STOCKHOLM EVALUATION UNIT

MEDECINS SANS FRONTIERES LÄKARE UTAN GRÄNSER

EVALUATION OF

PERFORMANCE-BASED INCENTIVE SYSTEM IMPLEMENTED IN BANGASSOU

CENTRAL AFRICAN REPUBLIC

BUILDING A BRIDGE AS YOU WALK ON IT

ABRIDGED VERSION

OCTOBER 2023

This document was published at the request of MSF-OCB by the Stockholm Evaluation Unit.

This English version was developed by the SEU to increase accessibility to the evaluation report. The French version remains the reference and readers should keep in mind that some formulations are difficult to translate.

The evaluation was conducted by Khurshida Mambetova and Mubariz Tariq, independent evaluators (www.kmambetova.com).

Photo: MSF staff cross the Mbomou River to reach Ndu, Democratic Republic of Congo (DRC), where thousands of people from the Central African Republic (CAR) sought refuge following an attack on Bangassou on 3 January 2021 (Dale Koninckx, msf.org.uk).

TABLE OF CONTENTS

LIST OF TABLES

ACRONYMS AND ABBREVIATIONS

ACFPE	Central African Agency for Training and Employment Promotion
CNSS	National Social Security Fund
CONGES	Management Board
PBF	Performance-Based Financing (PBF)
FCFA	CFA franc, the denomination of the currency of CAR
HRUB	Bangassou Regional University Hospital
MSF	Médecins Sans Frontières
MSP	Ministry of Health and Population
OCB	Operational Centre Brussels
ILO	International Labour Organization
WHO	World Health Organization
NGO	Non-Governmental Organization
MOU	Memorandum of Understanding
PBI	Performance-Based Incentives (Scheme)
NSDP	National Health Development Plan
RCA	Central African Republic
HR	Human resources
RS	Health Region
SENI	CAR Health System Support and Strengthening Project (CAR)
SEU	Stockholm Evaluation Unit, MSF
ToR	Terms of Reference
EU	European Union
UNICEF	United Nations Children's Fund

EXECUTIVE SUMMARY

MSF OCB supported the implementation of a performance-based incentive system (PBI) at Bangassou hospital, starting in 2022. By implementing the performance audits and incentive system, MSF OCB and the Health Ministry (MSP) hoped to improve the motivation of hospital employees (under MSP and ConGes[1] [Management Council] contracts) to deliver quality work, among other objectives.

This evaluation, supported and managed by the SEU, had three main objectives:

i) Document how the performance-based incentive system was designed and implemented at Bangassou Hospital.
ii) Identify whether the main objectives of the performance-based incentive system have been achieved.
iii) Determine what worked and where further improvement is needed.

The performance-based incentive system cannot be understood in isolation from the context of the project and the interdependencies with employee performance and hospital operations. This is why the report details the context in which the incentive system was introduced, and the political, social and economic determinants that influenced decisions about the performance of the health workforce and the incentive system.

The stated objectives of the PBI system are to ensure staff motivation, guarantee 100% attendance, encourage work and team spirit and contribute to quality improvement. During the period covered by this evaluation, the following categories of staff were assigned to the MSF project in Bangassou: MSF employees under national (local and delocalized) or international contracts, as well as MSP or ConGes employees. The incentive system applied only to the latter two categories, MSP and ConGes.

The evaluation concludes that there is no obvious causality between the amount of the variable incentive and the motivation of the employees. Staff say they are motivated by their professional vocation, and figures show that incentives are significantly higher in Bangassou than in other localities. Why, then, was motivation seen as a problem that could be remedied by the incentive system? The performance-based incentive system creates disparities between groups of staff working in the same hospital and the feeling of being treated unfairly.

The data shows a decrease in unwarranted absenteeism over time. In this respect, it appears that one of the objectives of the performance-based incentive system has been achieved. However, it appears that disciplinary measures in place disproportionately affect hospital employees in categories 1 to 6, who make up the largest group of ConGes staff, who are also the lowest paid and potentially the most vulnerable to arbitrary sanctions or measures.

Overall, there is no evidence of a correlation between group assessments and the level of teamwork at Bangassou Hospital. The current performance appraisal system does not collect enough data to properly measure performance and team spirit. The performance appraisal system is based on sanctions and disciplinary measures, leading to deductions from individual incentive payments, but it does not have tools and processes to promote good behavior or quality performance. However, the

[1] Note from the translator: in theory, the ConGes or Management Council should consist of a committee, some of whose members are appointed by the Ministry of Health and others who are elected by the community. In the decentralized logic of the Central African health system, the ConGes is a semi-autonomous entity that has the prerogative to manage the hospital with the local community.

data collected did show a direct link between the leadership skills of some supervisors and higher performance scores in their departments. It is unfortunate that provisions are lacking from the current version of the results-based incentive system to reward problem-solving and leadership abilities.

The performance indicators included in the 2021 Memorandum of Understanding (MoU) are not currently feasible at the Bangassou Regional University Hospital (HRUB). They do not correspond to the current level of skills available in the hospital because there is an overall lack of qualified health personnel in CAR (doctors, qualified nurses and health workers formally trained according to national standards). For the performance indicators to work, the HRUB should put in place a roadmap to develop the skills of nursing aids (secouristes), currently employed by the ConGes, to enable them to become registered nurses. This would require alignment of training activities, job descriptions, skills required for each job description, coaching, and mentoring practices in the workplace.

This report proposes four main recommendations, deliberately formulated in general terms. This is because the situation in a context such as that of Bangassou can be unpredictable and influenced by many external factors which, at first sight, are not directly related to the HRUB performance-based incentive system:

1. Revise the performance-based incentive system and its objectives by including health workers in the design of performance appraisal processes and in the establishment of performance conditions. In addition, it may be useful to systematically document the revision of the incentive system, and to plan for adequate resources and support, including human resources expertise and training.

2. Reconsider partnership strategies between MSF OCB, MSP and ConGes, without falling into neocolonial traps, for a more equitable partnership. The inclusion of health workers as a stakeholder group in the success of the MSF project also means that MSF needs to transform its partnership approach at all levels of the hospital.

3. Create a psychologically safe environment free from all forms of prejudice and discrimination. The coordination mechanism between the ConGes and the MSF project should be implemented as described in the 2021 MOU.

4. Create or update MSF's guidelines for partnership strategies that are more equitable and inclusive, as well as guidelines for managing health workers assigned to MSF projects.

INTRODUCTION

MSF OCB has been working at Bangassou University Hospital (CAR) since 2014, in collaboration with the MSP and the hospital's management team. In theory, the ConGes or Management Council should consist of a committee, some of whose members are appointed by the Ministry of Health and others who are elected by the community. In the decentralized logic of the Central African health system, the ConGes is a semi-autonomous entity that has the prerogative to manage the hospital with the local community. In terms of accountability to beneficiaries, the ConGes plays two roles: 1) it acts as an intermediary between the users of hospital services and the partners in the intervention areas; and 2) it ensures the smooth running of the hospital. Evaluators try to differentiate between two terms "ConGes" and "hospital management team", although in practice stakeholders use the term " ConGes " interchangeably for either.

In this context, MSF OCB supported the implementation of a performance-based incentive system (hereinafter "incentive system") at Bangassou Hospital, starting in 2022, according to the 2021 and 2022 MOU. By implementing the performance audits and incentive system, MSF OCB and MSP hoped to improve the motivation of hospital employees to deliver quality work, among other objectives. From a product development perspective, the performance-based incentive system made it possible to take the first steps: developing the idea, validating the idea, creating a prototype and putting that prototype into practice. It is not possible to draw lessons learned from the PBI system without trial and error, putting the idea into practice and adapting it to contextual factors. Setting up a performance appraisal system is not a linear process and requires a number of tests, follow-up measures, and corrections. In this regard, the MSF team of the Bangassou project initiated the implementation of the performance-based incentive system and, therefore, merits recognition.

METHODOLOGY

In this report, the evaluation team attempts to answer these three questions:

Table 1: Evaluation Questions

QUESTION 1	QUESTION 2	QUESTION 3
Description of the performance-based incentive system, as implemented in Bangassou since 2019. What are the modalities of this system, how is it implemented in practice?	Examining the merit, value and importance of the incentive system: what works and what doesn't, why? What are the objectives of this system and to what extent are they being achieved?	What are the lessons learned and what adjustments could be made to the incentive system?

The systems approach was used as the main framework for the evaluation, to consider the performance-based incentive system not as an isolated element, but as an organizational process at the heart of all the hospital's activities and results.

Numerous data and reference sources were used: an employee satisfaction survey, a patient satisfaction survey, participation in department or all-staff meetings, documents obtained in the field or remotely, individual and group interviews. The visit to CAR (Bangui and Bangassou) took place from 14 April to 9 May 2023. In terms of the types of documents reviewed during this evaluation, the majority consisted of academic articles, MSF's internal reports, operational manuals, expert reports, the Memorandum of Understanding between MSF and MSP, reports produced by HRUB services, documents published by other NGOs, donor websites, and government policies.

The following limitations were noted with respect to data quality and accessibility:

- Lack of central storage of project documents and lack of institutional memory.
- Lack of harmonization of data across departments and disciplines, indicators changing over time without justification, making it difficult to interpret and analyze data.
- Lack of reference, including any other MSF project in CAR or elsewhere, that could be used as a basis or source of reference for comparison and validation of evaluation results. Published articles and case studies were reviewed to establish a rough frame of reference.

This evaluation was conducted in accordance with the ethical principles of the SEU.

BACKGROUND OF THE MSF OCB BANGASSOU PROJECT

Several factors, such as ongoing insecurity and its implications for the continuity of humanitarian medical operations, socio-economic and political challenges, weaknesses in the national health system, have influenced MSF OCB's decisions regarding the performance-based incentive system. These same factors must also be considered with regard to the motivation of staff and their ability to provide quality care in HRUB.

In October 2013, MSF OCB carried out an exploratory mission to assess the health situation in the Mbomou region, one of the 20 prefectures of the Central African Republic.[2] Following this assessment, MSF briefly supported the Ouango district hospital (March-December 2014). Since February 2014, MSF OCB has focused its main resources on supporting the hospital in Bangassou as well as the health centers in Yongofongo, Mbalazine and Niakari, providing life-saving health care to the people of Mbomou prefecture.[3]

A first Memorandum of Understanding (MoU 2014) was signed between MSF OCB and MSP in February 2014 for a period of 6 months. Free health care was one of the main conditions for MSF's presence in HRUB.[4] The abolition of fees for health care services has had an impact on the hospital's ability to recover its expenses through payments made by patients: to remedy the loss of revenue for the hospital, MSF has agreed to pay incentives to hospital staff (ConGes) and state employees (MSP).

In 2015, the second MoU was signed for a period of three years (2016-2018). New elements included community health promotion, support for primary health care, and support for hospitals.[5]

Large-scale violence targeting the civilian population escalated further in late 2016 and worsened throughout 2017 and 2018. During these periods, the commanders of the armed groups refused to recognize the neutrality of the hospitals and directly threatened to attack health facilities in the country.[6]

The city of Bangassou was hit by an open war, which broke out on May 13, 2017.[7] Between May 15 and 18, 2017, all bridges surrounding the city were destroyed. On 21 November 2017, following violent armed robberies at the MSF base, the entire MSF team of 59 people was evacuated to Bangui.[8] The 118-bed hospital was left with only one doctor and three interns. To ensure continuity and free care at HRUB, the remaining MSP and ConGes staff were transferred onto MSF contracts, with remote support in terms of the supply of medicines, medical equipment, fuel. [9]

[2] MSP. (2021). CAR: National Health Development Plan (PNDS III) 2022-2026. Final version, validated. p. 25
[3] MSF. (2017). Central African Republic: MSF calls for a ceasefire in Bangassou to allow for the deployment of emergency medical aid. www.msf-azg.be
[4] 2021 Memorandum of Understanding, pp. 4-7
[5] SIU. (2022). Terms of Reference for the External Evaluation of the MSF Project in Bangassou, CAR.
[6] The Centre for Applied Reflection on Humanitarian Practices (ARHP). (2019). Unprotected. Summary of the internal review of the events of 31 October in Batangafo, Central African Republic. www. arhp.msf.es *"In 2017, MSF recorded, on average, 3 attacks per month against its medical facilities, vehicles and staff across the country."*
[7] MSF. (2017). Update on violence in eastern CAR and MSF response. www.msf.lu
[8] MSF. (2018). International Activity Report 2017. www.msf.org
[9] 2021 Memorandum of Understanding, pp. 4-7

In April 2018, MSF staff gradually resumed activities in Mbomou province, with increased engagement with the community, in order to increase acceptance of humanitarian principles by the host community and reduce security risks.[10][11] MSF also expanded its coverage through mobile clinics.

In June 2019, a third MoU was signed between MSF and the MSP. The 2019 MOU provided for the return of staff under the contracts of their respective employers (MSP or ConGes).[12] The 2019 MoU specified the reason for the transfer of all staff under MSP or ConGEs contracts, namely, to minimize the impact that a subsequent evacuation would have on the provision of care. The process of changing MSF contracts to MSP or ConGes took place in 2020.[13]

The MOU 2019 introduced the performance-based incentive system for the first time. The 2019 MOU Addendum (signed in 2020) also provided a description of the composite remuneration structure, which now consists of a fixed part (60% of the incentive) and a variable part (40% of the incentive). This variable part is supposed to constitute a performance incentive, the amount of which depends on the results of the performance appraisal.

In February 2021, MSF signed the fourth MOU with the MSP.[14] One of the annexes to the 2021 MOU has been amended three times since it was signed in order to introduce changes in the incentives paid to ConGes and State employees during their annual leave (see "Results of the evaluation").

With regard to the performance-based incentive system, it is important to keep in mind two significant changes to HRUB employee contracts:

Table 2. Significant changes to HRUB employee contracts

2017: FROM CONGES AND MSP CONTRACTS TO MSF CONTRACTS	2021: FROM MSF CONTRACTS TO ORIGINAL CONGES AND MSP CONTRACTS
When MSF had to withdraw from Bangassou hospital in November 2017, MSF also took over all HRUB staff (including ConGes and MSP staff) under MSF contract. From January 2017 to October 2019, MSF OCB became the employer of all staff working at the Bangassou hospital: from January 2017 to October 2019, they received salaries, according to the MSF OCB salary scale, including mandatory monthly employer contributions (social security and pension) and benefits (daily allowances, transport costs, holidays, insurance/medical coverage, sick leave, etc.).	After MSF's return to Bangassou in July 2018, an addendum to the 2017 MOU introduced the performance-based incentive system in 2020 and marked the return of hospital employees from MSF contracts to their respective employers (ConGes and MSP). The new 2021 MOU confirmed that MSF was no longer the employer of all hospital staff. MSF no longer paid salaries (in the traditional sense of the word) but monthly incentives (divided into fixed and variable parts).

[10] MSF. (2018). We simply cannot let these people down, but we remain vigilant: MSF returns to Bangassou. Interview. www.msf.org
[11] Peace Agreements. (2019). Report on the activities of the Monitoring Committee of the Peace Agreement of 09 April 2018 in Bangassou. www.peaceagreements.org
[12] 2021 Memorandum of Understanding, pp. 4-7
[13] 25-01-2020 Bangassou HRUB Annual Report Revised 2019_AC
[14] MSF. (2021). 2021 Memorandum of Understanding, pp. 4-7

THE HEALTH SYSTEM IN CAR

The Central African Republic's health system suffers from constraints in all aspects of health care delivery, but two of its many challenges are the most critical and relevant to examine in this assessment:

- Financing health systems, and
- Shortage of qualified health personnel.

There are large regional disparities, with a very high concentration of human resources in the Bangui health region to the detriment of other regions. The Mbomou Provincial Health Region (RS 6) reported one of the lowest indices of infrastructure and staff availability, and of use of health services in 2021.[15][16]

The cost-recovery approach, introduced in 1994, covers consultation fees, the purchase of medicines, medical procedures and hospitalization. Consultation fees vary from 500 to 2000 CFA francs, depending on the level of the structure and the qualification of the providers.[17] Free health care targeting children under 5 years of age, pregnant and breastfeeding women, and victims of gender-based violence has been available since 2019.[18] Other targeted free measures come from public health programs supported by international NGOs.[19]

However, the government's ability to fund its own health care system is extremely weak.[20] The budget of the National Health Development Plan (PNDS) III is based on the mechanisms and sources of funding from:

- the public budget (mainly the health, education, defense and home affairs sectors; 14.9% of the overall budget).
- cost recovery with household participation (up to 52.2% of the total budget).
- performance-based financing[21] (up to 40%, with funds from the World Bank and the EU/Bekou).
- funding from various NGOs and international funds.[22][23]

Performance-based financing (PBF) is an approach to strengthening a country's health system. It focuses on outcomes rather than inputs, reimbursing health facilities based on the quantity and quality of services provided. The World Bank piloted PBF in CAR (launched in late 2016 – early 2017) as part of the Health Systems Support and Strengthening (SENI) project in 15 health regions, representing about 40% of the country's target population.[24] Another donor - the Bêkou Fund - initially supported 13 health facilities. Among them, at least 6 health facilities located in RS 6 (Mbomou prefecture) were part of a PBF project.

[15] MSP. (2021). CAR: National Health Development Plan (PNDS III) 2022-2026. Final version, validated. p. 25.
[16] MSP. (2019). CAR: Results of the SARA/HeRAMS survey. ”
[17] UNICEF, United Nations Children's Fund. (2008). State of the World's Children Report 2008. www.unicef.org
[18] Xinhua News Agency. (2019). Central African Republic: Targeted Free Medical Care for the Vulnerable. CAR, Presidential Decree No. 19.037 of February 15, 2019.
[19] MSP. (2021). CAR: National Health Development Plan (PNDS III) 2022-2026. Final version, validated.
[20] UNICEF. (2022). Central African Republic: Humanitarian SitRep, June 2022.
[21] MSP. (2021). CAR: National Health Development Plan (PNDS III) 2022-2026. Final version, validated.
[22] World Health Organization (WHO). (2009). CAR: WHO Country Cooperation Strategy, 2008–2013. WHO Regional Office for Africa
[23] Jauer, K. (2009). Stuck in the 'recovery gap': the role of humanitarian aid in CAR. HPN. (Issue 43, Article 11). ”
[24] Bertone, M. P., et al. (2018). Performance-based financing in three humanitarian contexts: principles and pragmatism. Conflict and Health, 12, 28.

EVALUATION RESULTS

EVALUATION QUESTION 1: DESCRIPTION OF THE PERFORMANCE-BASED INCENTIVE SYSTEM

What are the modalities of this system, and how has it been implemented in practice in Bangassou since 2019?

OBJECTIVES OF THE PERFORMANCE-BASED INCENTIVE SYSTEM

With the 2021 MOU, MSF and the MSP agreed to introduce a performance-based incentive system for staff on ConGes contracts or state staff (under MSP contracts).[25] In the main text of the 2021 MOU, the rationale for the performance-based incentive system is described as follows:

> "The purpose of this incentive model is to compensate for the loss of income linked to the implementation of free care provided within the framework of the Project supported by MSF and to guarantee the motivation of staff (state assigned) and contracted ConGes staff while working on the quality of work done by these staff." [26]

According to Annexes 2 and 4 of the 2021 MOU, the performance-based incentive system has the following objectives:

Table 3. Objectives of the performance-based incentive scheme (source: Annexes 2 and 4 of the 2021 MOU)

OBJECTIVE	COMMENT
Motivate MSP and ConGes staff	According to the rationale for the performance-based incentive system described in MOU 2021
Attendance of 100% of the staff on a given day	Each day of unjustified absences is deducted from the variable part of the incentives (of one person); [27]
Teamwork and cohesion by department	Performance appraisal is done for all persons working in a department or service; [28]
Quality of performance according to a set of performance indicators	Performance evaluations should be based on these indicators (included in the 2021 MOU) to determine the results achieved by all employees in the department being evaluated.[29]

According to the text of the 2021 MOU, the performance-based incentive system refers to the fact that "a results-based financing system is in place" and the PBI is therefore considered to be aligned with the MSP's results-based financing policy (Performance-Based Financing, see section 4), although these two approaches actually have little in common.[30]

[25] MSF. (2014). Annual Medical Report: 2014. Bangassou Project
[26] MOU 2021. p. 10
[27] MOU 2021, Annexes 2 and 4, p.11.
[28] Annex 2 of MOU 2021, p 2
[29] See performance indicators included in Annex 2, Memorandum of Understanding 2021.
[30] MOU 2021, article 3.4.2

DEFINITIONS: INCENTIVE VS. SALARY

The definition of the term "incentive" is set out in Article 3.4.2 of the 2021 MOU, as follows:

> "MSF pays incentive incentives, consisting of a fixed part and a variable part that varies according to the results."[31]

The text of the 2021 MoU (p.11) also states that:

> "In practice, the MSP and the ConGes distribute the fixed part of the incentive paid by MSF as part of the salary. […] This reclassification of the incentive into a salary by the MSP and the ConGes does not commit MSF who considers, for whom it is appropriate to consider, this amount to be an incentive. The monthly salaries or remuneration, provided for by the status of civil servant or the employment contract, granted to State staff and ConGes assigned and defined in this Protocol shall always be borne by the MSP and ConGes which are for all purposes the employers of such staff. » [32]

During the data collection process at HRUB (April-May 2023), it became apparent that the original meaning of the term "premium" (i.e., the fixed portion or 60% of the premium) has been lost over time. In fact, HRUB employees and their employers used the term "salary," which means the total amount of the two parts of an incentive (the fixed part and the variable part). This difference in understanding the terminology "salary" vs. "incentive" is significant because the term salary is associated with a set of conditions to be met by an employer. These include the employer's obligation to contribute to social security and pension funds, as well as to cover certain employment-related benefits (i.e., transportation costs, continuing education costs, etc.).

The replacement of the term "incentive" with the term "salary" has created false expectations, which has led to misunderstandings and frustrations among the largest group of hospital staff, ConGes and MSP employees. From the perspective of employees returning to their contract with ConGes or MSPs, their monthly income has gone from "salary" to "incentive" and has also been split in half. But for them, it's still about their salary. From MSF's point of view, the salary of employees returning to their contract with ConGes or MSP is equal to 60% of the monthly incentive. The remaining part was supposed to be a premium, an encouragement for good performance. If ConGes and MSP employees accept MSF's view, it means that their salaries were reduced by 40% at the time of the transition from the MSF contract to their ConGes and MSP contracts. It appears that this specific nuance was not clear to all employees at the time of the transition.

THE SCOPE OF THE PERFORMANCE-BASED INCENTIVE SYSTEM

According to the data presented at the roundtable in May 2023 and the project flowchart (updated February 2023), MSF OCB employed 16 people on international contracts, 141 people on national contracts and 18 CAR medical staff (2 people on national contracts, and 16 on delocalized contracts). In addition to MSF staff (national, international or delocalized) working at the hospital, MSF pays monthly incentives to staff working at HRUB and assigned to the MSF project:

- 6 employees under contract with the MSP (31 people according to the 2019 MOU).
- 297 employees hired by ConGes (311 people according to the February 2023 organizational chart).
- 4 medical and paramedical interns (nursing and midwifery students) assigned to HRUB for their internship (17 in 2020; 8 in 2021; 4 in 2022 and 4 in 2023).

[31] MOU 2021, article 3.4.2, p. 10.
[32] MOU 2021, Article 3.4.2 "MSF and ConGes Staff", p.11.

A comprehensive list of incentive positions can be found in Annex 7 of the 2021 MOU: it includes the list of ConGes staff, MSP staff as well as medical and paramedical interns.

In addition to the monthly premiums, MSF, as a partner organization of HRUB, also pays other financial contributions normally paid by the employer. As the hospital has no income (given the fact that the care is free), MSF has covered these expenses in the same way as the premiums (i.e. to compensate for the loss of income): these are social contributions (National Social Security Fund, CNSS, and Central African Agency for Training and Employment Promotion, ACFPE[33]); annual leave, sick leave and family leave[34] ; work leave for vocational training or studies[35]; [36] and maternity leave.[37]

THE STRUCTURE OF THE PERFORMANCE-BASED INCENTIVE SYSTEM

The premium consists of two parts: a fixed part (60%) and a variable part (40%). The fixed portion of an incentive (60%) does not change and is paid to the employee at the end of each month. The variable part (40%) is related to the results of the performance evaluation.[38] There are two factors that determine whether an employee receives the variable portion of an incentive in full or only in part:

- the team's performance score applied to all members of a department, and
- individual performance.

The table below shows the three possible performance outcomes and their influence on the amount of the variable portion of an incentive that will be paid to an employee based on the performance evaluation score assigned to all members of a department.

Table 4. Relationship between performance results and the variable part of the incentive (source: MOU 2021)

RELATIONSHIP BETWEEN THE PERFORMANCE RESULT OF A SERVICE AND THE AMOUNT OF THE VARIABLE PART OF A PREMIUM	Performance Result of a service	% of the incentive to be paid to an employee
	More than 80% of the points	100% of the variable part
	Between 60 and 80% of points	50% of the variable part
	Less than 60% of points	0% of the variable part

With respect to individual performance, the variable portion of an employee's incentive can be reduced for each day of unjustified absence or as a result of disciplinary action. The disciplinary measures included in the hospital's code of conduct range from an unpaid leave of absence of a few days to a temporary suspension of up to three months (see "Disciplinary Measures" section).

PERFORMANCE INDICATORS

Performance indicators are included in the 2021 MOU for each function and for each department. It is specified that the performance evaluation must be carried out jointly by MSF and the MSP. Each indicator contains 2-3 rating elements and respective points to calculate the performance result.

[33] Confirmations of receipt and subsequent transfers of the employer's contribution to the CNSS and ACFPE were received by the MSF OCB administration at the Bangassou hospital.
[34] For more details, see Annex 8 of the 2021 MOU, pp. 3-5.
[35] Annex 8 of the 2021 MoU does not mention the contracted staff of the MSP.
[36] According to MOU 2021, p. 13 and Annex 8 of the PdA 2021, p. 6-7.
[37] According to MOU 2021, p. 13 and Annex 8 of the PdA 2021, p. 5.
[38] Annex 2 of MOU 2021, and not in the main text of MoU.

The performance indicators were revised by MSF's medical team in 2022. According to interviewees, these changes were made to simplify the performance evaluation process and to adapt the performance indicators to the current level of training of health workers taking on the role of nurses in HRUB. These revised indicators were applied in the evaluations in 2022-2023. The sources of verification have remained the same, although neither MSF nor the MSP has produced a written supervision report, which documents the evaluation process. In the field, the results of the evaluation are simply listed in a table.

PERFORMANCE REVIEW FREQUENCY, ROLES, AND RESPONSIBILITIES

Performance reviews and the performance-based incentive system were supposed to start in 2019, but in fact, the first performance review was conducted in the first quarter of 2022.[39] In addition, although the 2021 MOU stipulates that performance reviews must be conducted on a monthly basis, this has been replaced by quarterly performance reviews in 2022.[40] According to the 2021 MOU, the results of the monthly performance evaluations influence the amount of the variable part of the incentive staff receive for the following month. However, because of the switch from monthly to quarterly appraisals, the results of the performance appraisal are only reflected in incentive payments during the first month of the quarter. For example, if a service received 50% of the total performance points for the first quarter (January - March), the incentive is reduced by only 50% for the month of April, and the incentives return to 100% in May-June.

The 2021 MOU grouped all MSP and ConGes staff in the HRUB into two levels: managers (level 1) and employees (level 2). Each group has an evaluation committee made up of specialists from MSF, MSP and ConGes.[41] In reality, the composition of the Hospital Employee Evaluation Committee (Level 2) depends on the availability of the committee members.

To date, performance evaluations of the management team (Level 1) have not taken place. The 2021 MOU stipulates that in the absence of a performance appraisal, the variable part does not have to be paid. However, although the hospital's core team was not evaluated in the context of the incentive system, MSF paid 100% of the monthly premiums, as [42] well as monthly transfers of administrative fees (500,000 FCFA per month) to ConGes.[43]

According to interviewees, performance reviews for all departments in the hospital take approximately one week (5 business days). The evaluation committee does not set aside a specific period but visits a department at a randomly selected time and day, depending on the availability and working hours of the evaluation committee members. Upon arrival at a department, the evaluation team invites 3 or 4 people (chosen in random order, depending on their availability at the time of the visit) to participate in the performance review process. The assessors inspect the premises, the equipment, the medical and non-medical inventory, the quality of their maintenance and the cleanliness of the establishment. A site visit can be preceded or followed by an interview. During an appraisal interview, the staff of the department are asked to explain the procedures or protocols according to the structure of the performance indicators of a given service. The overall result of a department's performance is communicated immediately to the team at the end of their interview.

[39] The main text of the 2021 MoU was signed in Bangui in February 2021, but the eight annexes of the 2021 PoA, detailing the performance-based incentive system for staff on ConGes or MoH contracts, were finalised at the end of 2021.
[40] MSF. (2023). Annual Report 2022.
[41] Annex 2 of the 2021 MOU, p.2.; Article 3.4.2 of the 2021 PoA, p.14
[42] According to MOU 2019, page 11, section "Amount of Premiums"
[43] According to Annex 2, MOU 2019, page 6, section "HRUB expenses (4)"

DISCIPLINE

According to the 2021 MOU, a disciplinary committee is to be established to jointly assess serious violations of the Code of Conduct and Discipline. In practice, **the Disciplinary Committee does not function in the manner described in the 2021 MOU**.

According to the 2021 MOU, the ConGes and the MSP are responsible for the management of their employees assigned to the MSF project, including strengthening discipline in the workplace. In practice, the hospital's management team does not proactively monitor staff attendance, on-time arrival, or the issuance of disciplinary measures.

EVALUATION QUESTION 2: REVIEW OF MERIT, VALUE AND SIGNIFICANCE OF THE INCENTIVE SYSTEM

In this section, each objective of the PBI is evaluated in order to understand whether the performance-based incentive system is working, what objectives have been achieved, to what extent and why.

OBJECTIVE #1 OF THE INCENTIVE SYSTEM: TO ENSURE STAFF MOTIVATION

MSP and ConGes employees stated in individual and group interviews that their **motivation stemmed mainly from their professional vocation and their desire to continuously improve** in their work.

They all, without exception, expressed their gratitude to MSF for its presence in the region, for the continued support given to the hospital in Bangassou, for the training and guidance they received from MSF medical staff and the MSF Academy. They also stressed that they understood MSF's limitations as an institutional partner, knowing that MSF is not their employer.

Many interviewees in groups or individually suggested that the switch from an MSP or ConGes contract to that of MSF in 2017, and then MSF's return to their original MSP and ConGes contract, may have been a source of dissatisfaction for employees, impacting their motivation negatively. One of MSF's reports also briefly mentioned the change of contracts and employers as a likely source of demotivation for HRUB employees. [44]

There is no other document to substantiate the hypothesis of the alleged lack of motivation of MSP and ConGes staff working in the HRUB. There was no clear baseline to compare the level of employee motivation before 2017 and after 2019 (especially before and after the introduction of the incentive system). Although one of MSF's reports mentions the alleged lack of motivation of the employees, the motivation of the hospital employees has never been formally measured or evaluated.

As in Bangassou, MSF OCB is implementing its projects in the Bangui University Hospital with the support of 133 MSP and ConGes staff assigned to the Bangui hospital.[45] Free healthcare is one of the conditions of MSF's presence in the hospital, and MSF OCB introduced the performance incentive program in 2019.

[44]MSF. (2020). Bangassou HRUB Annual Report, 2019

[45] According to Annex 3 of the 2019 Memorandum of Understanding for Bangui Hospital, MSF has committed to providing incentives to 240 full-time positions at Bangui Hospital. The monthly payment table for June 2022 shows 133 people on the payroll.

It is difficult to compare the levels of incentives for most positions between the two MSF sites (Bangui and Bangassou), as the classifications and job titles are not the same. But for some positions, an approximate comparison is possible. It shows that there are significant differences, with the incentives allocated to Bangassou being significantly larger, for the positions that can be compared.

New questions that emerged from the data collected as part of the evaluation:

- If the hospital staff are motivated by their professional vocation and if the employees of the HRUB receive significantly higher incentives than in other projects, why was their motivation considered a problem?
- What are the reasons why it is necessary to motivate employees through a performance-based incentive system?
- Is motivation still an issue? If so, what is the source of employee demotivation and how can it be addressed?

The evaluation team examined two factors that are alleged to contribute to HRUB employees' dissatisfaction with incentive levels:

1. The income gap between MSF employees and MSP and ConGes staff.
2. Changes to the 2021 MOU regarding vacation leave and incentives paid for the duration of employees' vacation leave.

Since all staff at Bangassou hospital were transferred to MSF contracts in 2017, salaries were paid in accordance with MSF's salary grid from 2017 to 2019. In 2019, when MSP and ConGes employees returned to their respective employers, their salaries were turned into incentives (and divided into variable and fixed portions). A comparison of the incentives received by MSP and ConGes staff with MSF's net salaries shows that in 2019 the difference was not very significant.

Since then, MSF OCB has increased its employees' salaries twice following benchmarking studies conducted in CAR (and Bangassou) between 2019 and 2023. The benchmarking exercise did not include incentives for MSP or ConGes staff, as MSF is not their employer. HRUB staff also suggested that, in addition to differences in net wages, MSF employees are entitled to a daily allowance for days spent travelling, transportation costs and other benefits. MSP and ConGes employees have not received the same benefits since they returned to their employers in 2019. They claimed that they did not receive payment for overtime, transportation costs, seniority, and additional supervision after they were returned to their original contracts in 2019. In 2023, the pay gap between MSF contracted staff and hospital staff is four times greater for some categories than in 2019.

All hospital employees who participated in the evaluation shared a sense of unfairness in relation to the amounts of the incentive and the inequality between people working in the same hospital.

Another sensitive point raised by health workers in the ConGes and MSP is the current practice of dividing the total amount of their monthly premiums between a person who goes on annual leave and a replacement. HRUB staff said they did not take annual leave from 2022 as of this practice. According to the Employee Satisfaction Survey data, the majority of those consulted strongly disagreed with and opposed the decision to split the annual leave premium.

In summary, there is no obvious causality between the amount of the incentive and the motivation of the employees. What seems to play a role is the feeling of being treated unfairly and the feeling that the performance-based incentive system creates disparities between groups of staff working in the same hospital (but who have different employers).

GOAL #2 OF THE INCENTIVE SYSTEM: ENSURE 100% STAFF PRESENCE

The number of unjustified absences (leave without authorization from management) has been reduced as a result of disciplinary measures**.** In 2021, the total number of days of absence was 326, with each day of absence deducted from an employee's variable premium (50 people in 2021). In 2022, the number of unjustified absences fell to 139, with an average of 2.3 days of absence per person.

Deductions due to penalties or unjustified absences affect the variable part of the monthly incentive and only affect individual employees (not their team). The current performance appraisal process takes these penalties or deductions into account when evaluating the team's performance. There is a sharp increase in disciplinary deductions from employee premiums during the first quarter of 2023.

In contrast to the number of unjustified absences, the number of unauthorized sick leaves, sanctions, unpaid administrative leave, and temporary suspensions has increased significantly since 2021.

Except for ten incident reports, there is no other information recorded regarding the details of the various deductions, the reasons for the suspension, or any other disciplinary action at the hospital. **Of the 15 categories used at Bangassou Hospital, only categories 1 to 6 were disciplined for various reasons**. At the end of each month, ConGes sends MSF a list of people and a certain number of days to be deducted from individual incentives. The reasons for the deductions are usually stated in one word or sentence. MSF staff use this list to calculate the amount of incentive payments to be transferred to hospital employees.

The 2021 MOU does not provide for the participation of any employee representatives. There is no appeal or mediation procedure at Bangassou Hospital. In the absence of an independent ombudsman body - either a staff delegation, a representative of the labor commission or a representative of a trade union - there appears to be a lack of measures in place to ensure a fair and equitable disciplinary process.

The data shows a decrease in unwarranted absenteeism over time. In this respect, it appears that one of the objectives of the performance-based incentive system has been achieved.

But it appears that the current system disproportionately affects hospital employees in categories 1 to 6, who make up the largest group of ConGes staff, who are the lowest paid and potentially the most vulnerable to arbitrary sanctions or measures.

OBJECTIVE #3 OF THE INCENTIVE SYSTEM: TEAMWORK AND COHESION BY DEPARTMENT

The performance indicators included in the 2021 MOU and its annexes do not include indicators to measure teamwork, nor mechanisms to support teamwork and cohesion in the workplace. Performance results do not show (and are not related to) the team culture, which the performance system aims to reinforce. Nor are there any documents to justify the desire to emphasize team spirit and cohesion within the HRUB.

Overall, there is no evidence of a correlation between group assessments and the level of teamwork at Bangassou Hospital. The current performance appraisal system is based on sanctions and disciplinary measures, but it lacks tools and processes to promote good behavior or quality performance.

However, the data collected showed a direct link between the leadership skills of some supervisors and higher performance scores in their departments. It is unfortunate that there are no provisions to reward the problem-solving attitude and leadership abilities built into the current version of the results-based incentive system.

OBJECTIVE #4 OF THE INCENTIVE SYSTEM: QUALITY OF PERFORMANCE ACCORDING TO A SET OF PERFORMANCE INDICATORS

There are several challenges related to the application of performance indicators in the hospital, even though they were adapted to the context of Bangassou by MSF in 2022. These challenges include, but are not limited to:

1. The metrics currently used to evaluate team performance are indicators that are specific to each job or profession, not to a department or department.
2. There is no clear link between a job description (which does not exist for many employees), the skills required for each job, the actual skill level of a person hired for the position, and the overall performance of a unit or department.
3. The evaluation process considers the performance of the service on the day of the evaluation (not performance over a three-month period). However, in most cases, performance is assessed during an interview with 2 or 3 staff members who are available to represent a unit on the day of the evaluation. If these individuals are not responsible for (or not trained in) the tasks on the KPI list, they may respond inaccurately, which could lead to a lower performance score.
4. Other data collected in the hospital (e.g., review of patient records, observation of daily performance of medical procedures, evaluation of patient satisfaction) play no role in evaluating the performance of a department.
5. The system for calculating the result of a service's performance does not make it possible to know where improvements need to be made and where more attention needs to be paid to training and support.
6. Performance reviews do not consider systemic challenges – challenges outside a department's sphere of control – that affect healthcare workers' ability to deliver quality work. For example, one of MSF's reports mentions that supervisors and managers are forced to start all over every month due to staff turnover, as staff members they have trained in a procedure are displaced and replaced by new ones.

There is no accepted definition of quality of care, nor is there a frame of reference to measure the link between the quality of work done by hospital staff and the desired quality of care in the project.

The main objective of the 2021 MOU is to reduce mortality and morbidity rates. Patient satisfaction and collaboration with the MSP and ConGes are also included in the objectives to be achieved. Patient satisfaction is not directly related to the incentive system or the quality of care at Bangassou Hospital. But it can be a good indicator of the overall performance of the various departments in the hospital. MSF's annual reports for 2021-2022 aim to achieve ≥80% cumulative satisfaction of patients and their family members. Overall, in 2022, out of 881 patients interviewed at Bangassou Hospital, 684 participants said they were satisfied with hospital services.[46] [47] In addition, all of MSF's annual reports reflect the increasing number of patients hospitalized and consulted each year. [48]

The performance indicators included in the 2021 PoA are not achievable at the moment at HRUB. They do not correspond to the current level of skills available in the hospital.

EVALUATION QUESTION #3: WHAT ARE THE LESSONS LEARNED AND WHAT ADJUSTMENTS COULD BE MADE TO THE INCENTIVE SYSTEM?

These lessons can be divided into two groups:

- lessons learned directly from the experience of implementing the performance-based incentive system in HRUB.
- Factors which, at first glance, are not directly related to the incentive system, but which are nevertheless of great importance.

LESSONS TO BE LEARNED FROM THE EXPERIENCE OF IMPLEMENTING THE INCENTIVE SYSTEM IN THE HRUB

1. ***Performance appraisal is a complex system that requires the involvement of many stakeholders specialized in various fields, as well as dedicated resources.***

The performance management framework consists of four phases: planning, evaluation and monitoring, development of skills and competences, and recognition of good performance. For the incentive system to produce the desired results, a group of specialists must work together to put in place plans, processes and a budget for each phase.

Until now, the implementation of the incentive system has been the responsibility of MSF's medical team in Bangassou. [49] [50]In the future, the Bangassou project is expected to benefit from a coordinated action plan and greater specialized support.

2. ***A roadmap is needed to enable nurse aids (sécouristes), who work in the HRUB, to become qualified nurses.***

Current performance indicators cannot be achieved because most of the health workers employed by the ConGes have been trained as nurse aids (sécouristes). They perform the duties of registered nurses without having the necessary skills. This does not mean that performance indicators should be revised

[46] MSF (2022). HRUB Patient Satisfaction Survey Report. October 2022
[47] 20220126_CF108_Projet_Bangassou_Annuel 2021
[48] Ibid
[49] Nursing care. Referent Bangassou Field Visit Report_OCT2022.pdf p. 9
[50] MSF. (2021). Bangassou Project, Annual Report 2021, January 26, 2022, version.

downwards. In this regard, a roadmap is needed to show how first responders can become registered nurses. This roadmap should include:

- an assessment of current skills,
- current knowledge and skills, as well as
- a training plan to follow to become professional nurses.

Most professional associations have developed competency dictionaries and competency assessment tools for each specialization (e.g., emergency room nurses, supply chain specialists, etc.). These skills tools can be adapted to the context of Bangassou without much investment.

3. Gain a better understanding of employee motivation and refrain from monetary incentives.

The MSF OCB Directive on Associated Personnel Management (dated 2013) did not recommend that MSF OCB projects engage in individual performance appraisals or appraisals, as this procedure is the responsibility of the employer. In addition, the Directive suggested that monetary motivation should be avoided:

> "Monetary incentives often undermine the working relationship between MSF and its partner and often overshadow operational objectives, support and skills transfer." "[51]

The MSF directive also states that:

> "The performance-based incentive violates one of MSF's core principles, which is equal treatment of beneficiaries. The introduction of a monetary incentive, especially if it is individual, encourages workers to differentiate their efforts according to set objectives, which is not desirable. By setting and monitoring the achievement of objectives, it clearly implies that MSF is the employer. »[52]

In this regard, the 2021 MOU focused the objectives of the performance process on teamwork at Bangassou Hospital, but it allows for deduction of incentives based on individual performance. In addition, it is unclear what type of evidence was used to understand staff motivation and what type of data led to a link between staff motivation and pay. Finally, the performance indicators do not consider the lack of specialized skills of the majority of hospital employees, due to the scarcity of available human resources.

It appears that the motivation of HRUB employees was poorly understood during the design phase of the incentive system. It would be interesting to take better account of the sources of motivation of employees and to restructure the incentive system accordingly. An incentive system based on the promotion of professional integrity could give HRUB better results than the current system of deductions from monthly incentives, especially since it is the sense of unfairness and inequality of this system that is the main source of employee dissatisfaction.

4. Obtain consent and support from the ConGes and the MSP from the start of the project.

MSF renewed the MOUs with the MSP at the level of the capital; Once the MOUs were signed by the MSP, the hospital's management team had no choice but to accept its provisions: in addition to the

[51] MSF. (2013). Managing Working Relationships with a Partner and Employees. HR Department, MSF Brussels Operational Centre. pp. 20-23.

[52] Ibid.

usual challenges of running the hospital, they had to deal with the negative reaction of staff members to the change in contract (and the drop in incentive levels). The support and collaboration of all stakeholders at different levels, from the initial discussions, would ensure better collaboration and a better chance of success for all.

LESSONS TO BE LEARNED ON SYSTEMIC FACTORS INFLUENCING THE HRUB INCENTIVE SYSTEM

If systemic factors are considered, the HRUB incentive system and its implementation process would look different.

1. ***Staff development strategies need to be aligned at the hospital and national levels.***

As noted at the beginning of the report, the country is facing a profound shortage of health personnel to meet the demand of the population. It is also struggling to provide its own training, skills development, continuous professional improvement, and adequate remuneration for its current health staff.

After reviewing a series of interventions at Bangassou Hospital from 2014 to 2023, it is safe to conclude that a sustained effort to strengthen the medical skills of local health workers leads to a significant reduction in mortality rates. In the years when MSF tried to reduce mortality rates with its own medical staff, and without adequate training of hospital ConGes and MSP staff, the results were more modest than in the years when MSF adequately mentored hospital staff.

Several departments and units have organized training sessions to improve clinical outcomes within the hospital. These figures reflect the considerable financial and human investment made by MSF in the training of hospital staff. However, the skills acquired, and the training certificates obtained through MSF trainings are not currently recognized by the MSP. They also cannot be credited for medical programs as part of the recognition of skills programs acquired by universities. In this regard, MSF could consider supporting the MSP in the development of nursing skills, as part of the wider education system in which medical training programs are developed and implemented.

2. ***Evaluation data demonstrated the need to revise MSF's partnership strategies to make them more equitable and inclusive.***

Many evaluation participants expressed reservations about MSF's ability and experience to maintain strong partnership relationships with the MSP (in general). It was recognized that MSF's overall institutional strategy aims to develop this capacity to co-manage hospitals in the countries of intervention (rather than taking 100% control of a hospital). Many of those consulted said that it was easier to run a hospital when MSF took care of all aspects of hospital management. At the same time, the intention to ensure a more sustainable handover of a project in the future requires long-term thinking and investment in the development of qualified and competent staff in hospitals. The evaluation team identified only one document that specifically addresses aspects of human resource management in a hospital supported by an MSF project, although the issue deserves much more.[53]

In CAR, MSF has signed MOUs with the MSP at the capital level, as the organization traditionally does in many other contexts. In the case of the HRUB, it might be useful to consider the interests of two other groups (of stakeholders) before concluding a Memorandum of Understanding: the ConGes

[53] MSF. (2013). MSF OCB Guideline: Managing work with a partner and its employees. Prepared by national staff and MSF OCB HR/HRP Legal Counsel. Approved September 11. 2013.

(which should be composed of elected members of the community and appointed staff members of the MSP) and the health staff working in the hospital as separate entities, as people who have their own identity, abilities and needs.[54]

In addition, the text and wording of all MOUs signed between MSF and the MSP seem to focus mainly on MSF's needs and demands. It includes various obligations of the MSP and the ConGes. The text of the 2021 MOU does not look like an agreement between equal partners.

3. The challenges of a policy of free health care

Representatives from the MSP and ConGes agreed that free care is beneficial to the community and to the population at large. But the lack of any income seriously hampers the hospital's ability to become financially viable.[55] The policy of free care, imposed by MSF OCB, also means that the hospital in Bangassou will depend on external funding for decades to come. Such dependency could lead to the atrophy of the skills of the ConGes (not just the management team) to independently cope with and manage the increased demand for care, resulting in a higher workload, shortages of staff and medical supplies. In this regard, the report on the internal capitalization of the MSF project in Lubutu suggested setting up and strengthening a hospital management system that will remain in place after MSF's departure.[56] This requires greater engagement across the health system and a focus on sustainable quality of care.[57, 58]

5. There is no monitoring and evaluation system in the HRUB, nor is there any collection and analysis of data related to performance or monitoring of disciplinary measures.

If MSF OCB wants to learn more from this experience in HRUB, there is a need to put in place rigorous resources (FTE, budget) and processes to document the implementation of the performance-based incentive system. Otherwise, information and know-how will be lost, as has already happened in other projects where the incentive system has been implemented in the past (for this evaluation, evaluators tried unsuccessfully to access documentation from other initiatives).

6. The evaluation team received various allegations of abuse of authority, instrumentalization of performance evaluations in the presence of MSF staff and observed a lack of encouraging and respectful of supervision at HRUB.

During data collection, the evaluator received allegations from hospital staff regarding various forms of abuse of power, corruption and unethical behavior by non-MSF staff. MSP and ConGes staff said they had addressed their questions to their respective employers on numerous occasions. MSP and ConGes staff did not address their problems with MSF, knowing that MSF was not their direct employer. However, all suggested that MSF was aware of the challenges that hospital staff faced on a daily basis.[59]

There is no formal complaint or feedback mechanism for hospital staff to escalate their complaints to their employer, or to MSF. Employee delegation elections were scheduled to take place in May 2023,

[54] For example, see MSF. (2019). OCB Operational Outlook 2020-2023. The report mentions "health care workers" 2 times and the word "patient" was used 91 times.
[55] See also Report on the Internal Capitalization of the MSF Lubutu Project 2006-Early 2011, by Dominique Lambert. Source: MSF (2011)
[56] Ibid
[57] Jordan et al. (2021). Quality in Crisis: A Systematic Review of the Quality of Health Systems in Humanitarian Contexts. Conflict and health. 15:7.
[58] Kersten, R., et al. (2013). Too complicated for the field? Measuring the quality of care in humanitarian aid contexts. 2013; 6(1):20311.
[59] MSF was copied on the memo written by Ministry of Health and ConGes staff dated 25 July 2022. In the note, six issues were set out, including the absence of an employment contract, payslips, inability to elect staff representatives and grievances related to incentives paid during annual leave.

for the hospital staff under MoH or ConGes contract, but the event was cancelled at the last minute. In the absence of employee representation, there is no mechanism for mediation or recourse in case of disagreement regarding the employment contract, working conditions, disciplinary measures, etc.[60]

Other complaints were received by the evaluation team, such as:

- The performance appraisal process being instrumentalized.
- Disciplinary measures and procedures applying them lack consistency and clarity.
- A lack of transparency in the recruitment process was raised in many community meetings;[61]
- There are tensions over repeated requests for a formalized employment contract with the Bangassou hospital and monthly pay slips. Proof of employment should be provided to MSF administration to ensure monthly transfers of incentives to staff in a timely manner. It appears that MSF never asked the hospital's management team for proof of employment.[62, 63]

The evaluator observed negative attitudes on the part of managers or supervisors towards hospital employees, and some staff evaluation reports and assessments reflect negative attitudes towards people working in the hospital.

7. *There are a number of factors that influence the ability of ConGEs and MSP staff to work effectively, acquire new skills and competencies, and contribute to the quality of care within HRUB.*

The working environment and decent working conditions of health workers are closely linked to the quality of care and, of course, the motivation of employees. Exposure to conflict, insecurity and psychological risks (as described in MSF's report on psychosocial risks[64]) in the workplace can have a negative influence on people's abilities to learn and apply the knowledge acquired at work, these risks affect the health and motivation of employees.[65],[66]

Rushing a lot of training and technical information in a short period of time, in the hope of improving the overall level of competence at Bangassou Hospital, can only add to stress, fatigue, and create a sense of inadequacy. For example, some trainees did not have access to the internet, computers or laptops needed to access e-learning. The MSF project struggled to integrate learning hours into staff rotation and team planning, which significantly hampered the effectiveness of the training program.[67]

[60] International Labour Organization (ILO). (2022). Global Wage Report 2022-23: The Impact of Inflation and COVID-19 on Wages and Purchasing Power. Geneva: International Labour Office, 2022.
[61] MSF. (2023). Preparation for the 2023 Roundtable: Synthesis of Feedback Received by the Bangassou Community, HRUB and Axes
[62] Note from the staff of Bangassou Hospital dated 25 July 2023, addressed to the President of ConGes, Bangassou Hospital.
[63] From MoU 2021: "Without these documents, MSF reserves the right to refuse to participate in the financing of incentive awards."
[64] Feïdangare, P., Esuele, G. (2022). Psychosocial Risk Analysis (PSR) report of the Bangassou project. Staff Health Psychologists, October 14, 2022, version.
[65] Source: Central African Republic: National Recovery and Peacebuilding Plan 2017-2021. https://fpi.ec.europa.eu/system/files/2021-05/car_-_main_report_final_en.pdf
[66] MSF. (2021). Healing the Visible and Invisible Wounds of Sexual Violence in CAR. Project update. Published on April 13, 2021. Retrieved May 16, 2023, from https://www.msf.org/car-healing-visible-and-invisible-wounds-sexual-violence
[67] MSF Academy 2021 Activity Report. May 2022

CONCLUSIONS

The performance-based incentive system is being implemented in a context of limited resources and considerable instability. It is also marked by a lack of support and collaboration between key institutional actors. It is difficult to set up a performance appraisal system that encourages health workers, stimulates learning and professional growth, even in stable and resource-intensive contexts. In this regard, the MSF team's first attempt to put the provisions of the 2021 MOU into practice is a remarkable effort.

Performance management influences and is influenced by all organizational processes; it does not exist in isolation. The findings of this report have identified a number of challenges, but it is not necessary to address them all at the same time. The data in this report is not intended to discourage further testing and experimentation, but rather to encourage a long-term view.

All MSP and ConGes staff members said they appreciated receiving feedback on their performance. All suggested that performance reviews are necessary in the hospital to know the performance of employees and how each of them can improve professionally.

The introduction of the performance-based incentive system cannot be done in a hurry. This is a long-term development project that requires a long-term commitment. It also requires the commitment and support of all stakeholders, from frontline workers in Bangassou to decision-makers at the regional and international levels. Metaphorically, MSF is building a bridge by crossing it, moving from emergency response to the development of a hospital in Bangassou, a phase in which it has less experience as an institution.

RECOMMENDATIONS

⇒ RECOMMENDATION 1:
Review the performance-based incentive system and its objectives.

It would be useful to include health workers in the design of performance appraisal processes and in the establishment of performance conditions. It is up to those involved in the project to make decisions on the future of the incentive system, with the hope that the data presented in this report will be taken into account.

It could be useful to systematically document all experiences and put in place processes to monitor the effectiveness of the performance-based incentive system over time.[68] The lack of functional monitoring and evaluation systems significantly reduces the possibility of collecting quality data and drawing accurate conclusions based on reliable evidence.

Consider developing a set of new hypotheses about staff motivation, quality of care, and teamwork. It could also help direct and focus resources on developing health workers' skills and objectively verifiable performance indicators. Future changes could also include, but are not limited to, defining performance management, compensation and benefits, the work environment, as well as the desired state of success, to be achieved as a result of an improved results-based incentive system. All adaptation and improvement efforts must be accompanied by adequate resources and support within MSF, including adequate human resources expertise.

Future adjustments in performance reviews should first be tested in small groups, which will not create major risks for staff and those implementing this system. But these small experiments and tests will allow MSF to see what might work and what would not.

[68] WHO. (2021). Policy levers to improve health workforce performance for compassionate and respectful care. Geneva: WHO Observer Series on Human Resources for Health No. 26.

⇒ **RECOMMENDATION 2:**
Reconsider partnership strategies.

Many collaborative efforts are launched quickly, especially in emergency situations, during acute humanitarian crises. However, in the long run, partnership requires a thoughtful and intentional approach. Having two or more partners engaged in a collaborative project requires effort, resources, and coordination. MSF may need to revisit where its institutional partnership strategies fall into outdated neo-colonial traps (e.g., the language and direction of the MoU) and where it should recalibrate for a more equitable partnership.[69]

This could mean that MSF will have to support and accept the priorities of ConGes, MSP and health workers and the decisions they make about their own futures. Although MSF, on the one hand, provides key resources (logistical, financial, medical) and support (in terms of human resources, discipline, training), it should also create conditions for the MSP and ConGes to contribute as equal partners. It could be useful to include ConGes in the joint development of future adaptations of the incentive system and the text of the Memorandum of Understanding. The inclusion of health workers as a stakeholder group in the success of the MSF project also means that MSF needs to transform its partnership approach at all levels of the hospital.[70]

⇒ **RECOMMENDATION 3:**
Creating an environment free from bias and discrimination

The evaluation data highlighted a number of grievances made by hospital employees but not addressed. This can have a negative impact not only on some employees, but also on the future of the MSF project, its image and credibility. The coordination mechanism between the ConGes and the MSF project is to be implemented as described in the 2021 MOU. In addition, it may be useful for MSF as well as ConGes and MSP to follow up on complaints and take steps to ensure fair and equitable human resource management practices within the hospital. Improvement of the incentive system can only occur in a psychologically safe environment; When employees feel safe enough to openly disclose their concerns, they feel greater job satisfaction and are more productive.

[69] For ideas for inspiration and partnership framework, see: Tamarack Institute. (2015). A Guide to Building Sustainable and Resilient Collaboration https://www.tamarackcommunity.ca/fr-ca/library/10-un-guide-pour-b%C3%A2tir-une-initiative-collaborative-p%C3%A9renne-et-r%C3%A9siliente

[70] Cougot et al. (2019). Impact at two years of an intervention on the empowerment of healthcare teams: study protocol of a randomized controlled trial in a large French university hospital. BMC Health Services Research. (2019) 19 :927 https://doi.org/10.1186/s12913-019-4724-7

⇒ **RECOMMENDATION 4:**
Create or update MSF guidelines for more equitable and inclusive partnership strategies and the management of health workers assigned to MSF projects.

Given the almost total lack of awareness of the 2013 MSF OCB document (*Managing Labour Relations with an Associate and Employees*. Human Resources (HR) Department, MSF Operational Centre Brussels) it would be useful to review other existing or similar policies. These guidelines should be reinforced by MSF's strategic commitments, operational models, indicators, and clear institutional accountabilities.

Stockholm Evaluation Unit
http://evaluation.msf.org/
Médecins Sans Frontières

Khurshida Mambetova and Mubariz Tariq
Independent Evaluators
(www.kmambetova.com)
October 2023