GUIDELINES FOR ASSESSING THE MANAGEMENT AND ORGANIZATIONAL CAPACITY OF NATIONAL MALARIA CONTROL PROGRAMS

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HEALTH SYSTEMS 20/20

Mission

The **Health Systems 20/20** cooperative agreement**,** funded by the U.S. Agency for International Development (USAID) for the period 2006-2011, helps USAID-supported countries address health system barriers to the use of life-saving priority health services. HS 20/20 works to strengthen health systems through **integrated approaches** to **improving financing**, **governance**, and **operations**, and **building sustainable capacity** of local institutions.

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GUIDELINES FOR ASSESSING THE MANAGEMENT AND ORGANIZATIONAL CAPACITY OF NATIONAL MALARIA CONTROL PROGRAMS

CONTENTS

ACRONYMS

IT	Information Technology
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NGO	Nongovernmental Organization
NMCP	National Malaria Control Program
PMI	President's Malaria Initiative
RBM	Roll Back Malaria
WHO	World Health Organization

ACKNOWLEDGMENTS

EXECUTIVE SUMMARY

RATIONALE

Malaria control programs throughout Africa, including the 15 focus countries of the President's Malaria Initiative (PMI), have seen a tremendous increase in funding and activities over the past few years. This dramatic increase in resources and activities has put a strain on the organizational and management capacity of their national malaria control programs (NMCPs) as well as on the public and private partners jointly implementing these programs. Since well-functioning NMCPs are key to the success and sustainability of the global effort against malaria, PMI asked the Health Systems 20/20 project to develop and test a tool using a systematic method to review the management and organizational capacity of NMCPs, identify the key organizational capacity-building needs, and use the results to develop and then fund a capacity improvement plan.

CONCEPTUAL FRAMEWORK

The tool is based on the following core principles:

- Identification of the intrinsic strengths of the NMCP and its staff that can be drawn upon to maximize malaria control efforts

- Identification of those management and organizational issues that can enable the NMCP to be more efficient and effective

- Identification of problems that can be most readily addressed by NMCPs and identify˜ but not try to resolve˜ those larger issues that may be largely beyond the purview of the NMCP or any single donor to address

- Use of a highly participatory process that involves the leadership and staff of the NMCP in the assessment process to ensure a high degree of ownership of the findings and recommendations

- Development of a practical and specific intervention plan that can be readily implemented and that form the basis for a capacity-building plan

- Carrying out of a rapid assessment, defined as a two-week period in the field followed by report writing

The seven assessment dimensions are the following:

- Organizational mandate: adequacy of the current scope and authorities of the NMCP, especially in relation to other departments in the ministry of health (MOH), other national agencies, districts, and national partnership structure

- Organizational structure and staffing: adequacy of the organizational structure and staff to carry out its core functions

- Strategy and planning: capacity to develop strategies and operational plans and align the actions of implementing partners with the plans

- Leadership and management: effectiveness of leadership and management of NMCP managers

- Management systems: adequacy of the management systems in three core areas: financial management (including budgeting and forecasting), information management and technology, and logistics/procurement

- Coordination/collaboration: capacity to effectively coordinate at all levels including the central MOH, districts, and partners

- Keeping up to date technically: whether the NMCP has cost-effective strategies for keeping up to date technically such as access to the Internet and other means of ongoing professional development

The expected outputs of the assessment are a clear identification of the management and organizational strengths and weaknesses of the NMCP, a practical intervention plan designed to address the gaps in management performance, and, if possible, agreement by donors and NMCP on the findings and recommendations. Because NMCPs receive support from multiple donors, the assessment process should aim to engage these partners in the assessment in order to gain their involvement in following up on the recommendations. This is especially important since no single donor may have the resources to implement the entire capacity-building plan.

ASSESSMENT GUIDANCE

Chapter 3 is the heart of the assessment tool and includes specific guidance on how to assess NMCP management performance in the seven dimensions. Each dimension includes:

- Definition and rationale: why this assessment dimension is important and how it is defined for purposes of assessing the management capacity of an NMCP

- Data sources: types of data that are needed

- People to interview: specific organizations and individuals

- Questions: specific questions including guidance for the assessment team on what to look for and why a particular question is important

The tool also contains practical guidance on how to conduct the assessment. Practical advice is provided for all the stages – planning and preparation, field work, and report writing. The report suggests the profiles for the consultant team and recommends either a two- or three-person team, depending on the depth of analysis that is desired. The tool also includes an illustrative report outline to guide the team. The final chapter includes guidance on how to use the results of the assessment to develop and implement a capacity-building plan.

Successful implementation of the final capacity improvement plan is likely to depend in part on the role of other donors that support the NMCP. Some of the issues identified might be longstanding ones that have been identified previously but never really resolved and will require that donors speak with one voice in advocating with the MOH. In addition, some issues might be beyond the capacity of PMI to support and in order to address might require resources from other donors.

1. INTRODUCTION

1.1 RATIONALE FOR THE ASSESSMENT GUIDELINES

The launch of the President's Malaria Initiative (PMI) in 2005 demonstrated the U.S. government's commitment to take action against the heavy burden of malaria in 15 of the most affected African countries. PMI promotes the rapid scale-up of proven malaria control efforts in Africa and aims to significantly reduce the malaria burden by using a comprehensive approach for both treatment and prevention. Through PMI, the U.S. government supports the use of insecticide-treated nets, the prompt treatment of clinical malaria with effective antimalarial drugs, indoor residual spraying, and the intermittent preventive treatment for the prevention of malaria during pregnancy.

To carry out these activities, the U.S. government works together with host governments and national malaria control programs (NMCPs) already in existence. In addition, the U.S. government strongly promotes coordination among national and international partners in the fight against malaria. The U.S. works in close partnership with the World Bank, UNICEF, Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), and the World Health Organization (WHO).

Malaria control programs throughout Africa, including the 15 PMI focus countries, have seen a tremendous increase in funding and activities over the past few years. In addition to the resources directly from PMI, they are receiving significant funding from the Global Fund, World Bank, and other international and bi-lateral donors. This dramatic increase in resources and activities has put a strain on the management and organizational capacity of the NMCP as well as on their public and private partners jointly implementing these programs.

Well-functioning NMCPs are key to the success and sustainability of the global effort against malaria. NMCP skills and organizational capacity to efficiently manage their operations are critical factors in meeting the shared vision of reducing malaria. A review of the literature and discussions with other international partners indicated that a systematic method to assess the management and organizational capacity of NMCPs to perform their functions does not currently exist. This tool is intended to address that gap. The application of the tool will also likely increase the attention of donors to support capacity-building efforts aimed at strengthening the performance of NMCPs.

1.2 SCOPE OF THE ASSESSMENT

This assessment is aimed at the management and organizational capacity of the NMCPs. While the specific areas of management and organization that relate to NMCPs are discussed in Chapter 2, it is important to clarify what this assessment is not intended to cover:

- Technical capacity of NMCP staff

- Laboratory capacity of NMCP to support malaria control activities

- Technical quality of the national malaria control strategy

- Management and organizational capacity at the district level

- Effectiveness of the national malaria control coordinating committee (interministerial body that exists in some form in most countries)

- Broader health systems issues that affect malaria control programs such as ministry of health (MOH) systems for compensation, financial management, or procurement systems

In short, this assessment tool is aimed at the management and organizational competencies of NMCPs that enable them to carry out their core functions.

1.3 AUDIENCE FOR THE GUIDELINES

The assessment tool will be of direct interest to three broad categories of organizations and individuals.

- International organizations and donors that support NMCPs such as PMI, WHO, World Bank, Global Fund, and UNICEF.

- National government agencies that are directly engaged in malaria control efforts, especially MOHs.

- Organizations that will be directly involved in the conduct of the assessment:
  - NMCP: In addition to being a tool for self-improvement, the interest of organizations like the Global Fund, PMI, and UNICEF in funding comprehensive national malaria controls strategies and plans should provide an incentive to NMCP program managers to actively participate in and use the results of this type of assessment.

  - Organizations and individuals that are contracted to conduct the assessment: These organizations might include consulting firms, management institutes, and nongovernmental organizations (NGOs) that provide technical assistance and training related to management.

The assessment tool is designed to be most directly applicable to this third category of users – organizations directly involved in the assessment.

1.4 APPLICABILITY ACROSS PMI COUNTRIES

Countries vary in population, level of development, degree of decentralization of the health system, and other areas. These differences may have some effect on the direct applicability of the guidelines. However, the guidelines have been written to be applicable in most countries despite these variations. To the extent possible, the assessment tool addresses the management and organizational factors that are universal and common to all NMCPs. While some adaptation in specific questions might be necessary, the intent is for this tool to be broadly applicable.

1.5 ROLE OF OTHER DONORS

Successful implementation of the final capacity improvement plan is likely to depend in part on the role of other donors that support the NMCP. Some of the issues identified might be longstanding ones that have been identified previously but never really resolved and will require that donors speak with one voice in advocating with the MOH. In addition, some issues might be beyond the capacity of PMI to support and in order to address might require resources from other donors. For these reasons, involvement of other donors in the assessment process is essential.

1.6 ORGANIZATION OF DOCUMENT

This document has five chapters.

Chapter 1 is this introduction.

Chapter 2 provides an overview of the assessment approach including the seven assessment dimensions.

Chapter 3 is the substantive heart of the tool and for each dimension provides the definition and rationale, data sources, people to interview, and specific questions.

Chapter 4 describes the assessment methodology including the assessment process, qualifications and skills of the assessment team, guidelines on how to analyze the data collected, and an outline for the assessment report.

Chapter 5 discusses how to use the assessment findings to develop the framework for a capacity-building plan to strengthen the NMCP.

The annexes include sample interview protocols and illustrative capacity-building interventions that might result from the assessment.

2. OVERVIEW OF THE ASSESSMENT APPROACH

This chapter provides an overview of the conceptual framework that underlies the assessment approach and the detailed guidance and questions for the assessment dimensions in Chapter 3. Understanding the underlying framework should assist the users of this tool in conducting the assessment and staying focused on the most important aspects of NCMP management performance.

2.1   CORE FUNCTIONS OF AN NMCP

The assessment is aimed at improving the management and organizational capacity of an NMCP to carry out the following core functions:

- Providing ongoing strategic direction

- Coordinating and overseeing the malaria control activities of partners and implementing organizations at all levels including districts

- Facilitating the development of malaria control policy

- Setting standards, norms, and indicators to monitor the progress of program implementation

- Mobilizing and coordinating external funding, and fiscal management of funds (internal and external) allocated to the program

- Supporting capacity building and other activities at the subnational (regional and district) levels

- Identifying and promoting priority research activities and facilitating the translation of the findings into policy

- Promoting outreach and advocacy for malaria control

2.2   CONCEPTUAL FRAMEWORK

In developing any assessment tool, the starting point should be a conceptual framework that will help shape the specific areas of inquiry and, more importantly, provide the basis for standardized definitions of the assessment dimensions. A standardized definition has three important benefits. First, it will provide a point of reference for NMCPs to assess their own management capacity. Second, it will provide a common point of reference for donors and other partners in their efforts to support the institutional strengthening of NMCPs. Third, it will provide a common framework for those who actually carry out the assessment.

This framework was developed after reviewing assessment reports about NMCP management and other assessment tools related to institutional capacity building including the Health Systems 20/20 conceptual framework. In reviewing documents to develop this assessment tool, it was clear that, while there were common elements, management and organizational capacity was not defined in the same way. The

assessment dimensions that are at the heart, in effect, constitute the core management competencies for an effective NMCP.

The conceptual framework has two components: key principles and the assessment dimensions.

Core Principles

The assessment approach is based on six underlying principles:

- Focus on the intrinsic strengths of the NMCP and its staff that can be drawn upon to maximize malaria control efforts.

- Focus on those management and organizational issues that can enable the NMCP to be more efficient and effective.

- Focus on those problems that can be most readily addressed by NMCPs and identify but not try to resolve – those larger issues that may be important but are mostly beyond the purview of the NMCP or the MOH to address.

- Use a highly participatory process that involves the leadership and staff of the NMCP in the assessment process to ensure a high degree of ownership of the findings and recommendations.

- Develop practical and specific recommendations that can be readily implemented and that form the basis for a capacity-building plan.

- Conduct the assessment rapidly, defined as a two-week period in the field followed by report writing. A rapid assessment has the advantage of helping both the assessment team and the NMCP focus on the most critical issues and generate momentum that tends to dissipate when the assessment process is drawn out.

Assessment Dimensions

The assessment approach is aimed at assessing management and organizational performance in seven distinct areas. The starting point for identifying these areas was the field of management and organizational development, but the specific dimensions are those that are relevant to a department or office within a public sector organization, in this case the MOH, and further to the specific role and functions of a NMCP. The assessment dimensions should be applicable to any NMCP although some country specific adaptations are inevitable.

The seven assessment dimensions are the following:

- *Organizational mandate*: adequacy of the current scope and authorities of the NMCP, especially in relation to other departments in the MOH, other national agencies, and the national-level partnership structure

- *Organizational structure and staffing*: adequacy of the organizational structure and staff to carry out its core functions

- *Strategy and planning*: capacity to develop strategies and operational plans and align the actions of implementing partners with the plans

- *Leadership and management*: effectiveness of leadership and management of NMCP managers

- *Management systems*: adequacy of the management systems in three core areas: financial management (including budgeting and forecasting), information management and technology, and logistics/procurement

- *Coordination/collaboration*: capacity to effectively coordinate at all levels including within the central MOH, with the districts, and with partners

- *Keeping up to date technically*: whether the NMCP has cost-effective strategies for keeping up to date technically such as access to the Internet and other means of ongoing professional development

Chapter 3 discusses each of these dimensions and provides specific guidance on how to assess each one.

2.3   OUTPUTS OF THE ASSESSMENT

The key principles discussed above indicate that this assessment is designed to be carried out rapidly and focus on those issues that can be addressed within a reasonable timeframe and available resources and that are largely within the purview of the NMCP. While system-wide issues that are important but difficult to address are likely to be identified in the course of the assessment, the aim is not to focus on those issues in the recommendations. This is an especially critical point because other assessment reports on NMCPs that were reviewed focused heavily on important but somewhat intractable issues that take much time and effort to resolve.

The expected outputs of the assessment are the following:

- Clear identification of the management and organizational strengths of the NMCP. With increased attention to malaria, the management performance of NMCPs has improved in many countries. The implication for the assessment is that most NMCPs will have some significant strengths that can provide a foundation for the implementation of the interventions that result from this assessment.

- Clear identification of the areas needing improvement that, if addressed, will strengthen the performance of the NMCP in the short term.

- Practical and specific recommendations to address those areas needing attention. These recommendations are not intended to be overly prescriptive.

- Framework for a capacity-building plan that includes the interventions, their sequence, resources required, and a timeline. This is not intended to be a comprehensive and definitive capacity-building plan; that would be premature before the assessment findings and recommendations are agreed upon.

- Interest and, if possible, agreement by partners on the findings and recommendations. Because NMCPs receive support from multiple donors, the assessment process should aim to engage these partners in the assessment in order to gain their involvement in following up on the recommendations. This is especially important since no single donor may have the resources to implement the entire capacity-building plan.

2.4   CAPACITY-BUILDING PROCESS

The final element of the conceptual framework is the capacity-building process. This process clearly shows how the assessment is the first step in the improvement of management and organizational capacity. This tool is aimed at Step 1 and Step 2.

- *Step 1: Organizational assessment.* This step is aimed at assessing the strengths and weaknesses of the organization. This is done by collecting data from existing documents and interviews that will enable an understanding of the underlying issues and a sound basis for designing an intervention plan.

- *Step 2: Design of intervention plan.* The intervention plan immediately follows the assessment and is included in the assessment report. It identifies the problems and the specific interventions that will best resolve those problems or issues and provides a timeline and estimate of costs. The expected timeframe is expected to be approximately two years.

- *Step 3: Design and implementation of specific interventions.* Once the intervention plan is agreed upon, each intervention must be carefully designed and implemented. The design of each intervention will include the specific process and the materials needed for implementation. The detailed design of each intervention is expected to be developed by those responsible for the implementation of each intervention after the assessment recommendations have been accepted.

- *Step 4: Evaluation of results.* At the mid-point and completion of the intervention plan, the results should be assessed. Typical methods for this evaluation include surveys, questionnaires, and structured feedback from the NMCP office staff. The evaluation should be carried out by an organization with overall responsibility for coordinating the implementation of the intervention plan.

- *Step 5: Closure.* The capacity-building plan should have an end point at which time the overall progress should be assessed and, if necessary, additional interventions planned. While capacity building should be a continuous process, it is, nevertheless, useful to develop a plan that has a beginning and an end point that can be used for taking stock of progress.

3. ASSESSMENT DIMENSIONS

This chapter is the heart of the assessment tool. It is organized by each of the assessment dimensions:

- Organizational mandate

- Organizational structure and staffing

- Strategy and planning

- Leadership and management

- Management systems

- Coordination/collaboration

- Keeping up to date technically

Each dimension has four parts:

- *Definition and rationale*: This section explains why this assessment dimension is important and how it is defined for purposes of assessing the management capacity of an NMCP.

- *Data sources*: This includes the types of data that are needed, including documents as well as interviews and focus group discussions.

- *People to interview*: This explains the specific organizations and individuals to interview.

- *Questions*: These are the specific questions that need to be answered in each dimension. Each question has additional guidance for the assessment team on what to look for and why a particular question is important.

3.1 ORGANIZATIONAL MANDATE

Definition and Rationale

The rationale for assessing the organizational mandate of the NMCP is to examine its adequacy for the effective execution of its core functions. The organizational mandate of the NMCP is the formal governmental order that provides the legal and policy basis for the exercise of authorities. The mandate also defines the core functions and the associated objectives and actions of the program. With increased decentralization and the shifting of responsibility for implementation to the subnational levels, the core functions of most NMCPs now generally include:

- Providing ongoing strategic direction

- Coordinating and overseeing the malaria control activities of partners and implementing organizations at all levels including the districts.

- Facilitating the development of malaria control policy

- Setting standards, norms, and indicators to monitor the progress of program implementation

- Mobilizing and coordinating external funding

- Supporting training and other capacity-building activities at the subnational (regional and district) levels

- Identifying and promoting priority research activities and facilitating the translation of the findings into policy

- Promoting outreach and advocacy for malaria control

The mandate also impacts the organizational structure of the NMCP because the structure should facilitate the execution of the mandate.

Data Sources

- Formal MOH documents that provide NMCP mandate and functions

- Legislation or decree that establishes partnership structure

- By-laws or charter of the national partnership and technical committees

People to Interview

- Senior MOH staff, including the supervisor of the NMCP program manager

- The NMCP board/national RBM Partnership

- Donors and NGO partners

- The NMCP program manager

- NMCP staff

Questions

1. *What are the core functions or responsibilities of the NMCP?* There should be a formal governmental mandate that defines the roles and responsibilities of the NMCP. This is usually provided in policy documents for the health sector (or MOH). It may also be worthwhile to review any official website or policy documents of the NMCP to compare the program's own interpretation of the governmental mandate.

2. *Is the legal basis/authority and scope of the mandate adequate for the proper functioning of NMCP?* It is important to ascertain the adequacy of the mandate in light of the above-mentioned core functions of NMCPs. For example, does the mandate provide enforcement provisions to ensure appropriate avenues for curtailing practices that aggravate the burden of malaria?

3. *Does the NMCP have adequate capacity to facilitate a review of its mandate and policies?* Changes in macroeconomic and sociocultural conditions and ecology all impact the local burden of malaria. In addition, increased decentralization, technical developments, and changes in donor priorities affect the relevance and effectiveness of existing malaria control policies. Therefore, an agreed upon process should exist to review and update the mandate and policies of the NMCP. This might, for example, be the role of a partnership committee or a national policy advisory

committee that meets on a regular basis. The NMPC should also have the ability to assess the impacts (positive or negative) of, and constraints to its mandate and to determine the changes required.

4. *Are the functions of the NMCP clearly defined in relation to the other departments within the MOH, as well as the subnational levels (regions and districts)?* Often other departments within the MOH have related mandates that may either facilitate or constrain the execution of the NMCP mandates. Clarity of functions among the MOH departments is essential for the effective exercising of relevant authorities. Queries will include whether there is equivalence in the authority and policy-making opportunities of the NMCP with other MOH departments of equivalent rankings; whether or not there are overlaps in mandates; and if so, whether these overlaps could be resolved easily between the departments or whether it will require formal negotiation or intervention from superior officials. Clarity in the roles and responsibilities between the NMCP and the subnational levels is also important for coordinated implementation of malaria control strategies.

5. *Is there a national-level partnership structure for malaria and is its existence based on legislation or regulation?* The establishment of partnership committees is becoming a common feature in many malaria-endemic countries. Often, these partnerships are tailored after the RBM Partnership. While some national-level partnerships have vested legal authorities to formulate strategic goals and have resulted in significant gains, in certain cases, unclear terms of reference result in continued ambiguity in the boundaries of partnership functions. It is therefore important to determine the relationship between the partnership and the NMCP, and the extent to which the functioning of the partnership either complements or constrains the execution of the NMCP mandate.

6. *Is the profile and stature of the NMCP commensurate with the size and scale of the program, especially when compared with other comparable programs in the MOH?* In some countries, the malaria control program may be among the largest disease control programs, yet still may lack the autonomy, resources, and organizational clout of other major public health programs. The NMCP may be far down in the organizational hierarchy and therefore not be in the position to advocate for the management resources (i.e. adequate staffing and operating budget) that it needs to effectively manage its programs.

3.2 STRATEGY AND PLANNING

Definition and Rationale

NMCPs are responsible for developing national malaria control strategies. In a growing number of countries, however, national partnership committees (functioning as RBM Partnership including the NMCP) are increasingly playing significant roles in the development of overall national vision, goals, and strategy. The NMCP often has the responsibility for coordinating the development of strategies and then developing operational plans to put the strategy into practice. Because developing strategies and plans is an ongoing function, the assessment process is not aimed at assessing the quality of existing strategies and plans, but rather the capacity of the NMCP to develop strategies and costed plans, and perhaps more importantly, its capacity to align the actions of program implementers and partners with the plan. In many countries, sound strategic plans exist, but they are not used effectively.

Data Sources

- National malaria control strategies and plan

- Gap analysis (if it exists)

- Implementation plans

- Assessment and evaluation reports that assess plan implementation

- Resource planning documents

People to Interview

- Representatives of NMCP board/ national RBM Partnership

- NMCP program manager and other senior staff

- District health officer and other malaria control staff

- Donor and NGO representatives

Questions

1. *Does the NMCP have a strategy in place that is used to guide its program? Who developed the plan and when?* The starting point for the assessment of this dimension is to determine if an agreed upon strategy and implementation plan are in place. The assessment team should determine if implementation plans are developed on an annual or biennial basis. One of the clearest indicators is if staff is aware of the plan, can readily find a copy, and can tell you how they use it.

2. *Does the NMCP have the capacity to develop its own strategies?* Because strategies and plans require regular updating and revisions, it is critical to know if the NMCP has the capacity to develop its own plans or if it relies heavily on external assistance. Staff should be able to explain the process they use to develop their plans.

3. *How are stakeholders involved in the development of strategies?* Stakeholders include other MOH departments, donors, districts, NGOs, and private sector organizations. Plans are more likely to be implemented if stakeholders are involved in their development, especially if implementing partners are involved. Involvement in the development of plans will surely increase stakeholder understanding of the plan and their commitment to implementation. The assessment team should understand the process that NMCPs use to involve stakeholders as well as stakeholder capacity to use the plans.

4. *To what extent does the NMCP have the capacity to align the activities of partners and districts with national strategies?* Many countries have developed sound plans, often with assistance from partners. The problem is that many NMCPs do not have adequate capacity to properly align the activities of its implementing partners at all levels with these strategies and plans. Using these plans to guide program implementation is a core function of strategic leadership. Effective organizations use workshops to engage stakeholders in developing the plans in the first place, bring stakeholders together on a regular basis to discuss progress and make adjustments, resolve problems and issues, and communicate frequently.

5.   *Are these plans actively used to manage programs?* Effective organizations use implementation plans as a management tool. They schedule regular program reviews, assess progress against plans, make revisions to the plans, determine if they have the right staff to manage the programs, and track budgets against program goals. The assessment team should ask staff to explain how these plans are used once they are developed. A critical aspect of NMCP capacity in this area is the use of program information and monitoring to assess progress and use that information to make adjustments. This question is a corollary to the information management system discussed under Management Systems in Section 3.5.1.

3.3   ORGANIZATIONAL STRUCTURE AND STAFFING

Definition and Rationale

Organizational structure and staffing refer to the internal structure of the NMCP, the roles and responsibilities of each unit within the NMCP, the number and types of personnel, and the clarity of their individual roles and responsibilities. Structure and staffing are treated as one integrated assessment dimension rather than two separate ones. The rationale for combining them is that the adequacy of staffing levels and clarity of roles and responsibilities are best examined within the overall structure of the NMCP, its functions, and the roles and responsibilities of each organizational unit.

NMCPs typically range widely in their staffing from as few as six to as many as 20 full-time staff. The organizational structure is not complex. Nevertheless, the structure and staffing should provide the framework for the NMCP to carry out its key functions and programs, and the basis for clearly designated individual roles and responsibilities.

Data Sources

Data sources for organizational structure are often internal documents of the NMCP.

- Organigram of the NMCP
- Documents that describe the roles and responsibilities of each organizational unit
- Job descriptions

People to Interview

- NMCP program manager
- NMCP program manager's supervisor
- NMCP staff
- Members of the NMCP board/national RBM Partnership
- Donor staff that work closely with the NMCP
- Implementation partners and NGOs involved in malaria control.

Questions

1.   *Does the organizational structure provide a framework for the NMCP to carry out its core functions?* This question must be answered in the context of the core functions of the NMCP. If, for example, there is no monitoring and evaluation (M&E) officer, this is likely to affect the effectiveness of the NMCP program in this area. The assessment team must also not assume that there is a single correct organizational structure that applies to all NMCPs. The organizational structure of an NMCP must be driven by the specific context in which it operates.

2.   *Are the roles and responsibilities of the organizational units in the NMCP clearly defined?* If the NMCP has enough staff to form organizational units, then each organizational unit should have clearly defined roles and responsibilities that are documented and known to all NMCP staff. As in any organization, there will be areas of responsibility that could reasonably be assigned to more than one organizational unit. Nevertheless, roles and responsibilities should be openly discussed, negotiated, and adjusted periodically based on the ever-evolving nature of programs.

3.   *Does the overall organizational structure of the NMCP provide clear lines of reporting and authority?* An organizational structure is one of the prerequisites for effective management in that it provides the basis for reporting lines and authorities. Of course, having clear lines of reporting and authority does not mean that they are respected, but they provide an important starting point. The assessment team must also determine if the span of control of the program manager is appropriate for effective supervision of staff. It may also be useful to ask if the program manager delegates authority when he or she is out of the country or out of the office for an extended period of time.

4.   *Is the staffing level of each NMCP unit adequate to carry out its functions?* Within each organizational unit, the assessment team should determine if the staffing pattern has the right number of people to carry out the assigned functions. In some cases, the primary human resources problem may be a lack of staff to carry out the function regardless of how well managed and organized the NMCP is. The assessment team should also determine the hiring status of all staff including how many are permanent employees of the MOH and how many are funded or hired by donors. The team should determine if there are provisions for temporary replacement of staff that are on extended leave for study or for health reasons.

5.   *Do individuals have clearly defined roles and responsibilities that are reflected in their job descriptions?* Just as the organizational units should have clearly defined roles and responsibilities, so should each individual. These roles and responsibilities must also be consistent with the roles and responsibilities of the organizational unit to which staff is assigned. Typically these should be reflected in updated job descriptions that should be readily available to the assessment team.

6.   *Does staff have the skills to do their jobs?* While there may be an adequate number of staff, they may not have the right set of skills and experience to do the job. Skills include not only technical expertise but also management skills such as presentation, communication, and writing. An assessment of skills and experience will provide the basis for a short-term professional development plan for each staff person as well as a longer-term plan for increasing staff capacity of the NMCP. The assessment is not intended to provide a careful review of the skill level of each staff person, but rather the identification of areas in which skill development is needed. A well-managed NMCP should have the capacity to develop the skills of staff.

3.4 LEADERSHIP AND MANAGEMENT

Definition and Rationale

Perhaps the core of this assessment is the leadership and management capacity of the NMCP. Without effective leadership the NMCP will not be able to evolve and grow. Without sound management, the NMCP will not be able to carry out it core functions effectively on a day-to-day basis. In this assessment, leadership is seen as separate and distinct from management. Leadership includes the following:

- Establishing direction: developing, communicating and building support for a vision of the future, often the distant future, along with strategies for producing the changes needed to achieve it.

- Aligning people and organizations: communicating the direction to those whose cooperation may be needed so as to create coalitions that understand the vision and that are committed to its achievement.

- Motivating and inspiring: keeping people moving in the right direction despite major political, bureaucratic, and resource barriers to change by appealing to very basic, but often untapped, human needs, values, and emotions.

By contrast, management includes these practical and everyday functions.

- Planning and budgeting: setting targets or goals, establishing detailed plans and guidelines for achieving those targets; and then allocating resources to accomplish those plans.

- Organizing and staffing: establishing an organizational structure, staffing the jobs with qualified individuals, communicating the plan to those people, delegating responsibility for carrying out the plan, and establishing systems to monitor implementation.

- Controlling and problem-solving: monitoring results versus plan by means of reports, meetings, etc; identifying problems; and planning and organizing to solve the problems.

Data Sources

The primary data sources for assessing leadership will be interviews and focus group discussions with the NMCP program manager, NMCP staff, and external stakeholders that work closely with the NMCP on a regular basis. These stakeholders should include NMCP board/national RBM Partnership members, district health officers, and donors.

- Administrative procedures manual

- Internal memos regarding management concerns

- Previous management assessments

People to Interview

- NMCP program manager

- NMCP staff

- Members of NMCP board/national RBM Partnership

- Other senior officials in the MOH, especially the NMCP program manager's supervisor

- District health officers

- Donor representatives that work closely with the NMCP

Questions

<u>Leadership</u>

1. *Is the NMCP program manager effective in providing direction, motivating staff, and aligning the actions of NMCP staff and stakeholders with the direction of the NMCP?* Providing direction, motivating and inspiring others, and aligning the actions of others with direction are the cornerstones of effective leadership. There are, of course, other aspects of effective leadership, but the assessment should focus on these essential leadership roles. The assessment team will need to get data on how well these leadership functions are carried out by talking to staff within NMCP on their perception of leadership and to those external to the NMCP.

2. *Is there a management team in place that includes the program manager and other senior NMCP staff?* Leadership should reside in more than a single person. The NMCP should have a leadership or senior management team that consists of the program manager and other supervisors. This team should meet regularly to coordinate activities, monitor progress in achieving the goals of the NMCP, and set direction. Indicators of an effective management team include regular meetings, follow-up on agreed upon actions, and regular communication to NMCP staff and stakeholders.

3. *Is the management team effective in managing the external environment?* The external environment includes other offices in the MOH, higher-level MOH decision makers, donors, other international partners, and other national government agencies. The ability of the NMCP program manager to manage the external environment effectively is a key determinant of success. Managing the environment entails forming good working relationships, communicating frequently, and generally keeping abreast of trends and issues before they have negative effects on the NMCP strategy and programs. The NMCP should be proactive in identifying issues and problems.

4. *To the extent possible, does the program manager identify and manage risks in the external environment before they become problems?* Risks include such issues as government reorganization, changes in decision makers, loss of major sources of funding, and changes in national health priorities. While the NMCP cannot be expected to control these kinds of risks, it is important to continually scan the environment and be as proactive as possible in anticipating the kinds of problems that may occur and developing plans to minimize their impact.

<u>Management</u>

5. *Are tasks appropriately delegated to staff along with authorities for making decisions?* The assessment team should ask how work is assigned and whether staff has an appropriate level of decision-making authority for the activities they are responsible for.

6. *To what extent is information shared within the NMCP?* What mechanisms are used for information sharing? Information is typically shared electronically and through regular staff meetings and one-on-one conversations. The assessment team should ask how information is shared, whether regular staff meetings take place, and if they feel they have the information to do their jobs effectively.

7. *Are operational plans used to guide program implementation?* This question is aimed at determining whether operational plans are in fact used to guide program implementation. Simply asking how the operational plans are used should provide the information to make this determination.

8. *Does supervisory staff monitor staff performance and give feedback regularly?* This question is separate and distinct from formal performance appraisal. It is aimed at determining whether managers give staff regular feedback on their performance, which should include not only whether deadlines are met, but also the quality of their work and their relationships with others. This can be determined by asking staff whether they receive feedback and to provide some recent examples to determine if the feedback was constructive and helpful.

9. *Are conflicts resolved and problems addressed in a timely and effective manner?* All organizations have conflicts and problems. The issue is how they are dealt with when they occur. If they are not addressed, they tend to linger and remain unresolved. The assessment team should ask for some recent examples of how internal conflicts were handled.

10. *Are there non-monetary rewards and incentives such as assignment of challenging work, promotion, and recognition?* This question is aimed solely at non-monetary rewards since monetary incentives are more complex to address in governmental organizations and because non-monetary forms of incentives can also be powerful. The assessment team should ask whether staff feels recognized and, if so, what was done to make them feel that way.

3.5 MANAGEMENT SYSTEMS

Three management systems are reviewed in this section:

- Information management
- Financial management
- Procurement management

The overarching issue to determine in this dimension is to the extent to which the NMCP has direct responsibility for these functions. As an office within the large MOH organizational structure, the NMCP will in many cases be dependent on existing MOH systems and therefore have limited responsibility for their effectiveness. Improving the information management system of the entire MOH would go beyond the scope of this assessment. In those situations where the NMCP relies on MOH systems, the assessment should focus on whether those systems are adequate for the needs of the malaria program and whether the NMCP has the capacity to work with other MOH departments such as finance and health information to tailor information and financial management systems to meet its needs.

3.5.1 INFORMATION MANAGEMENT

Definition and Rationale

Timely creation, collection, synthesis, organized storage, and retrieval of accurate information on malaria control and program processes, as well as the utilization and dissemination (to partners) of such information, is critical to the achievement of the objectives of the NMCP. When information is properly managed, it facilitates policy review, strategy development, planning, and efficient implementation.

Information is defined broadly and refers to all the information relevant to the smooth functioning of the NMCP. It includes information at the following levels:

- *Individual staff* (e.g. accountant, procurement/logistics officer): work reports, outputs and correspondence should be organized in a way that contributes to the overall program information base.

- *Unit level* (e.g. vector control, case management): often holds the most critical information on the outcomes of activities (e.g. indoor residual spraying, distribution of insecticide-treated bednets, drugs) and is often connected to the MOH health information system.

- *Program level*: generates and manages information related to the mandate, policies, human resources, and finance.

The focus in this dimension is not on the M&E system (i.e. the specifics of which indicators are used and whether or not they are appropriate) but rather on the capacity of the NMCP in information management in general. This includes the infrastructure to support this function (computers, software, facilities, etc.) and the capacity of staff to use the infrastructure for effective information management. It is important to note that, in some countries, the NMCP is reliant on data collected through the health information system. This is especially true in decentralized systems where districts report to one centralized place in the MOH, often the health information unit. It is essential that NMCPs have the capacity to communicate their information needs to the health information unit.

Data Sources

- Information management policies and procedures

- Sample reports from the NMCP

- Sample reports from MOH health information system

- Description of NMCP information management system

- Assessment of information management infrastructure

People to Interview

- NMCP program manager

- NMCP staff

- Other departments in the central MOH such as the health information unit

- Donor staff who work with the NMCP

Questions

1. *What type(s) of information management systems are used by the NMCP?* How information is organized, stored, and retrieved is often determined by the technology used. The information system can consist of paper publications and electronic (CDs, computer-based, and other online) information. The type of information system is also determined by the way staff search for documents, or the computer skills of staff. While the use of modern (computer/electronic-based) information systems facilitates easy storage, retrieval, and protection of data, the NMCP may lack staff skilled in the use of computer-based systems. This can result in incomplete, paper-

based information systems or poor utilization of the systems. This question should also determine the extent to which the NMCP relies on the MOH information systems.

2. *How adequate is the existing system to manage information to effectively carry out the NMCP's mandate?* First, assess the three levels of the NMCP (individual, unit/team, and program levels), the type of information generated, the processes for generating the information, as well as the format and routing of such information between the three levels. Each level should be appropriately equipped (both in terms of skilled staff and infrastructure) to generate the information required. The infrastructure needs include, for example, e-mail, computers, and software at the individual level, and intranet and library facility at the program level. Determine if the NMCP has clear policies and procedures on how information is managed at the three levels within the NMCP.

3. *How does information flow between the NMCP and others?* Assess how information is managed and flows between the NMCP, MOH, and the subnational levels (regions and districts), and partner organizations and agencies. The system should provide for timely and accurate information from the operational level upward and vice versa. There should be clear roles and responsibilities for generating and sharing information between partners on malaria, as well as the frequency, completeness, and utility of the information exchanged. Some countries have periodic RBM newsletters, for example.

4. *Is the information gathered used to inform management decisions and the review of policy?* In order to inform policy development and review by the MOH, the information generated by the NMCP should be relevant, accurate, and timely. It should succinctly convey the objectives, achievements, and strategic direction of the program. There should be opportunities to present or transmit the information to the appropriate policy-making levels.

5. *What are the opportunities for enhancing the existing information system and how well are they being utilized?* The objective for creating additional opportunities should be to improve the information generation and processing capability of staff. This may include improving the information systems, using the formal MOH information systems more effectively, and improving information technology (IT) infrastructure, and training in computers and information management.

3.5.2   FINANCIAL MANAGEMENT

Definition and Rationale

The rationale for assessing financial management is to determine if the NMCP has the capacity to effectively and efficiently utilize available financial resources to carry out its mandate, and to comprehensively report on such utilization in a timely manner. Broad areas of financial management are generally recognized as:

- *Budgeting*: forecasting and planning for financial resource needs, and implementation of the financial plan;

- *Accounting*: systematic tracking and reporting on the expenditure of malaria funds;

- *Payroll*: timely processing and payment of salaries, particularly for temporary field workers outside the formal civil-service payroll system;

- *Grants and contract management*: existing systems for programming, disbursing, tracking and reporting on grants and contracts often with special and separate reporting requirements by donors; and

- *Internal controls*: system in place to ensure that funds are used for their intended purpose.

In some countries, the responsibility for financial management lies with the finance department in the MOH and not with the NMCP. In those situations, the primary financial responsibility of the NMCP is likely to be budgeting and reporting to donors. Other functions such as accounting, disbursement, contract management, and internal controls would not be the direct responsibility of the NMCP.

Data Sources

- Internal financial reports

- Sample budgets

- Financial procedures manual

People to Interview

- Financial department personnel in the MOH

- NMCP program manager's supervisor

- NMCP program manager

- NMCP accountant (if the NMCP does its own accounting)

- Donor staff that work with the NMCP

Questions[1]

1. *What funds are managed by the NMCP and what are the existing authorities to do so?* The level (how much) and range of funds (for what) directly managed by the NMCP should be reviewed to determine if the current authorities are sufficient to handle the level and range expected of the NMCP. It is also important to consider which funds are directly managed by the NMCP and which funds are managed directly by donors. In some countries, donors such as the Global Fund and the European Union use Sector-wide Approach (SWAp) funds that flow through the MOH while others use non-MOH implementation mechanisms. The assessment team should first determine if the NMCP's financial management authorities cover the most critical functions to carry out its mandate as well as other functions. For example, do the NMCP's responsibilities just cover budgeting and forecasting or does they extend to accounting, payroll processing (for temporary field staff), and the direct administration of certain donor funds? If decentralization of the country's financial system has resulted in granting and contracting authority for managing and using funds at the provincial and district levels, it is important to assess how this impacts the NMCP's ability to monitor funds utilization at the subnational levels.

2. *Does the NMCP have adequate capacity to plan and forecast financial resource needs?* The capacity to effectively forecast and plan financial needs is critical to the continued efficiency of malaria

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[1] The specific questions related to financial management may need to be adjusted depending on the financial management responsibilities of the NMCP.

control. A critical mass of adequately trained/skilled staff in financial management is required. In those countries that have a broad range of financial management responsibilities, the NMCP will need to have appropriate infrastructure (computer, related software, etc.) and capacity to ensure that financial information is properly managed, reflected in a timely manner in the financial system, and systematically used for strategic planning.

3. *What are the current procedures and system for reporting actual expenditures?* Clear methodologies and procedures are needed to ensure effective reporting of financial transactions for accountability and transparency. Evaluate the adequacy of the content (i.e. what is being reported and its completeness); frequency (how often and the timelines for informing planning and internal controls) of financial reporting; and adequacy of financial reporting between the NMCP and MOH, and as necessary donors.

4. *Is there adequate capacity for timely processing of routine expenditures?* This will apply if the NMCP's responsibilities includes processing of routine expenditures. The implementation of field operations (e.g. indoor residual spraying, epidemic control, etc.) is time sensitive and requires capacity for timely payments of salaries for staff including temporary field staff, critical supplies and equipment, and support such as transportation. It may also be useful to ask how long it takes to process and reconcile expenditure reports.

5. *Is there an adequate system within the NMCP to ensure that funds are used for their intended purposes?* In those countries where NMCPs have a full range of financial management responsibilities, internal financial controls are essential to ensure that available funds are efficiently used for the intended purposes, that published financial statements are reliable and that the applicable regulations and laws are being followed. Evaluate if procedures are in place within the NMCP to achieve this objective. Queries can include determining if a designated person(s) is responsible for internal control and if such person(s) is skilled/trained, and has sufficient authority and opportunity to perform the assigned functions.

6. *Are there opportunities to enhance financial management within the NMCP and are these opportunities being utilized?* Opportunities for enhancing the financial skills of relevant staff may include refresher/targeted short courses and in-service training.

3.5.3 PROCUREMENT/LOGISTICS MANAGEMENT

Definition and Rationale

In some countries, the NMCP has the overall responsibility of meeting the procurement and logistics needs for malaria control. In other countries, this may be the responsibility of the Central Medical Stores and not the NMCP. This responsibility entails forecasting and quantifying those needs, developing a plan to meet the needs, and implementing the plan effectively.

Procurement management: Procurement refers to the series of activities related to the purchasing of goods and services. It is a complicated process, often involving several partners (ministries, customs and quality control agencies, manufacturers, suppliers, etc.). With the rapidly changing milieu of malaria funding and investment, the procurement policies, regulations, and supporting institutional arrangements of most malaria endemic countries have become inadequate, and at times, a constraint to the rapid scaling up of malaria control. In addition, several procurement scenarios are evolving; while some endemic countries have a single system within the MOH on which the NMCP is fully reliant, the increasing role of donors and project-oriented support by external partners have resulted in a variety of

autonomous or semi-autonomous complementary procurement procedures. In some countries, procurement is partly or wholly privatized. The management challenge for the NMCP is to effectively harness these evolving opportunities into a well-coordinated mechanism to meet its procurement needs.

Logistics management: For the NMCP, logistics management refers to the planning and controlled sourcing of people, goods (drugs and bednets), products, and services from the point of origin (inside or outside of the country) to the point of end-use. Logistics management involves a complex combination of information, cataloging and warehousing, transportation, handling, packaging/repackaging, and distribution. The management challenge for the NMCP is to mobilize and effectively use the array of requisite skills and processes needed to support implementation.

Effective procurement planning facilitates the selection of dependable manufacturers and suppliers (of goods and services), and lower cost. A combination of effective logistics and procurement enhances the overall cost-effectiveness of implementation.

Data Sources

- Procurement policies and procedures

- Logistics policies and procedures

People to Interview

- Central Medical Stores

- NMCP program manager

- NMCP logistics management staff

- Partners that work with NMCP in the area of procurement and logistics management

- Provincial and district malaria programs/units

- Staff of major suppliers and service providers of NMCP

Questions

1. *What procurement/logistics functions are performed by the NMCP and what are the existing authorities to do so?* The authorities for procurement and logistics should be consistent with the NMCP's function in this area. Does the NMCP utilize an in-house MOH procurement facility, or does it administer complementary/parallel procurement and logistic procedures external to the in-house facility? If the latter occurs, what is the annual proportion, in terms of the overall procurement and logistics budget?

2. *Does the NMCP have the capacity to forecast and plan its procurement and logistics needs, and to implement the plan?* It is important that the NMCP has the capacity to forecast the overall (national) needs for malaria control. Annual quantification of procurement and logistics needs begins with the districts where the implementation of interventions occurs. The estimates are then collated through the regions/provinces to the central level (NMCP). However, typically it is the NMCP that converts these into multi-year forecasts (included in the national malaria control strategy) and develops the procurement plans and schedule. Clarity on the procurement procedures impacts the timelines of plans, which in turn may have a direct impact on resource mobilization from external partners. If the NMCP largely relies on the in-house MOH

procurement system, then an assessment of how adequately the program copes with delays and irregular release of governmental funds will be useful.

3. *How adequate is the procurement and logistics capacity within the NMCP?* As explained under definition and rationale, procurement and logistics require a complex array of activities. If the NMCP has direct responsibility for procurement, it should have trained staff and tools and infrastructure to successfully execute these activities. Certain procurement and logistics functions may occur entirely within the regions and districts (e.g. purchasing of some goods and services for field operations).

4. *Are the lower levels (regions/provinces and districts) adequately involved in the process?* To the extent that the quantification of national procurement/logistic needs begin at the subnational levels, it is important to determine if the roles and responsibilities of the NMCP and the subnational levels are clear whether the NMCP has the capacity to adequately support them.

5. *What are the opportunities for improving the existing capacity and are those opportunities properly utilized?* Opportunities for improving relevant staff skills may include short/targeted training courses, seminars, and planning and review meetings.

3.6   COORDINATION/COLLABORATION

Definition and Rationale

Collaboration is one of the cornerstones of malaria control strategies. The rationale for assessing coordination and collaboration in malaria control is to examine the capacity of the NMCP to effectively coordinate with partners at all levels and to assess the extent to which country partnership in malaria control detracts or complements the functions of the NMCP.

The RBM Partnership typifies the indispensability of collaboration and coordination in malaria control. The multifaceted driving forces of malaria require effective intersectoral collaboration and coordination. At the country level several categories of collaboration and coordination are recognized.

*   Intrasectoral coordination/collaboration between departments within the MOH

*   Coordination/collaboration between the NMCP at the central/national level and subnational levels (regional and districts).

*   Intersectoral collaboration between relevant sectors and across government agencies.

*   Collaboration with universities, training, and research institutions

*   Partnership coordination, which brings together all country stakeholders and external partners (donors, developmental organizations, NGOs)

Data Sources

*   Sample minutes from partnership meetings

*   Memoranda of understanding

*   Description of coordination mechanisms

- Research agendas

People to Interview

- Members of NMCP board/national RBM Partnership

- Other senior officials in the MOH, including the NMCP program manager's supervisor

- Regional/district health officers and staff directly responsibility for malaria control

- Senior staff of relevant national agencies

- Representatives of national partnership committees and external partners that work closely with the NMCP

- Representatives of research and training institutions

Questions

Provincial- and District-level Health Offices

1. *What is the quality of the relationship between the NMCP and the provincial/district-level programs?* In countries where decentralization has brought some autonomy to provincial/district programs, it is important to evaluate how this affects the oversight functions of the NMCP for ensuring compliance with the overall national malaria strategy and the use of best practices. The assessment team must be sure to understand how the subnational levels perceive the NMCP and whether the relationship is supportive and mutually beneficial.

2. *How effectively does the NMCP communicate with the district staff?* The NMCP should have means of sharing information regularly with the districts as well as mechanisms in place for the districts to communicate with the NMCP.

3. *What are the opportunities for strengthening the existing relationship and are those opportunities properly utilized?* This will include regular planning and review meetings, and proactive technical support by the NMCP to the subnational levels including guidance and review of district annual plans, clear roles and responsibilities, unambiguous modalities for reporting, and information-sharing.

Partners

1. *What is the capacity of the NMCP to coordinate the activities of its partners?* This will require discussions with the NMCP and key partners to determine if the NMCP has the capacity to provide effective program coordination. The assessment team should also assess the quality of relations between the NMCP and national stakeholders (NGOs, private for-profit sector, donors).

2. *What coordination mechanisms are in place and are they effective?* Coordination requires mechanisms such as regular meetings that provide for regular information-sharing and discussion. The assessment team should find out what mechanisms are in place and if there are coordination problems whether they are due to inadequate mechanisms or to the lack of skills to use them effectively.

3. *How can the relationship with stakeholders be strengthened?* Effective information-sharing and exchange between the partners positively impact collaboration. Has the NMCP designated responsibility for coordination to one or more staff or is this a shared function? Staff with such responsibilities should be adequately trained to work effectively with partners. Such training could consist of how to develop an agenda collaboratively, how to manage a meeting, and how to write concise minutes that captures agreements.

Departments within MOH

1. *What is the quality of the relationship between the NMCP and other departments within the MOH, and what are the opportunities for improvement?* Tensions and ineffective collaboration between technical departments (e.g. information, education and communication, or IEC) and support functions (e.g. health information, human resources, and finance departments) within the MOH can sometimes be problematic. This is largely because of overlapping mandates, perceived competition for financial resources, non-existent mechanisms for collaboration, and lack of skills to develop effective working relationships. Often it requires a conscious effort, moderated by very senior staff, to clarify functions, establish communication mechanisms (including regular interdepartmental meetings), and facilitate a reversal of non-cooperation.

Universities and training and research institutions

1. *Does the NCMP collaborate effectively with universities and training and research institutions?* The ability of the NMCP to collaborate effectively with research and training institutions is an ongoing need. The NMCP role should include identifying training needs, setting a research agenda, and partnering with the research and training institutions to address them.

2. *Is the research agenda linked to NMCP program priorities?* The NMCP should have the capacity to work effectively with the research community so that the research agenda is closely tied to the NMCP program agenda. The NMCP may be seeking to answer some key questions that could inform the operations research agenda. Researchers may have their own source of funds and may use them to pursue their own research interests.

3.7   KEEPING UP TO DATE TECHNICALLY

Definition and Rationale

Like any organization, NMCPs need to keep up to date with the latest developments in their field and continuously develop their skills. While some of the professional development needs of NMCPs are much longer term in nature and require long-term training, there is much that can be done on a short-term basis to keep up to date and grow professionally. The focus in the assessment is on those approaches to learning that are low cost and widely available. The objective is to become a learning organization that is constantly looking for new and better ways of doing things. The challenge is how to keep up to date when faced with the pressing day-to-day responsibilities and the reality that time and resources are limited. There are two fundamental and equally important approaches to keeping up to date – learning from others and learning from your own activities. Both of these require a commitment to learning and an intentional strategy.

Data Sources

- Interviews with NMCP managers and staff

People to Interview

Since this is primarily an internal NMCP function, the people to interview are primarily NMCP staff.

- NMCP program manager and other managers

- NMCP staff

Questions

1. *Are there strategies in place internally within the NMCP for sharing lessons learned and best practices from NMCP activities?* NMCPs can learn from their own activities. They can ensure that what is learned in one activity is captured and used in other projects. Strategies for internal learning might include the following:

- Setting up a technological platform to store knowledge such as a network drive

- Doing "after action" reviews of an activity to extract lessons learned

- Asking NMCP staff and consultants to do a formal debriefing after an assignment

- Organizing occasional internal presentations devoted to sharing knowledge

2. *Are there strategies for keeping up to date with new thinking externally both in the region and internationally?* In addition to learning from NMCP implemented activities, it is important to keep up to date with current developments in the field of malaria control. Does the NMCP make a conscious effort to tap into the knowledge of the malaria research community in the country? In addition, the widespread availability of technology has made it much easier to keep abreast with current information, compared with five or 10 years ago. Through the Internet, NMCP staff can access Web sites, participate in online conferences, and register for listservs. In addition, there are opportunities to attend short-term training and participate in conferences. The assessment team should determine what strategies NMCP staff currently use and which ones might have potential application.

3. *Are there resources available for professional development and other strategies for ongoing learning in the NMCP budget?* While many potential strategies are low cost and easily implementable, some of them may have budget implications. The assessment team should determine if the NMCP has any budget set aside for professional development.

4. *To what extent do supervisors actively encourage staff to keep their skills up to date?* Because staff are busy with their basic responsibilities, taking some time for learning may not be a priority. One of the ways that the NMCP can become a learning organization is with the encouragement and support of NMCP managers and acting as a role model in this area. Another way is through individualized staff development plans, which include technical updates, conferences, and short courses as a means for keeping current.

5. *Is there anyone in the NMCP that currently plays a leadership role in learning either informally or formally?* Becoming a learning organization requires an intentional strategy. One element of the strategy is to

designate someone as a "knowledge officer" to make sure that someone pays attention to this vital function. Like any organizational function, this will not happen unless someone is responsible for it and there is an organizational value that supports it.

4. ASSESSMENT METHODOLOGY

This chapter outlines the assessment methodology in detail. It describes all phases of the assessment process including planning and preparation, field work, and report writing; composition of the assessment team and the skills required; guidance on how to make the NMCP a full partner in the assessment; and a suggested report outline.

4.1 ASSESSMENT PROCESS

4.1.1 PLANNING AND PREPARATION

Preparation for the assessment should include the following tasks:

Review of background country documents

There is significant existing documentation of country-specific malaria control information within the international arena. This includes the following:

- Reports by donors and international development partners such as WHO, RBM Partnership, the World Bank, and UNICEF

- Proposals and grant agreements from the Global Fund

- Malaria operating plans and other reports from the PMI

- National malaria strategic plans

- Significant country initiated reports may also be available

It is essential to review these documents prior to the field work so as not to repeat what is already known. It is possible that a similar assessment has already been carried out, but is need of updating. Some of these documents may also inform some of the assessment dimensions. At a minimum, existing documentation will ensure that the assessment team has essential background information. In most cases, the PMI country staff and the NMCP will be able to identify the key documents.

In addition to these reports, it may be worthwhile to arrange virtual meetings or telephone calls with selected staff in some of the above-mentioned organizations in advance of the field work to solicit first-hand accounts on the country situation and the NMCP in particular. The above opportunities should enable the initiation of data review and identification of areas for further inquiries prior to the field visit.

Prior in-country coordination

It is advisable to identify in-country contacts and, as far as possible in advance of the country visit, establish an interview schedule of relevant country personnel. One or both of PMI malaria advisors will in most cases facilitate the country assessment. These official(s) may, in turn, involve other international partners such as World Bank, WHO, and UNICEF. The Malaria advisor will assist with official

communication including official approval for the assessment with the MOH, if required, and in particular setting up meetings with relevant senior government officials.

In consultation with the PMI advisor, the local consultant team member can also assist in setting up the meeting schedule and in gathering relevant documentation needed for the assessment. In some situations, it may also be useful to have an administrative assistant to schedule the meetings since this can be quite time-consuming.

4.1.2   FIELD WORK

<u>Entry Meetings</u>

Entry meetings should be held with the PMI Malaria Advisor and with the NMCP program manager to clarify the scope of the assessment, review information requirements and the data collection strategy, and finalize the interview schedule and timeline for the field assessment. Entry meetings should also include key donors that might be possible sources of funding for the recommendations that result from the assessment. The assessment team should also clarify with the PMI advisors whether there are any meetings that they would like to participate in.

<u>Data Collection</u>

A variety of methods will be utilized to collect data.

- *Interviews*. Suggestions on persons to interview are made in relevant sections in Chapter 3, and generic interview tools/protocols are provided in Annex A as templates to adapt and further design more structured interviews. Clearly the assessors cannot ask all questions to everybody even when some individuals like the NMCP program manager will be able to speak to all dimensions. In that case, summary questions must be asked about a dimension. In other cases, the interview will focus on one or two dimensions so all the questions in a dimension could be asked. Also, not all questions will be relevant to every country. For example, if the NMCP's responsibility for financial management is limited to budgeting, then all of the questions in that dimension will not need to be asked.

  In the Malawi assessment, the assessors developed a one-page overview of the assessment and gave it to each of the interviewees (see Annex B). This helped to ensure that the interviewees had a clear understanding of the focus of the assessment, including the definition of management and organizational capacity that underpins the assessment.

- *Individual interviews and focus group discussions*. In general, key NMCP staff should be interviewed individually. Focus groups can also be used if there are too many NMCP staff members to interview individually in order to ensure that every NMCP staff member has an opportunity to provide input. In addition, the assessment team should interview key individuals in other offices of the MOH, donors, partners, districts, and other national government agencies.

- *Division of the interview schedule*. In order to facilitate timely completion of the interview schedule, it is likely that the assessors will need to divide up the assessment dimensions. The team should map the dimensions with specific people to interview to ensure that all dimensions are covered. Annex C provides an illustrative mapping tool. The division should be done with regards to the relevant expertise and background of the individual assessors. To reduce the likelihood for follow-up interviews, it may be necessary for the assessors to review and further develop the interview

templates together, before the division is effected. This will ensure that all relevant questions are incorporated.

- *Field visits to provinces/districts:* It is expected that the assessment team will visit relevant personnel in some selected district(s) and/or province(s) to ensure that the district perspective is taken into account, especially with regards to the quality of technical support and coordination between the subnational levels of program management and the NMCP.

- *Review of country documentation:* In addition to the documents that the team reviews prior to the field visit, Chapter 3 provides an initial list of some of the relevant country documentation needed in each dimension (i.e. the current charter/mandate of the NMCP, organizational charts, job descriptions, procedures manuals, financial reports, etc.). The assessors will need to collect and review these documents during the visit.

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Illustrative Schedule for Field Work

Week One

     Day 1 – Entry meetings

     Day 2 – Interviews with NMCP and stakeholders

     Day 3 – Interviews with NMCP and stakeholders

     Day 4 – Visit to districts

     Day 5 – Visit to districts

Week Two

     Day 1 – Check-in with NMCP program manager and the United States Agency for International Development (USAID) and PMI

        Interviews with NMCP and stakeholders

     Day 2 – Interviews

     Day 3 – Interviews

     Day 4 – Analysis of data

     Day 5 – Presentation of preliminary findings to NMCP, stakeholders, and USAID and PMI

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Analysis

Analysis of data should be ongoing. As information is gathered, it should be quickly reviewed to identify follow-up queries and related data needs. Adequate consideration should be given to the completeness of the information gathered and, as appropriate, the need for validation.

Once all the required data are assembled, a more systematic analysis of the data should be done. One of the objectives will be to determine whether the information gathered is sufficient to provide complete answers to the questions posed in Chapter 3.

Often the weakness of such assessments is the analysis. Analysis is the key to transforming the assembled information into concrete and lucid findings and recommendations. The following is proposed to aid the analysis process:

- *Frequent team meetings:* Meet at the end of each day to discuss findings and to identify gaps in information. Use a group process to agree on the most important issues and findings under each question. Categorize the findings and determine what they mean, in terms of facilitating or constraining the area of NMCP capacity that is being assessed. Use pictorial presentations (boxes, arrows, etc.) to facilitate the identification of causes and linkages between issues and effects.

- *Become familiar with the data collected:* All team members should read the data as many times as possible, and note down any major issues or impressions.

- *Validate the information:* The data may be biased or of less than desirable quality. Cross-check with related data that are gathered from other sources (e.g. compare responses from NMCP staff with responses from subnational staff and partners) to ensure that a particular finding is not just an isolated opinion of one person.

- *Identify the intent of the analysis:* Study the questions and related comments in Chapter 3 (Assessment Dimensions) to ensure clarity on the intent of the inquiry ("what is the question really after"). Additionally, determine how the results will be used. This will help in categorizing the findings in terms of importance.

- *Organize the data:* Organize the data according to the assessment dimensions outlined in Chapter 3, by the key themes in each dimension. Some questions will not be relevant because of the natural differences between countries (e.g. whether the NMCP has direct responsibility for financial management or logistics/procurement). This will facilitate the review of the information gathered across interview respondents, by question area and/or issue. This is especially important because the assessment report should summarize the findings in each dimension.

- *Identify relationships between the data:* Look for connections between issues or assessment areas or cross-cutting issues. In some cases a finding could be in more than one dimension and may need to be cross-referenced.

- *Synthesize findings as much as possible:* This naturally results in a deeper review of issues and minimizes "laundry listing."

- *Use benchmarking with other NMCPs:* In the field-test in Malawi, for example, it was especially useful to compare staffing levels in NMCPs in countries of comparable size.

- *Make practical, actionable recommendations.*

Review of Findings

A preliminary summary of the major findings in each of the assessment dimensions will be presented to PMI and the NMCP and if appropriate to other key donors. This will form the basis of rounding-off discussions with the NMCP as well as PMI. The assessor should clarify that the findings at this stage are preliminary and will require review by PMI before they are finalized. It is especially important not to raise the expectations of the NMCP and be clear that PMI review will be required before the report is shared with the NMCP and others.

Debriefing

A debriefing with the country assessment team and PMI will be done at the end of the field visit. PMI may also want to arrange a debriefing with NMCP leadership and key partners.

4.1.3 POST-FIELD WORK

A detailed report will be prepared upon returning from the field, according to the outline in Section 4.4. It may sometimes be necessary to follow up on residual queries with in-country contacts to clarify outstanding issues. However, adequate planning and preparation should reduce such follow-up to the very minimum, if any. The analysis and writing of the assessment report should be done as soon as possible, while the field impressions are still fresh, preferably within two weeks following the field work.

The assessment team should agree on how the drafting of the report will be shared among the team members prior to departure from the field. There should also be agreement on communication, deadlines for write-ups, and within-team review process. It is envisaged that the drafting of the report may go through a couple of iterations. The first draft should be shared with the PMI country malaria advisor(s) and PMI/Washington and revised before sharing with the NMCP for their comments. The PMI advisor may also decide to solicit comments from select partners on the draft. A clear process for reviewing and approving the report should be agreed upon.

4.2 SKILLS REQUIRED TO CONDUCT THE ASSESSMENT

The assessment could be carried out by a two- or three-person team. The minimum two-person team would consist of the following:

- *Organizational development expert, who will serve as the team leader.* This person should have experience in conducting rapid organizational and management assessments. While experience with malaria control programs is desirable, it is not essential.

- *Local consultant* with extensive knowledge of the MOH and preferably some experience with the NMCP and a sound understanding of organization and management.

A three-person team would allow for more interviews, more depth, and the synergy that often occurs with a larger team. If a three-person team is used, the third consultant could be either international or local. This person should complement the other team members' skills. If the team leader is an organizational development expert, then the third team member should have direct experience with NMCPs and vice versa.

The international consultant should make a special effort to prepare the local consultant in advance and quickly integrate him or her into the team. This can be accomplished by e-mail and phone communication before the field visit and some special time set aside the first few days to fully brief the local consultant. All team members, including local consultants should receive copies of all previous documents reports and assessments for review as part of preparation for the review.

The assessors should be skilled in the review of national systems, interviewing, and report writing. It is important that the assessment team is clearly aware of the amount and kind of effort that should go into the assessment. Two weeks of intensive fieldwork will be required, involving some in-country travel, interviews and focus group discussions, review of existing documentation, and ongoing analysis of the information collected. The assessors should be available immediately after fieldwork to draft the report.

4.3   INVOLVING THE NMCP IN THE ASSESSMENT PROCESS

One of the core principles of the assessment approach is the full participation of the NMCP in the assessment process in order to gain full commitment and ownership of the findings and recommendations. This has to be balanced with the availability of the NMCP staff, who are often very busy and over-programmed. This step is especially important if the request for the assessment does not originate with the NMCP. If the initial impetus for the assessment is from PMI, the assessment team will need to make a special effort to engage the NMCP as a partner.

Practical suggestions for involving the NMCP staff include the following:

- Entry meeting with the program manager to share expectations for the assessment and discuss the objectives, expected outcomes, and schedule.

- Initial all-hands meeting with the NMCP staff to explain the objectives of the assessment, its scope, process, and expected outcomes.

- Interviews and focus group discussions with all NMCP staff so that everyone is sure to have a voice

- Occasional brief check-ins along the way

- Formal check-in meeting with the NMCP program manager at the end of the first week to share reactions and seek guidance on issues

- Debriefing of the preliminary findings and recommendations with the NMCP program manager before any other debriefings

- Review of draft report

4.4 ASSESSMENT REPORT OUTLINE

The assessment report should be concise and between 25-30 pages. The following outline is proposed:

Report Outline

Executive Summary

1. Introduction

1.1. Rationale and scope of the assessment

1.2. Definition of organizational and management capacity

1.3. Assessment methodology
[Clearly indicate how the assessment was carried out. Indicate the limitations of the assessment and briefly indicate constraints in the field that contributed to the limitations of the assessments]

1.4. Organization of the report

2. Setting the Stage

2.1 Major themes: Strengths

2.2 Major themes: Areas for improvement

2.3 Programmatic gaps

3. Findings and Potential Solutions

[This section should be organized in line with the dimensions outlined in Chapter 3. Each dimension should include findings and potential solutions. It is not expected that each question in the dimensions will be answered to avoid a very long report. The team should exercise judgment in determining the findings.]

3.1. Organizational mandate

3.2. Strategy and planning

3.3. Organizational structure and staffing

3.4. Leadership and management

3.5 Management systems

3.5.1 Information management

3.5.2 Financial management

3.5.3 Procurement/logistics management

3.6 Coordination

3.7 Keeping up to date technically

4. Way Forward

This section should prioritize the potential solutions in each assessment dimension in Chapter 3 and propose a framework for implementing them.

4.1 Overall parameters

4.2 Proposed plan

4.3 Implementation of proposed plan

4.3.1 Project oversight

4.3.2 Immediate next steps

Annexes

Persons interviewed

List of documents reviewed

In drafting the report, the assessment team should be sure to keep two key points in mind:

- The assessment report should not identify specific implementation mechanisms. It is PMI's responsibility to select the mechanisms once the plan is finalized.

- No mention should be made how funds will flow for the implementation of the proposed plan. This is also the responsibility of PMI once the implementation mechanisms are selected.

5. SETTING AN AGENDA FOR CHANGE

The purpose of this chapter is to provide guidance on how to use the results of the NMCP assessment to develop and implement a capacity-building plan. This is the potential plan described in section 4 (Way Forward) of the suggested assessment report outline. This assessment is not intended to be an end point but rather a catalyst to identifying and implementing activities aimed at strengthening NMCP management capacity. The assessment will analyze current strengths and weaknesses and identify gaps in performance. The findings from the assessment will provide the basis for the development of a practical and results-oriented capacity-building plan. However, the real measure of the success of the assessment is whether the recommendations are acted upon and result in actual improvements to NMCP performance.

This chapter discusses the organizational change process, which begins during the assessment process, and is aimed at increasing the chances of the capacity-building interventions making a real difference in NMCP performance. The chapter also includes guidance on how to use the specific findings to develop a capacity-building plan, and how to select priority areas for improvement.

5.1 ORGANIZATIONAL CHANGE PROCESS

The capacity-building plan will include a set of activities that addresses the specific findings from the assessment. Implementing these activities will take some focused effort on the part of the NMCP and, in particular, the program manager, and an understanding of the change process. This section provides a set of guiding principles for the NMCP program manager and staff on the change process itself.

- *Establish a sense of urgency for the changes.* This process starts by involving staff in the assessment process, in discussing the findings and recommendations, and in shaping the capacity-building plan. The assessment methodology described in Chapter 4 offers guidance on how to involve staff in the assessment process.

- *Form a group with enough organizational power to lead the change effort.* In the case of an NMCP this group should be the senior management team. This group should be responsible for tracking progress in implementation and making adjustments along the way.

- *Get buy-in for the process from the NMCP's parent unit within the MOH.* The assessment team should determine how essential this is to gain acceptance of the findings and potential solutions.

- *Communicate planned changes effectively.* Often organizational changes are better managed if the staff is well informed of plans. This helps allay anxieties and misconceptions, especially if it involves a restructuring of staff roles and responsibilities. Opportunity may be created through general and individual meetings for the leadership to listen to and clarify staff impressions.

- *Realize that change takes time.* The fact that an information management system is strengthened does not automatically translate to its use. Participating in a one-day workshop on how to run effective

meetings does not mean that meetings will automatically improve. It takes time and ongoing attention from NMCP managers to ensure that skills are applied and new systems actually used.

- *Change is a process and doesn't occur simply because you have produced a report.* Actual use of new systems and getting staff to behave differently is not something that changes from one day to the next.

- *Delegate responsibility for tasks to others.* Implementation should not be the sole responsibility of the program manager and other senior NMCP staff. While they will certainly play a leadership role, the extent to which all staff are involved, the chances for actual change will increase.

- *Celebrate successes publicly.* As activities are implemented and begin to make a difference, staff should be recognized for their efforts and publicly celebrated. This can be a powerful source of motivation.

- *Take stock of progress and make adjustments.* From time to time, overall progress in implementing the activities should be reviewed and adjustments made as necessary. A plan is just a plan and will inevitably need adjustments along the way. Always ask the question: Is this helping the NMCP to be more effective in its work and in carrying out its functions?

5.2 HOW TO USE THE ASSESSMENT FINDINGS TO SELECT INTERVENTIONS

The assessment process will yield specific findings in the seven assessment dimensions. The assessment team must then analyze the data and determine the key findings, and more importantly, which areas should be the focus of the proposed solutions. It is important to make the distinction between the identification of the interventions and their detailed design. The rapid assessment process does not allow for enough time to design the interventions. In addition, the first step is to reach broad agreement on the interventions before designing them in detail. However, the report should provide enough detail so the interventions can be designed once the overall plan is agreed upon. The responsibility for the detailed design should lie with who that have implementation responsibility.

The key questions that the assessment team should ask in deciding on the proposed solutions are the following:

> **Questions to Determine Interventions**
>
> - Does this intervention address an important and felt need in the organizational and management capacity of the NMCP?
> - Will NMCP staff see the benefit of this intervention to them?
> - Does the intervention respond to the findings?
> - Can this intervention be readily implemented without undue approvals and involvement of actors external to the NMCP?
> - Are budgetary resources likely to be available for implementation? Some interventions may have no or minimal cost.
> - Can the intervention be implemented within a reasonable period of time?
> - Perhaps most important, does the NMCP program manager and his or her direct supervisor agree that this intervention is a priority?

The assessment team should use these questions as a filter in determining which interventions have the most potential to have an impact on the management and organizational capacity of the NMCP.

Illustrative Interventions

Annex D provides an illustrative list of interventions in each assessment dimension. This is not an exhaustive list by any means, but it should provide guidance on which types of interventions fall within the scope of the assessment.

Building on the Efforts of Others

Another important factor in selecting interventions is to build on existing efforts by other donors. An example is the U.S. Centers for Disease Control and Prevention's Sustainable Management Development Program, which has produced graduates in eight African countries and which can be implemented in partnership with a local institution that provides management training. Involving graduates of this program during the assessment can facilitate the linkage to this program. Donors and countries may have other ongoing capacity-building efforts that can be utilized and built into the intervention plan. There is every reason to build on the efforts of others to the extent possible to avoid duplication of efforts. Part of the assessment team's role is to find out about these other programs so they can be incorporated into the recommendations.

Timeframe and Sequencing

In general, a two-year timeframe for implementation of the capacity-building plan is recommended. The sequencing of interventions over this timeframe should be done carefully and with the following in mind.

- Generally speaking, the formation of a senior management team, if a strong one does not always exist, should be an early intervention because of its role in guiding the implementation of the capacity-building plan.

- Proposing a limited number of interventions and not exceeding the absorptive capacity of the NMCP is also important.

- Proposing an intervention or two that will have immediate and recognized impact will build support for other interventions.

- Since some interventions will need a longer timeframe, such as management training, these should get started relatively early in the process.

ANNEX A. INTERVIEW PROTOCOLS

NMCP Program Manager

1. How long have you been in the role of NMCP program manager? How do you see your role?

2. What do you find are the most rewarding aspects of the job? What do you find are the most challenging aspects?

3. What do you see as the strengths of your team? What are the weaknesses?

4. What are the primary obstacles that you face in managing the malaria control program?

5. Does the NMCP have a clear organizational mandate to carry out its function? If not, what needs to be clarified or improved?

6. Do you have a strategy in place? How was it developed? How do you use it?

7. Do you have operational plans based on the strategy? Can you give us a copy?

8. Do you have an organigram that shows your organizational structure and staffing chart? Is this structure working well?

9. Do you have a management team within the NMCP? How often do you meet and what is the role of the management team?

10. Do you feel you have enough staff to carry out your functions? How hard is it to hire new staff?

11. Are you satisfied with the productivity and effectiveness of your staff? In what areas would you like to see improvement?

12. How are the three core management systems – information management, financial management, and procurement/logistics – working?

13. Are you satisfied with the capacity of the NMCP to coordinate with the following: other departments in the MOH, partners, districts?

14. How does your staff keep up to date technically?

15. If you had to choose one area in which to improve the NMCP management and organizational capacity, what would that be?

District Health Officer

1. How much contact do you have with the NMCP? How often does someone from NMCP visit your district? When they come, how long do they typically stay?

2. How would you describe NMCP's role vis a vis your district? Is the NCMP effective in carrying out that role?

3. How would you characterize the relationship of your district with the NMCP?

4. How would you describe your role and responsibilities vis a vis the NMCP? Are you able to carry them out? If not, what are the obstacles?

5. Are strategies and plans developed by the NMCP communicated to the district? Are you involved in developing them?

6. Have you been able to carry out your reporting responsibilities to NMCP? Can you describe what they are? How might they be improved?

7. What additional support would you like to receive from the NMCP?

8. What is the one area where you would like to see improvement in the performance of the NMCP?

NMCP Partner

1. How long have you been in your current role?

2. What do you perceive to be the main strengths of the NMCP?

3. What do you perceive to be the main weaknesses?

4. Does the NMCP have a clear organizational mandate to carry out its function? If not, what needs to be clarified or improved?

5. Does the NMCP have a strategy in place? How was it developed? How is it used?

6. What is your opinion of the organizational structure of the NMCP? Does it allow for clear reporting lines and clear division of roles and responsibilities?

7. Does the NMCP program manager provide effective leadership? How about management?

8. Does the NMCP have enough staff to carry out its functions? What are the gaps?

9. In general, do NMCP staff have the skills to do their jobs? In what areas would you like to see improvement?

10. How effective are the three core management systems – information management, financial management, and procurement/logistics – working? What needs improvement?

11.   Are you satisfied with the capacity of the NMCP to provide effective coordination with other departments in the MOH, with partners, with districts?

12.   If you had to choose one area in which to improve the NMCP management and organizational capacity, what would that be?

Other Departments in the MOH

1.   How would you characterize your relationship with the NMCP?

2.   What services do you provide to the NMCP?

3.   How often do you meet with NMCP staff or management?

4.   Is the NMCP clear about what they need from your department?

5.   Is the NMCP effective in advocating for its needs?

6.   How can the relationship with the NMCP be improved?

Interagency Committee Member

1.   Describe the role of your committee in relation to the NMCP.

2.   What do you see as the strengths and weaknesses of the NMCP?

3.   What is your impression of the effectiveness of the coordination mechanisms? e.g. capacity in agenda setting, communications, scheduling meetings, meeting follow-up, etc.

4.   What can be done to assist the NMCP in achieving more effective coordination?

5.   What is your impression of the effectiveness of NMCP leadership?

6.   Do you know enough about the NMCP to comment on the inner workings in the following areas:

•   Use of strategic plans

•   Adequacy of staffing

•   Management systems (information management, financial management, procurement/logistics)

ANNEX B. OVERVIEW: DEVELOPMENT OF CAPACITY-IMPROVEMENT PLAN FOR NMCP

Proposed Activity

One of the keys to the success and sustainability of a NMCP is its organizational capacity and management. In order to address this issue, PMI has developed a systematic method to review the management and organizational capacity of NMCPs, identify the key organizational capacity-building needs, and use the results to develop and then fund a capacity-improvement plan.

Definition of Capacity

- *Organizational mandate:* adequacy of the current scope and authorities of the NMCP, especially in relation to other departments in the MOH, other national agencies, and the national-level partnership structure.

- *Organizational structure and staffing*: adequacy of the organizational structure and staffing to carry out its core functions.

- *Strategy and planning*: capacity to develop strategies and operational plans and align the actions of implementing partners with the plans.

- *Leadership and management*: effectiveness of leadership and management of NMCP staff.

- *Management systems*: adequacy of the management systems in three core areas: financial management (including budgeting and forecasting), information management, and logistics/procurement.

- *Coordination/collaboration*: capacity to effectively coordinate at all levels including within the central MOH, with the districts, and with partners.

- *Keeping up to date technically*: whether the NMCP has cost-effective strategies to keep up to date technically such as access to the Internet and other means of ongoing professional development.

Expected Outcomes

- Identification of NMCP capacity-building needs based on the review

- Practical and specific recommendations on high priority NMCP capacity-building needs that can be implemented in the short and medium term

- Specific and actionable capacity-building plan

Overall Schedule

December 2007	Desk review of relevant documents and planning
January 14-25	Field work
January 28–February 8	Draft report
February 11-25	Review of report by NMCP and PMI
February 28-March 15	Finalize report

ANNEX C. MATRIX OF ASSESSMENT DIMENSION AND INTERVIEWEE CATEGORY

Assessment dimensions \ People to interview	NMCP staff	NMCP manager	Supervisor of NMCP manager	Other MOH senior staff	NMCP board members	RBM Partner-ship	Other relevant MOH depts	Sub-national level staff	Related sectors (MOA MOE etc.)	Donor & NGO reps	Major in-country Suppliers & service providers
1. Organizational mandate	√	√	√	√	√	√	√	√	√	√	
2. Strategy and planning	√	√	√		√	√	√	√	√	√	
3. Organizational structure and staffing	√	√	√	√	√	√	√			√	
4. Leadership and management	√	√	√	√	√	√				√	
5. Management systems:											
- Information management	√	√				√	√	√		√	
- Financial management	√ (Finance)	√	√		√	√	√ (Finance)			√	
- Procurement/logistics management	√	√	√		√	√	√	√		√	√
6. Coordination	√	√		√	√	√	√	√	√	√	
7. Keeping up to date technically	√	√									

Note: MOA=ministry of agriculture, MOE=ministry of education

ANNEX D. ILLUSTRATIVE INTERVENTIONS

Organizational Mandate

- Develop and implement a strategy to elevate the profile of the NMCP

- Establish or strengthen a policy advisory committee

- Establish an internal mechanism within NMCP for assessment of policy impacts on program functions and activities.

Strategy and Planning

- Develop a planning process and train staff in its use

- Get assistance in how to use plans as a management tool

Organizational Structure and Staffing

- Restructure the way the NMCP is organized

- Clarify roles and responsibilities

- Update job descriptions

- Develop individual professional development plans

- Revise staffing plan

Leadership and Management

- Hold leadership and management training

- Hold management retreat

- Give management coaching for the NMCP program manager

- Train managers in how to run effective meetings

- Design and implement a non-monetary incentive system

Management Systems

- Strengthen or develop/implement a system for reporting NMCP program results

- If a NMCP has responsibility for logistics management, strengthen or develop/implement an inventory management system to track/manage malaria control equipment, supplies, and facilities and build capacity of the staff to use the system

- If the NMCP is responsible for procurements, strengthen the procurement system and capacity of the staff to carry out procurement through training

- Strengthen skills in budgeting

- Strengthen the information management system and upgrading computer skills

- Upgrade IT infrastructure

Coordination

- Establish mechanisms for effective coordination (within MOH, with districts, and with partner organizations/institutions)

- Improve the use of electronic communication

- Develop a research agenda that is closely linked to malaria program needs

- Assess district-level capacity and develop strategy for NMCP to strengthen it

Keeping Up to Date Technically

- Develop an internal "learning" strategy that might consist of the following:
    - Do "after action" reviews of an activity to extract lessons learned

    - Ask NMCP staff and consultants to do a formal debriefing after an assignment or participation in a conference or workshop.

    - Organize occasional internal presentations devoted to sharing knowledge.

- Set up a technological platform to store knowledge such as a network drive