit	5.00	2.00	2.00	5.00	2.00	3.00	3.00	2.00	2.00	2.00
Prevention Unit	2.00	2.00	5.00	2.00	2.00	2.00	2.00	2.00	3.00	2.00
PEC Unit	4.50	3.50	4.00	4.50	4.00	5.00	4.50	4.50	3.00	4.00
GAS Unit	2.00	2.00	2.00	2.00	2.00	2.00	5.00	2.00	2.00	2.00
Surv/ME/Res Unit	4.75	3.75	3.75	3.75	3.75	3.75	4.00	4.75	3.50	3.75
Partnerships Unit	3.00	3.00	4.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
CBI Unit	5.00	3.00	5.00	3.00	4.00	5.00	4.00	5.00	4.00	5.00

Interpersonal communication survey, NMCP Togo, 2019

Problem-solving communication seems problematic and must be improved within the NMCP: sixty-six (66) % of the scores are less than 4.

f) Knowledge Sharing

Even though many recent theories underline the importance of sharing knowledge or experience, the theory of relational coordination affirms that sharing knowledge or experience is required but not sufficient. Although effective coordination needs to be implemented, participants must also have common objectives and mutual respect. Together, these three relational dimensions form the basis of coordinated collective action (Gittell, 2006).

Table 7: Knowledge of work done by other units

Relational coordination: Scale from 1 to 5										
QUESTION 6/knowledge of others' work (knowledge sharing)										
	Coordination	Adm/Finance Unit	IEC/CC/Promotion Unit	Laboratory Unit	Prevention Unit	PEC Unit	GAS Unit	Surv/ME/Res Unit	Partnerships Unit	CBI Unit
Coordination	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
Adm/Finance Unit	4.00	4.50	3.38	3.00	3.38	3.00	2.88	3.00	2.88	2.75
IEC/CC/Promotion Unit	4.24	4.14	3.90	3.67	3.86	3.76	3.71	3.71	3.52	3.52
Laboratory Unit	5.00	4.00	4.00	5.00	4.00	5.00	5.00	4.00	4.00	4.00
Prevention Unit	3.00	3.00	5.00	3.00	3.00	3.00	3.00	3.00	4.00	3.00
PEC Unit	4.50	3.50	4.00	4.50	4.50	5.00	4.50	4.00	3.50	4.50
GAS Unit	3.00	3.00	3.00	3.00	3.00	3.00	5.00	3.00	3.00	3.00
Surv/ME/Res Unit	5.00	4.50	4.25	4.25	4.25	4.25	4.25	5.00	4.25	4.25
Partnerships Unit	4.00	3.00	4.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
CBI Unit	4.00	3.00	4.00	3.00	4.00	5.00	4.00	5.00	4.00	5.00

Interpersonal communication survey, NMCP Togo, 2019

Knowledge about work carried out by the other units seems to be the least problematic at NMCP, even if it should still be improved. Fifty-five (55) % of scores were less than 4.

g) Mutual Respect at Work

Effective coordination assumes that participants respect other participants in the same work process. Lack of respect is one of the potential sources of division between those who play different roles in a given work process. Professional identity is both a source of pride and a source of abusive comparison. Members of distinct professional communities often have a different status and can strengthen their own status by actively cultivating a lack of respect for the work carried out by others, as John Van Maanen and Stephen Barley have illustrated. When members of these distinct professional communities are engaged in a common work process, the potential for divisive relationships to impede coordination is obvious. In contrast, respect for others' skills creates a powerful connection and is integral to the effective coordination of highly interdependent work.

Table 8: Other colleagues' respect for one's own work

Relational coordination: Scale from 1 to 5										
Others respect for one's own work (mutual respect)										
	Coordination	Adm/Finance Unit	IEC/CC/Promotion Unit	Laboratory Unit	Prevention Unit	PEC Unit	GAS Unit	Surv/ME/Res Unit	Partnerships Unit	CBI Unit
Coordination	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Adm/Finance Unit	4.00	4.38	3.63	3.25	3.63	3.50	3.38	3.38	3.50	3.13
IEC/CC/Promotion Unit	4.33	4.29	4.10	3.86	4.05	4.00	3.95	4.05	3.95	3.81
Laboratory Unit	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Prevention Unit	4.00	4.00	5.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
PEC Unit	4.50	4.50	4.50	4.50	4.50	5.00	4.50	4.50	4.50	4.50
GAS Unit	3.00	3.00	3.00	3.00	3.00	3.00	5.00	3.00	3.00	3.00
Surv/ME/Res Unit	5.00	4.25	4.25	4.25	4.25	4.25	4.25	5.00	4.25	4.25
Partnerships Unit	4.00	3.00	4.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
CBI Unit	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Interpersonal communication survey, NMCP Togo, 2019										

The level of mutual respect at NMCP seems appropriate. Seventy-two (72) % of scores were greater than 4.

h) Shared Objectives

Staff capacity to effectively coordinate their work is also influenced by the quality of their relationships and specifically the magnitude of shared objectives, shared knowledge and mutual respect. Effective coordination depends on a high level of shared staff objectives for the work process they are engaged in. With a group of common objectives for the work process, the staff has a strong bond and can more easily agree on conclusions about how to react to new information when it is available. However, shared objectives are often lacking when staff works in different functional areas. In their classic work on organizations, James March and Herbert Simon describe the negative consequences that occur when staff pursue their own functional objectives without referring to the very ordinary objectives for the work process in which they are engaged. Theoreticians like Richard Saavedra and his colleagues, and, more recently, Ruth Wageman, have identified common objectives as playing an important role in coordinating highly interdependent work.

Table 9: Shared objectives in the development process for data transmission, analysis and information processing

Sharing objectives needs to be improved at NMCP. Sixty-two (62) % of scores were less than 4.

Relational coordination: Scale from 1 to 5										
QUESTION 8/partage des objectifs										
	Coordination	Adm/Finance Unit	IEC/CC/Promotion Unit	Laboratory Unit	Prevention Unit	PEC Unit	GAS Unit	Surv/ME/Res Unit	Partnerships Unit	CBI Unit
Coordination	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Adm/Finance Unit	3.13	3.25	2.25	2.63	2.25	2.25	2.25	2.50	2.25	2.25
IEC/CC/Promotion Unit	3.48	3.00	2.95	3.24	3.00	3.14	3.05	3.10	2.90	2.86
Laboratory Unit	5.00	1.00	2.00	5.00	2.00	4.00	2.00	2.00	2.00	2.00
Prevention Unit	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	4.00	2.00
PEC Unit	4.50	2.00	3.00	4.00	3.00	5.00	4.00	3.00	3.00	3.00
GAS Unit	2.00	2.00	2.00	2.00	2.00	2.00	5.00	2.00	2.00	2.00
Surv/ME/Res Unit	4.25	3.75	4.00	4.00	4.00	4.00	4.00	5.00	3.75	4.00
Partnership Unit	2.00	2.00	4.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
CBI Unit	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00

Interpersonal communication survey, NMCP Togo, 2019

Shared NMCP objectives must be improved. Sixty-two (62) % of scores were less than 4.

i) Quantity of Information Received

Relational coordination is a type of coordination based on communication and relationships that is particularly important to achieving high-level performance when there is great task interdependence, uncertainty and time. Under these conditions, effective coordination is particularly dependent on the quality of the communication and relationships between participants.

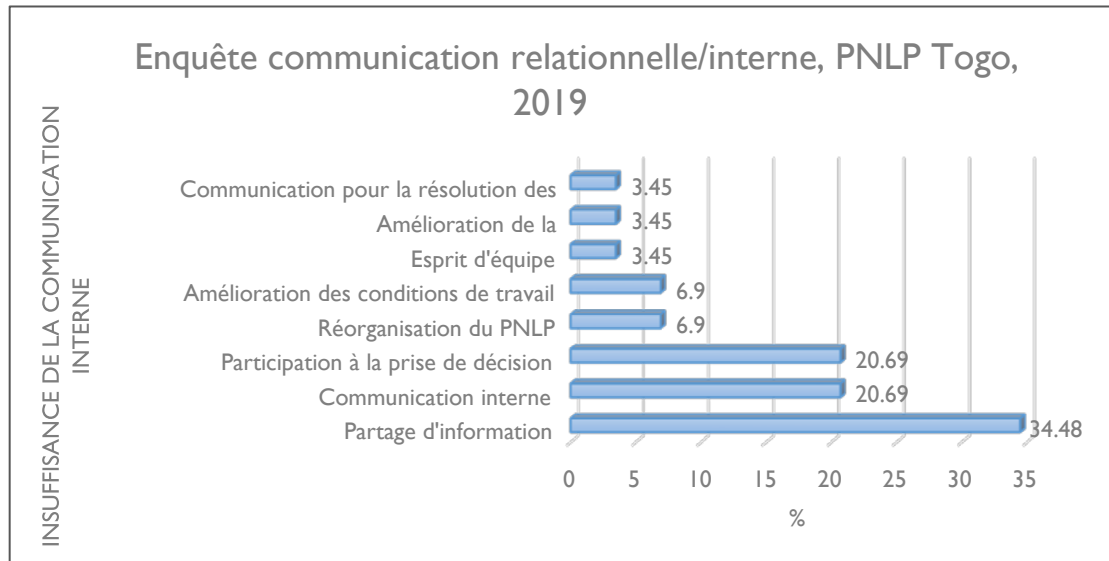
Table 10: Level of information received from other units for the information management process

Relational coordination: Scale from 1 to 5										
Quantity of information received										
	Coordination	Adm/Finance Unit	IEC/CC/Promotion Unit	Laboratory Unit	Prevention Unit	PEC Unit	GAS Unit	Surv/SE/Res Unit	Partnerships Unit	CBI Unit
Coordination	4	4	4	4	4	4	4	4	4	4
Adm/Finance Unit	4	4	3	3	3	3	3	3	3	2
IEC/CC/Promotion Unit	3	2	3	3	3	3	2	2	4	3
Laboratory Unit	5	1	2	5	3	4	3	3	2	2
Prevention Unit	5	3	4	4	4	4	3	3	4	4
PEC Unit	4	2	3	4	3	3	4	4	2	4
GAS Unit	4	4	1	2	1	1	5	4	1	1
Surv/ME/Res Unit	5	4	4	4	4	4	4	5	4	4
Partnerships Unit	4	1	4	1	1	1	1	1	2	1
CBI Unit	5	2	3	3	3	1	4	5	2	4

Interpersonal communication survey, NMCP Togo, 2019

j) Recommendations to improve the interpersonal communication process

Graph I: Key recommendations suggested by individuals interviewed



As shown in Graph I above, the 23 participants included in this analysis provided a total of twenty-nine (29) detailed recommendations including:

- 10 recommendations related to sharing information - 34.48%
- 6 expressing a desire for improved internal communication - 20.69%
- 6 expressing a desire to be able to participate in decision-making - 20.69%
- 2 recommendations to reorganize the NMCP - 20.69%
- 2 expressing a desire to improve material working conditions - 20.69%
- 1 expressing a desire to strengthen team spirit - 3.45%
- 1 expressing a desire to improve activity planning - 3.45%
- 1 expressing a desire for problem-solving communication - 3.45%

It should be noted that most of the recommendations were related to improving **governance** (sharing information (34.48%), participating in decision-making (20.69%), problem-solving communication (3.45%)). Responses related to internal communication represent 20.69%; those related to relational problems (team spirit 3.45%) and responses that did not fit any specific category (reorganizing the NMCP (20.69%), improving working conditions (20.69%), improving planning (3.45%)). There was no recommendation related to problems in capacity building (0%).

APPENDIX D: Results of the engagement survey - Assessment of NMCP Togo's organizational capacity

RESULTS OF ENGAGEMENT SURVEY ASSESSING TOGO NMCP'S ORGANIZATIONAL CAPACITY

Results from the engagement survey reveal the level of *staff engagement at work* and *teamwork*. The surveys were administered to 30/34 individuals (88.23%) at the NMCP. Of the 30 surveys administered, 3 (10%) were excluded for not filling out enough of the questionnaire (anyone filling out less than 12/16 total items was excluded).

The surveys included:

- 16 questions with responses using a standard 1 to 5 scale
- 5 additional open-ended questions

Staff engagement is expressed through 6 determinants:

1. Belief in one's work and in the organization
2. Belief in one's ability to perform the work
3. Positive relationships with one's organization, team and work colleagues
4. Recognition and compensation
5. Future opportunities in one's organization
6. Ability to influence decisions affecting one's work

The questionnaire analysis broke down into three levels, resulting in three categories of employees:

a. Engaged: 4 – 5: These employees are loyal and psychologically devoted to the organization. They are more productive, more inclined to stay in their positions, less likely to have workplace accidents, and less likely to be dishonest. Most of these employees' needs have been met for them to excel at their work.

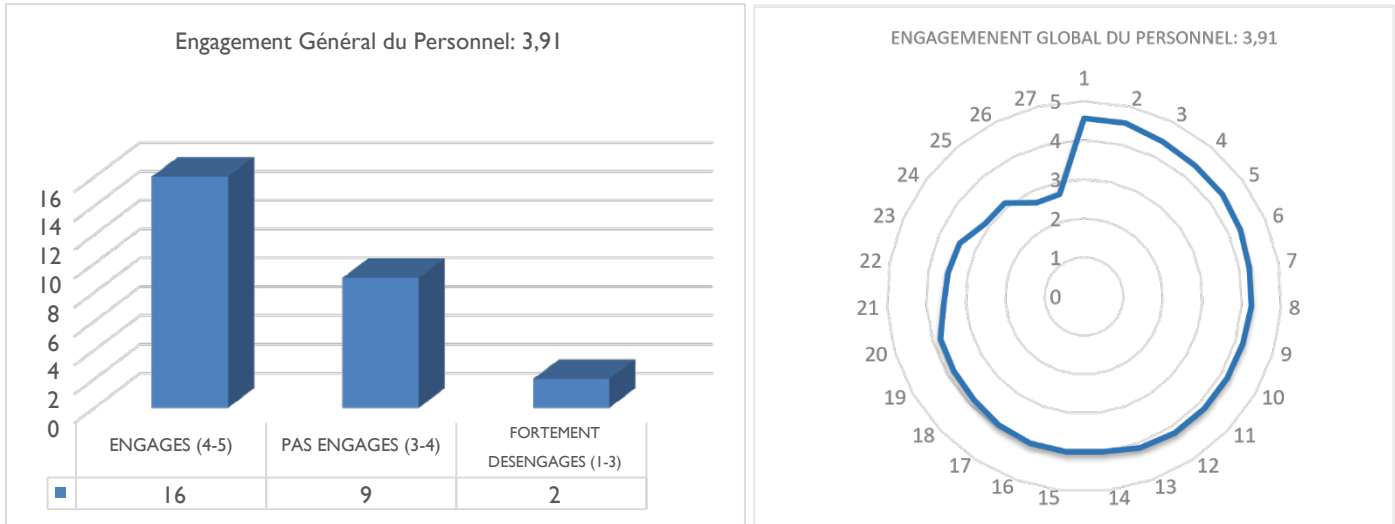
b. Not Engaged: 3 – 4: These employees can be productive, but they are not psychologically connected to their organization. They are the most frequently absent and are more inclined to quit. These employees have had several of their needs met to excel at their work, but several others have not been met.

c. Actively disengaged: 1 - 3: These employees are physically present but psychologically absent. They are not happy in their work and insist on sharing this state of mind with other colleagues. Most of these employees' needs have not been met for them to excel at their work.

RESULTS:

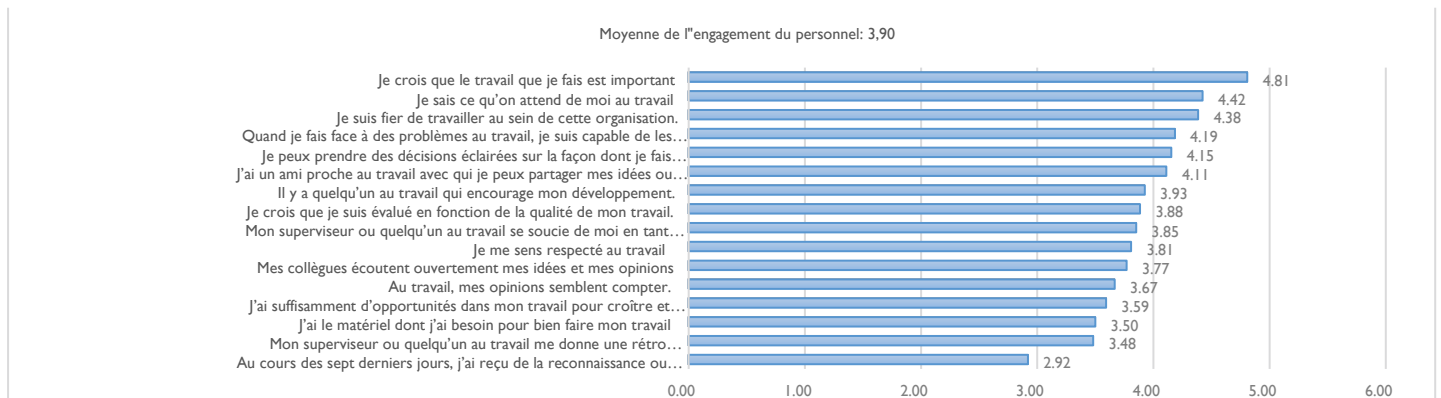
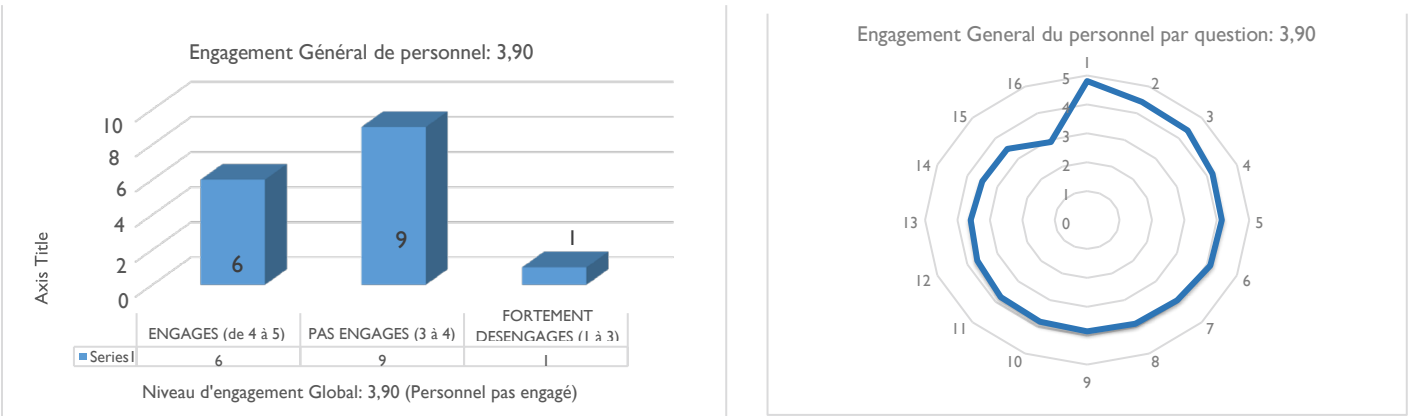
I. General Level of NMCP Staff Engagement

I.a. By individual

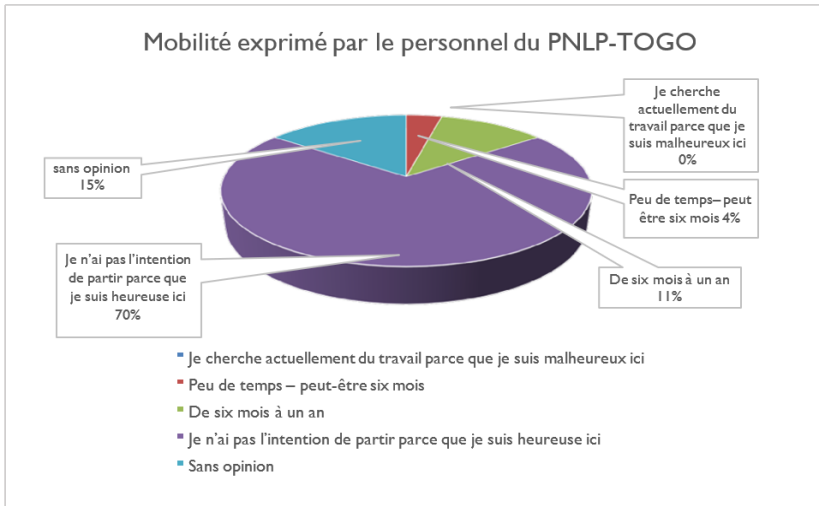


The average score for general staff engagement was 3.91/5, meaning that the staff is not engaged. On an individual level, 16/27 individuals are engaged, with a score between 4 and 5, as opposed to 9/27 individuals who are not engaged (score between 3 and 4), and 2/27 individuals who are strongly disengaged (score between 1 and 3).

I.b. By question



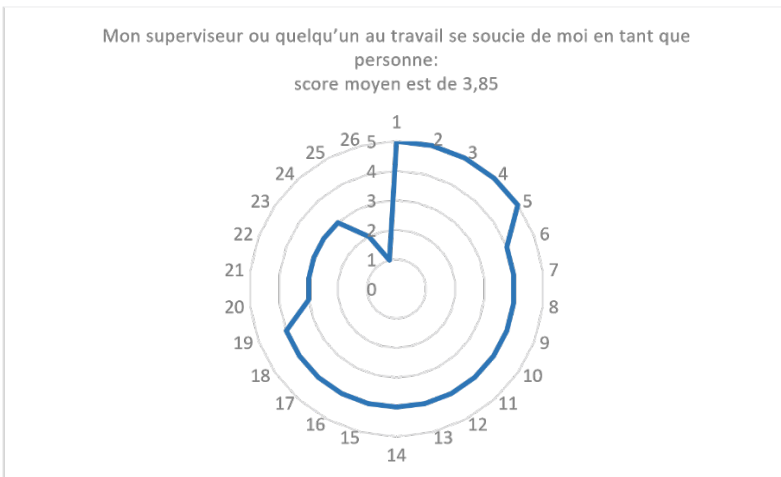
II. Future opportunities in one's organization



Staff's perspective on their future with NMCP is shown in the survey by looking at NMCP staff retention levels. Analysis of the staff engagement questionnaire shows that 70% of the staff said that they feel better and do not wish to leave, when responding to the engagement survey question "I do not intend to leave because I am happy here," in contrast to 15% who would like to leave the NMCP and 15% who did not express an opinion. Within the 15% who would like to leave NMCP, 0% are currently looking for work because they feel unhappy at NMCP, 11% think that they will leave within six months to a year, and 4% within less than six months.

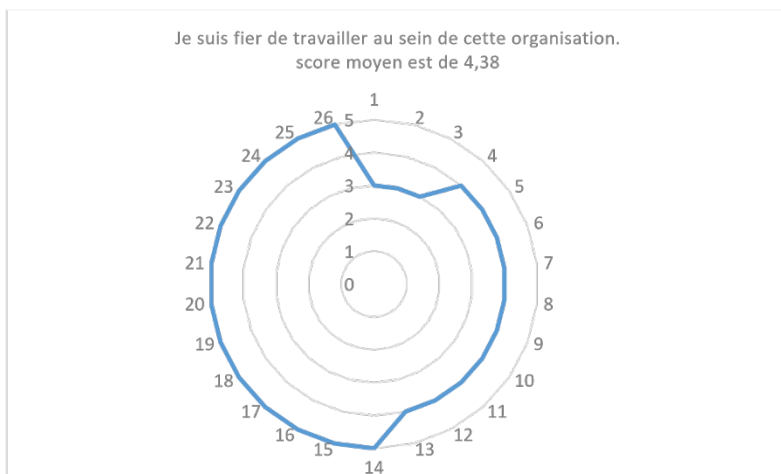
III. Positive relationships with one's organization, team and work colleagues

The positive relationships that staff have with the NMCP, their unit and work colleagues are revealed at several junctures of the engagement survey.



III.a. Relationships with unit lead and colleagues

Work staff are of the opinion that the unit lead and their colleagues do not think about them. For the question on "My supervisor or someone at work thinks about me as a person" the average score was 3.85/5, which means that staff relationships between work colleagues and the unit lead are inadequate.

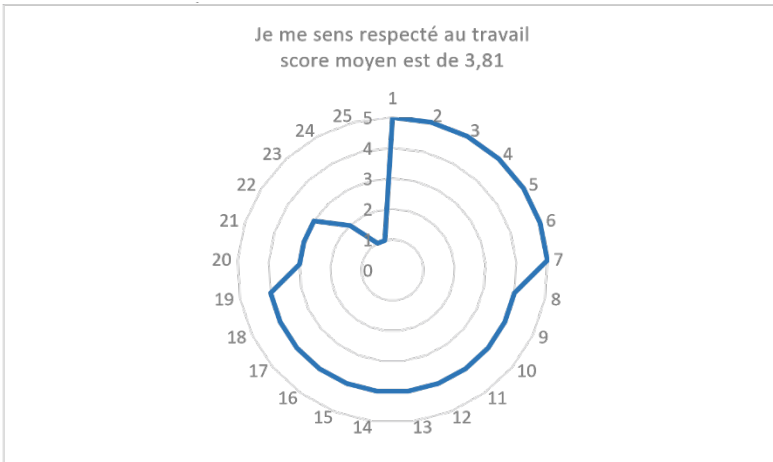


III.b. Pride in working at the NMCP

The majority of the staff is proud to work at the NMCP. For the question "I am proud of working for this organization," the average staff score was 4.38/5 and means that the staff is proud of working at the NMCP.

III.c. Respect at work

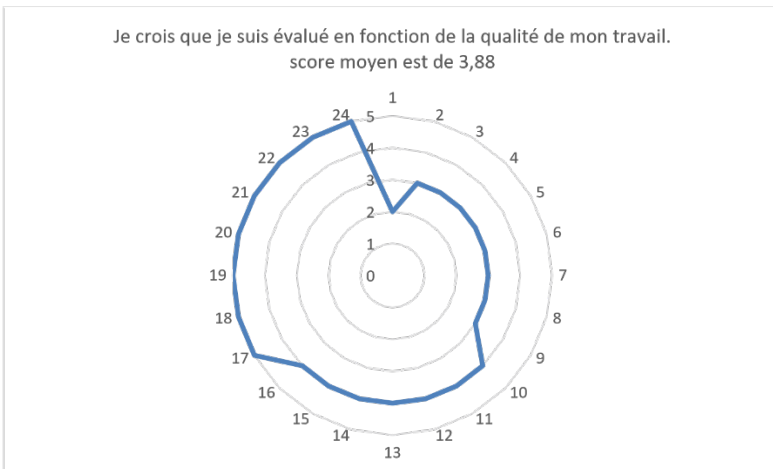
Most staff members do not feel respected at work. This conclusion is justified by the responses to the question “I feel respected at work,” which has an average score of 3.81/5.



IV. Belief in one’s work and in the organization

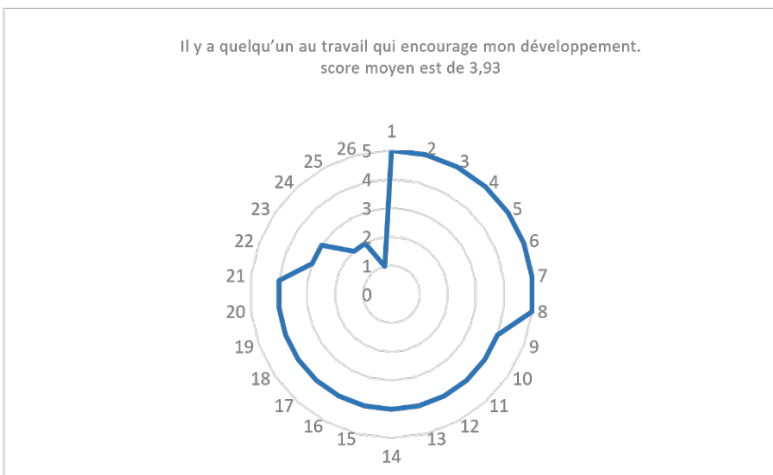
IV.a. Review of one’s Work

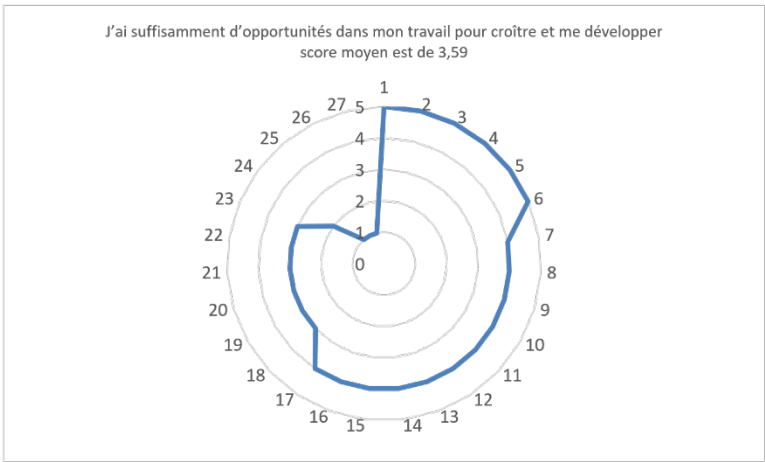
In general, the NMCP staff is of the opinion that they are not evaluated as a function of the quality of their work. For the idea expressed in the engagement survey that “I believe that I am evaluated as a function of the quality of my work,” the average score was 3.88/5, which expresses this lack.



IV.b. Development at Work

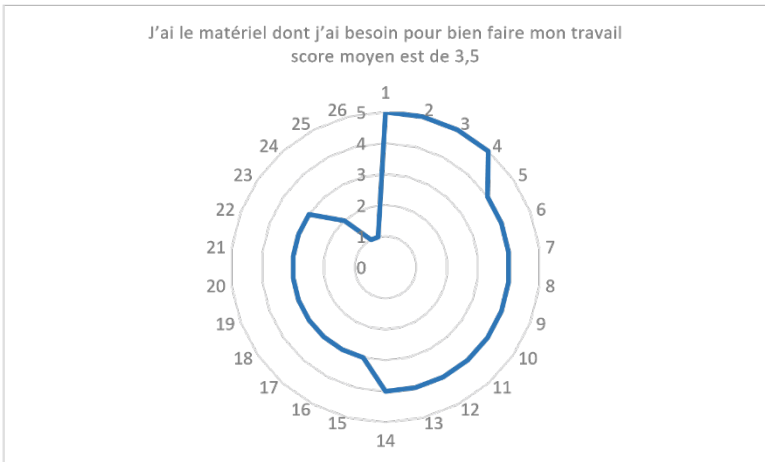
For the idea expressed in the engagement survey that, “There is someone at work who encourages my development,” the average score was 3.93/5. This means that, in general, the staff is of the opinion that there is inadequate encouragement of their professional development.





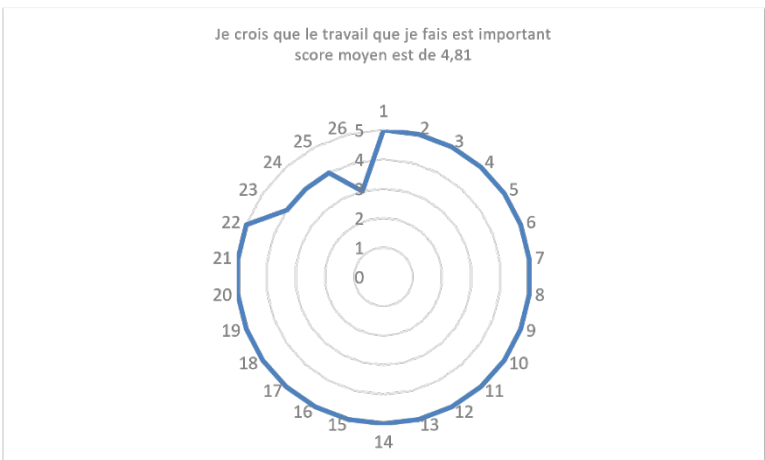
IV.c. Professional Opportunities

For the question “I have enough opportunities in my work to grow and develop,” the average staff score was 3.59/5 and reveals that there are insufficient opportunities for staff to grow in their work or develop in general.



IV.d. Equipment at Work

As a whole, NMCP workers do not feel that they have all the equipment needed to do their work well. This was very clearly expressed in response to the question “I have the equipment I need to do my work well,” for which the average score was 3.5/5.

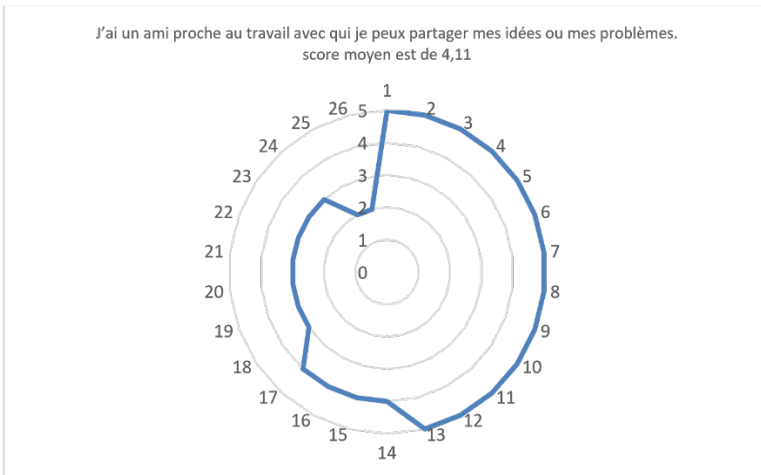


IV.e. Importance of Work Performed

Most of the staff is of the opinion that the work they perform is important. Responses to the idea “I believe that the work I do is important,” show an average score of 4.81/5.

IV.f. Camaraderie at Work

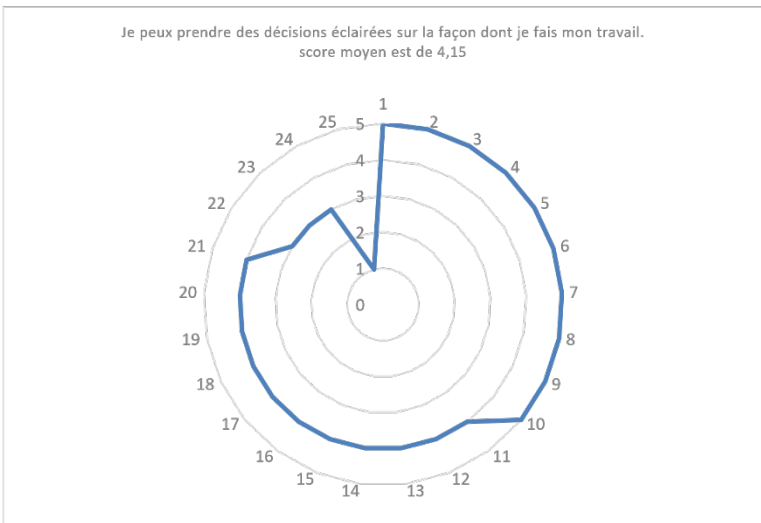
Camaraderie at NMCP is truly strengthened at work. For the idea “I have a close friend at work with whom I can share my ideas or problems,” the average score was 4.11/5.



V. Belief in One’s Ability to Perform the Work

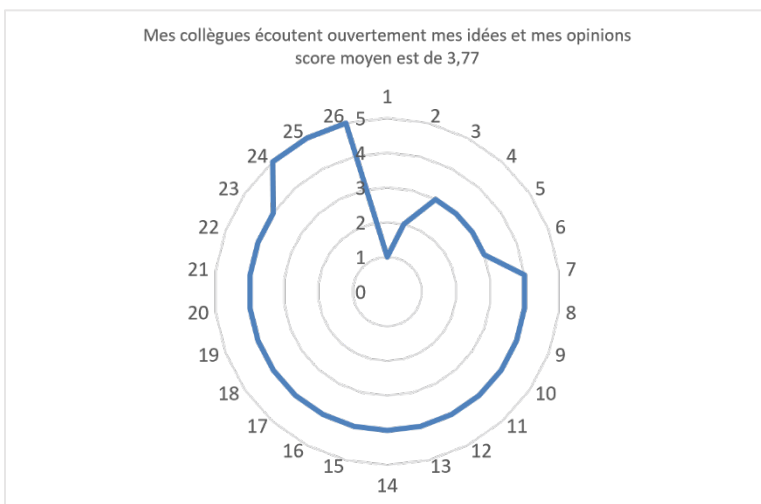
V.a. Decision making

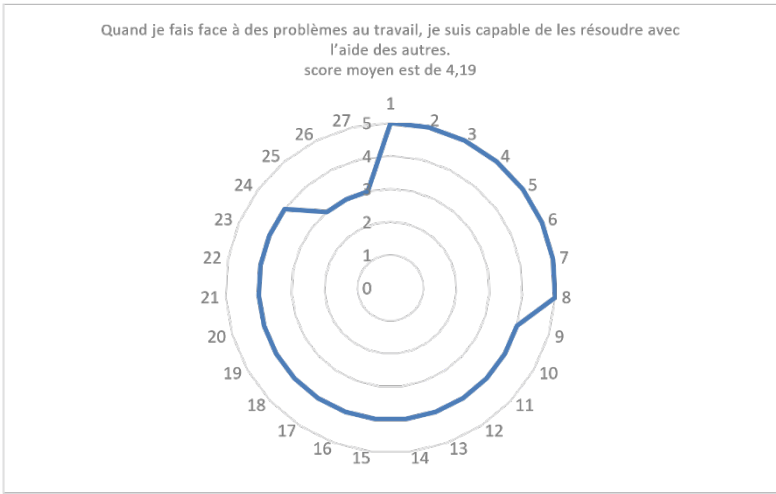
In general, the staff is of the opinion that they can make informed decisions about how they do their work. This positive outlook is expressed in the question “I can make informed decisions about how I perform my work,” for which the average score was 4.15/5.



V.b. Listening

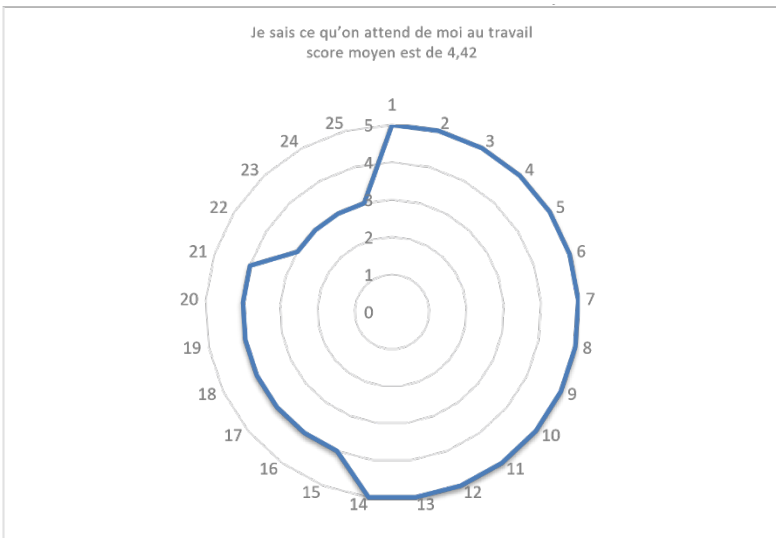
“My colleagues actively listen to my ideas and my opinions” has an average score of 3.77/5, and that means that staff ideas and opinions are insufficiently taken into account.





V.c. Help

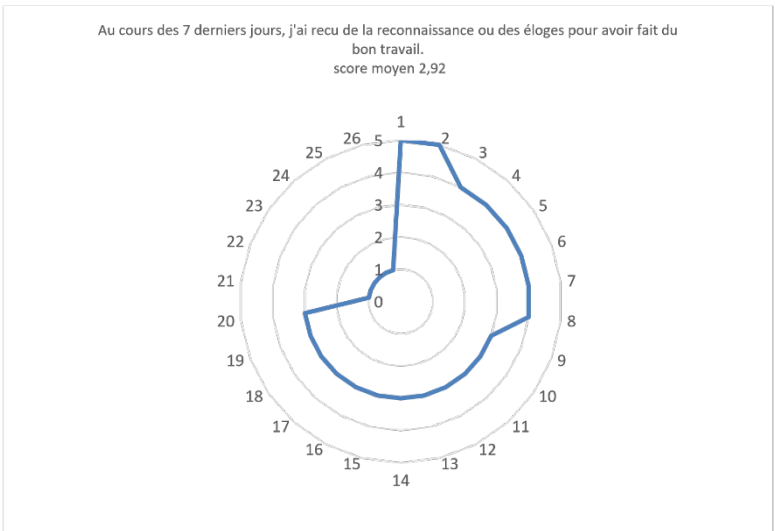
Most of the NMCP staff is of the opinion that they receive support to solve problems when they have difficulties or problems at work. This engagement is expressed in response to the question “When I am confronted with problems at work, I am able to resolve them with the assistance of others,” with an average score of 4.19/5.



V.d. Expectations/Knowledge of roles and responsibilities

The majority of NMCP workers know what work is expected of them. This is confirmed by an average score of 4.42/5 in response to the question “I know what is expected of me at work.”

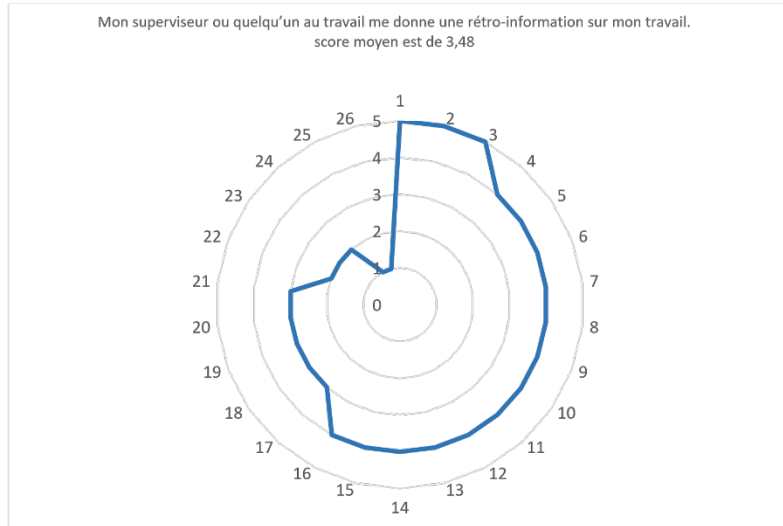
VI. Recognition and Compensation



VI.a. Recognition

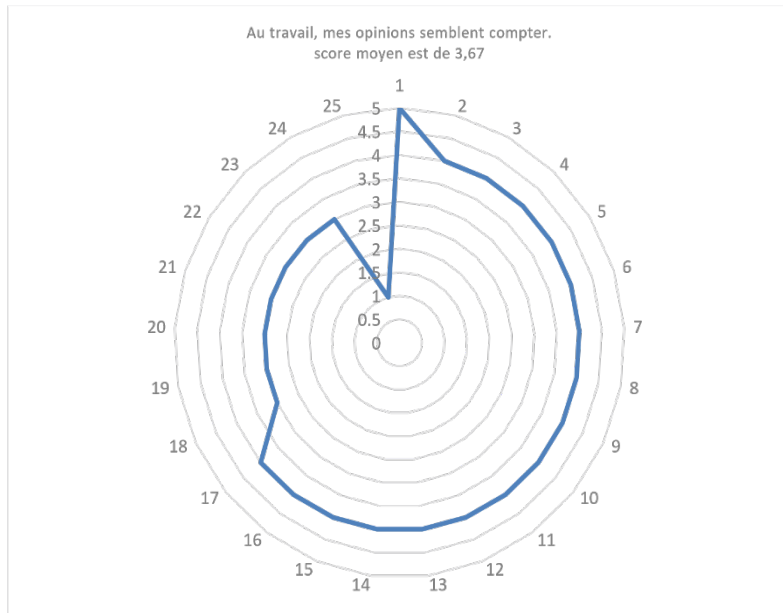
NMCP recognition and compensation are strongly disparaged at NMCP. The staff does not think they are recognized for good work. This translates to an average score of 2.92 for the statement, “During the last seven days, I received recognition or praise for having done good work.”

VII. Ability to Influence Decisions Affecting One’s Work



VII.a. Feedback

Workers are of the opinion that there is inadequate internal communication or feedback. They feel that their superior does not provide feedback on their work. For the question “My supervisor or someone at work gives me feedback on my work,” the average score was 3.48/5, and this confirms that internal communication between staff members is inadequate.

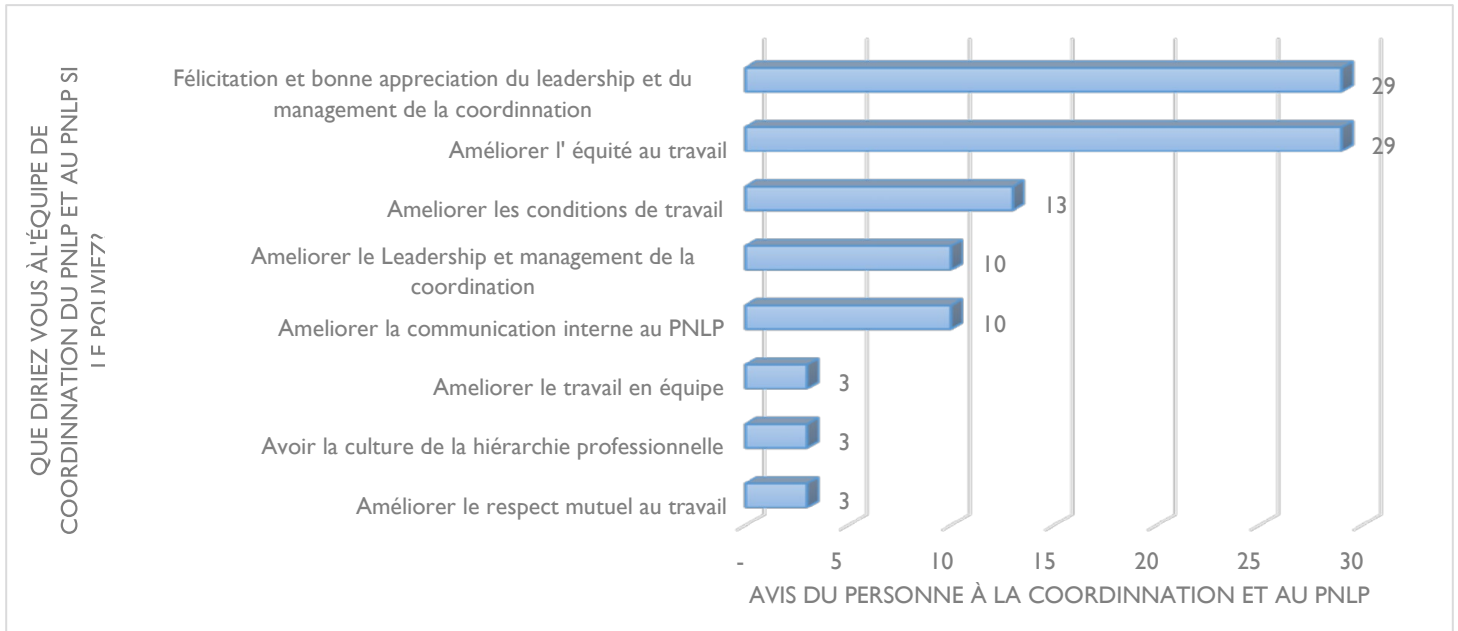


VII.b. Opinion

In general, workers feel that their opinions are not sufficiently considered at work. For the idea “At work, my opinions seem to count,” the average score is 3.67/5, revealing that their opinions are inadequately considered.

STAFF OPINION ON NMCP LEADERSHIP DIRECTION

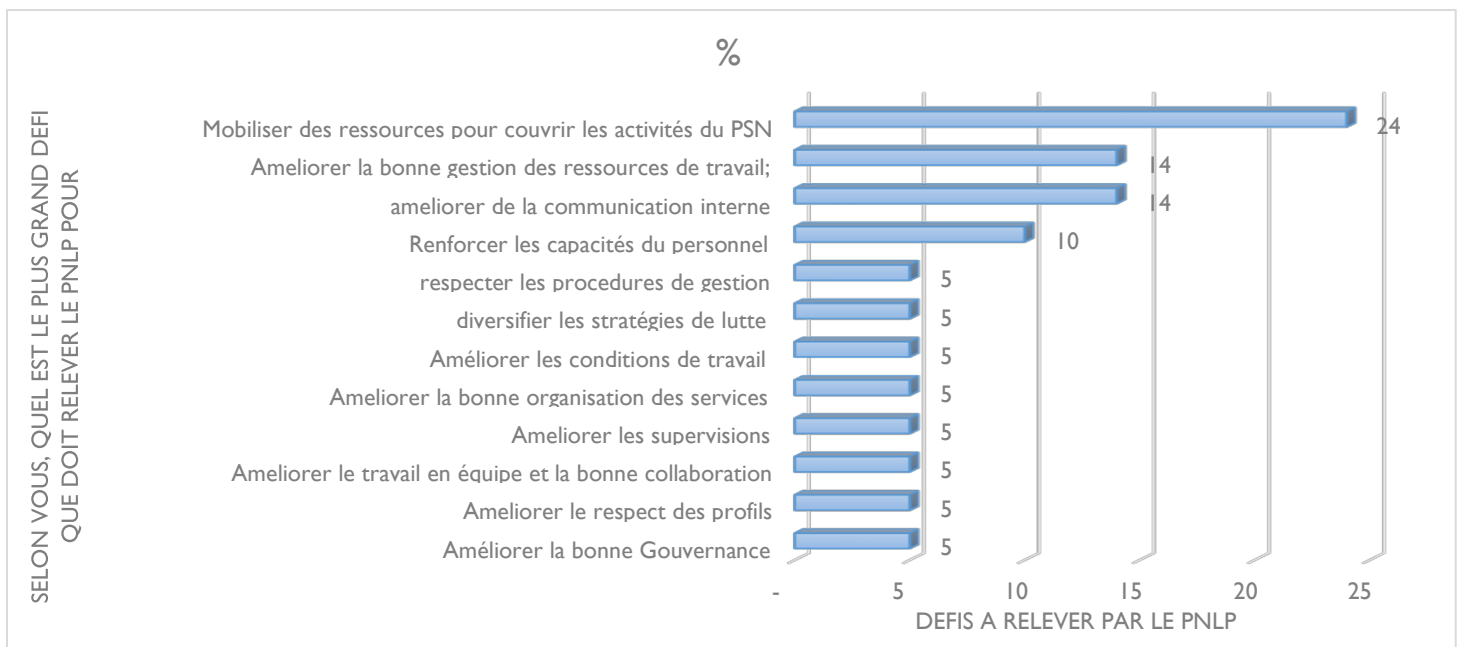
Question asked: What would you say to the NMCP leadership and the NMCP if you could?



In order of importance, the opinion expressed by the staff addresses: verbal praise and encouragement from NMCP leadership and coordination management (29%). In addition, they recommend improving work equity (29%); improving working conditions (13%); improving internal communication (10%) and improving leadership and management (10%), although this last issue was brought up as an important point.

THE NMCP'S GREATEST CHALLENGES

Question asked: In your is the greatest challenge the NMCP faces in achieving its objectives?

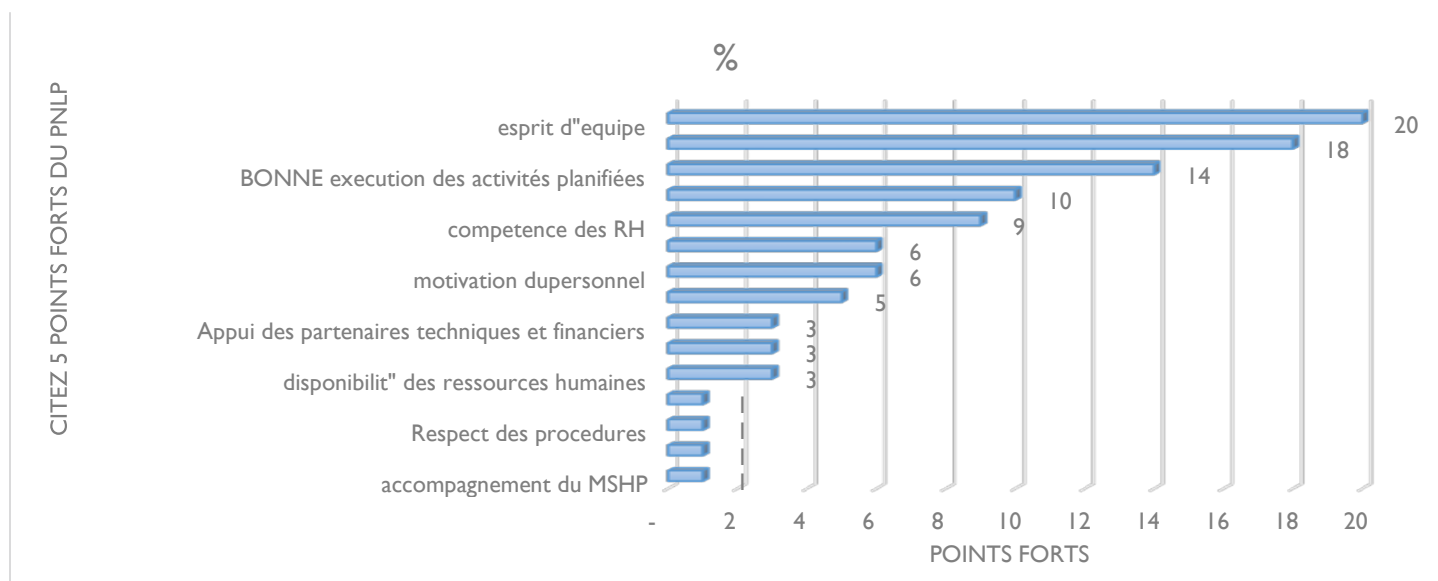


According to the staff, the greatest challenge that NMCP must overcome to achieve its objectives is mobilizing resources to cover NSP activities (24%), followed by internal communication (14%), improving good management of human resources (14%), and building staff capacity (10%).

CITE 5 NMCP STRENGTHS

The five strengths noted by the staff are:

1. NMCP team spirit (20%)
2. Good work environment (18%)
3. Good execution of planned activities (14%)
4. Good leadership and good coordination management (10%)
5. Staff experience and skills in 9% of responses (competent team, experienced staff)

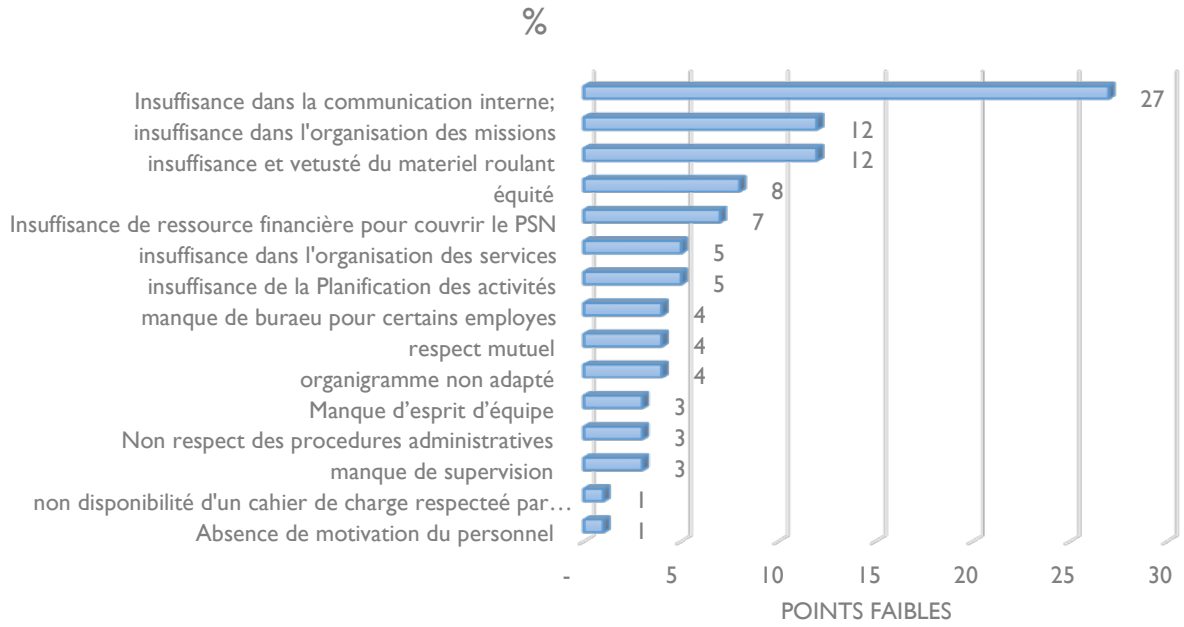


CITE 5 NMCP WEAKNESSES

During the engagement interviews, the staff gave their opinions on five NMCP weaknesses:

1. Inadequate internal communication (27%)
2. The problem of an insufficient and obsolete vehicle fleet (12%)
3. Inadequately organized missions (12%)
4. The problem of equity (8%)
5. Insufficient financial resources to cover the NSP

CITER 5 POINTS FAIBLES DU PNLP



APPENDIX E: Study workshop agenda and study workshop references for the preliminary results from the organizational capacity Assessment of the National Malaria Control Program in Togo-HRH2030-November 28-29, 2019-Lomé

Context – Introduction

In Togo in 38% of external consultations and 22% of hospitalizations took place in healthcare facilities in 2016. The percentage of confirmed cases of malaria increased from 51% in 2011 to 98% in 2016. During the same time period, the malaria incidence increased from 102.4‰ to 162‰. According to the 2013-2014 DHS III, the prevalence of malaria in children aged 6 to 59 months is 36%. In 2016, the proportionate mortality rate for malaria was 17%, with a fatality rate of 3%. Children under 5 years of age and pregnant women represent 36% and 5%, respectively, of cases of uncomplicated malaria confirmed in healthcare facilities. In terms of its economic effect, studies have shown that malaria is responsible for an economic loss greater than 1% of GDP. The goal of this technical assistance is to assess the National Malaria Control Program's organizational and management capacities and to guide the Human Resources in Health in 2030 (HRH2030) program, which will provide the required technical assistance, with support from the US President's Malaria Initiative. This assessment will improve NMCP implementation as well as provide strategic plan monitoring to achieve malaria control objectives. This assessment's conclusions and recommendations will be used to draft an action plan for capacity building that will be supported by the government of Togo and HRH2030 as well as its partners in malaria control, when the country commits to long-term efforts to eliminate malaria.

1. Workshop Objectives

- Present the assessment's context and goals
- Present the assessment's objectives and methodology
- Share and discuss preliminary assessment results about the NMCP's organizational capacity
 - Discuss solutions to improve the process of envisioning and producing priorities and practical initiatives to be implemented through an action plan

2. Expected Results

- The assessment's context and goals are presented to participants
- The assessment's objectives and methodology are presented to participants
- preliminary assessment results about the NMCP's organizational capacity are shared and discussed
 - Solutions for improvement, priorities and practical initiatives to consider are produced, shared and discussed, and reported in an action plan

3. Methodology

The workshop will include presentations in plenary session and group work, followed by discussions and a plenary summary.

4. Participants

INSTITUTIONS	INDIVIDUALS INVOLVED	NUMBER
SUPPORT TEAM	Open Development Consultants	3
	HRH2030 Chemonics Technical Adviser	1
NMCP	Coordinator	1
	Monitoring/Evaluation Unit Lead	1
	Patient Care Unit Lead	1
	Malaria During Pregnancy (IPTp) Unit Lead	1
	Research Unit Lead	1
	Community-Based Initiatives Unit Lead	1
	Social Mobilization Unit Lead	1
	GAS Unit Lead	1
	Finance Unit Lead	1
	Administration Unit Lead	1
	Laboratory Unit Lead	1
	Planning Unit Lead	1
Vector Prevention Unit Lead	1	
MHPH	SG or Representative DGAS or Representative	2
CAMEG	Director	1
CCM	National Permanent Secretariat Coordinator	1
University of Lomé	Representative from the Entomology Unit	1
HRD MARITIME	Regional malaria focal point	1
Togolese Red Cross	Program Manager	1
PMU Project Management Unit	Coordinator	1
	Program Manager	1
	GAS Manager	1
TOTAL PARTICIPANTS		27

5. Workshop Agenda

Day 1

Time	Activity	Facilitators
8:30am-9:00am	Opening ceremony <ul style="list-style-type: none"> • Welcome from the NMCP Coordinator • Opening remarks from the MHPH representative • Participant introductions • Administrative announcements • Creation of a Presidium 	NMCP Open Development Consultant
9:00am-10:30am	<u>Session 1:</u> presentations and question/answer session <ul style="list-style-type: none"> • Workshop objectives • Present the assessment's objectives and methodology • Preliminary results on the Organizational Framework and system 	Open Development Consultant
10:30am-11:00am	Coffee break	
11:00am-12:30pm	<u>Session 2:</u> <ul style="list-style-type: none"> • Preliminary results on human resources and organizational culture • Present results from the staff engagement survey 	Open Development Consultant
12:30pm-1:00pm	<ul style="list-style-type: none"> • Present results on internal communication 	Open Development Consultant
1:00pm-2:00pm	Lunch break	
2:00pm-4:30pm	<u>Session 3:</u> <ul style="list-style-type: none"> • Group work on organizational framework and the system - human resources and organizational culture • Group 1: Organizational framework and culture • Group 2: system and human resources 	Facilitator workgroups: CT HRH2030 Open Development Consultant

Day 2

Time	Activity	Facilitator
8:30am-10:00am	<u>Session 4:</u> <ul style="list-style-type: none"> • Workgroups continued 	Facilitator workgroups: Open Development Consultant
10:00am-10:30am	Coffee break	
10:30am-1:00pm	<u>Session 5:</u> <ul style="list-style-type: none"> • plenary summary of Group 1 work 	All spokespeople
1:00pm-2:00pm	Lunch break	
2:00pm-4:30pm	<u>Session 6:</u> <ul style="list-style-type: none"> • plenary summary of Group 2 work 	All spokespeople
4:30pm-5:00pm	<u>Session 7:</u> <ul style="list-style-type: none"> • Next steps for the assessment • Closing words from the NMCP Coordinator • Closing words from the MHPH representative 	Consultants NMCP

6. Workshop Budget:

The various costs of organizing the workshop will be paid for by Open Development (restaurant costs, room rental and participant transportation)

APPENDIX F: Bibliographic References

1. Decree 0067/2009 creating the NMCP
2. National directives on antimalarial treatment, August 2016
3. Directives for implementing malaria prevention during pregnancy, January 2016
4. Guide for data collection, routine data quality assurance and monitoring malaria control indicators, August 2015
5. List of NMCP TOGO technical/financial partners
6. Manual on antimalarial commodity management and security at in healthcare and community facilities in TOGO, Version 2, September 2016
7. Operational Procedures Manual for the National Health Information System (OPM-NHIS) December 2017
8. Training manual on malaria patient care in healthcare facilities, October 2012
9. Updated NMCP Org Chart
10. Organization Chart from 2009 decree
11. 2017-2022 Strategic National Plan for Malaria Control
12. National Malaria Control Policy August 2016
13. 2017-2022 Monitoring and Evaluation Plan for the National Malaria Control Program
14. Communication Plan, October 2016 (MCHNP)
 15. 2018 Annual Report on Implementing the Strategic National Plan for Malaria Control 2017-2022
16. 2017 LMG Project Report
17. 2011-2016 Performance Review of the National Malaria Control Program overall report
18. Regional Management Team and District Management Team supervision tool



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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This material is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of cooperative agreement no. AID-OAA-A-15-00046 (2015-2020). The contents are the responsibility of Chemonics International and do not necessarily reflect the views of USAID or the United States Government.

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