TECHNICAL ASSISTANCE TO THE "CAISSE NATIONALE DES ORGANISMES DE PREVOYANCE SOCIALE "(CNOPS)
# TABLE OF CONTENTS

1. INTRODUCTION 1
   1.1 Background 1
   1.2 Objectives 1
   1.3 Rationale 1

2. DESCRIPTION 2
   2.1 Activities 2
   2.2 Expected Outcomes 2

3. COSTS AND FINANCING PLAN 2
   3.1 Cost estimates 2
   3.2 Financing plan 2

4. PROCUREMENT ARRANGEMENTS 3

5. IMPLEMENTATION SCHEDULE 3

6. FINANCIAL ARRANGEMENTS 3
   6.1 Disbursement Arrangements 3
   6.2 Suspension of disbursements 4
   6.3 Letter of Agreement 4

7. CONCLUSIONS AND RECOMMENDATIONS 4
   7.1 Conclusions 4
   7.2 Recommendations 4

ANNEXES

<table>
<thead>
<tr>
<th>ANNEX</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Terms of reference</td>
</tr>
<tr>
<td>II</td>
<td>Detailed costs</td>
</tr>
<tr>
<td>III</td>
<td>Form duly completed and signed by the Ministry of Finance and Privatization</td>
</tr>
</tbody>
</table>
1. INTRODUCTION

1.1 Background

1.1.1 In December 2002, the Bank approved a loan of UA 80 million to finance the Medical Coverage Reform Support Program (PARCOUM) in Morocco. In this sector, it is the “Caisse Nationale des Organismes de Prévoyance Sociale” (CNOPS) that manages (registration, cost recovery, reimbursement of expenses, payment of claimants, etc.) the Compulsory Health Insurance (CHI) scheme for public sector workers and retirees. As a federation of mutual insurance companies, CNOPS manages the healthcare structures of such companies. In January 2006, the Government of Morocco applied for financing for CNOPS through the Technical Assistance Fund for Middle Income Countries (MIC-TAF). The idea is to obtain technical assistance to implement a communication strategy for the benefit of all CHI stakeholders, and institute a modern management system that will enhance the efficacy and efficiency of CHI operations conducted by CNOPS.

1.1.2 After considering this request in consultation with the Regional Country Department (ORNB), the Bank asked the Borrower to complete an application form for financing from MIC-TAF resources. A completed model of the form was sent to the Government of Morocco (GOM) in March 2006. In April 2006, the GOM forwarded the duly completed financing request form to the Bank for consideration.

1.2 Objective

The objectives of such technical assistance are: (i) to implement a global communication strategy targeting public sector policyholders and public authorities involved in CHI implementation; and (ii) to institute a modern and efficient CHI management system within CNOPS.

1.3 Rationale

1.3.1 Grassroots health insurance reform constitutes the backbone of Morocco’s health system reform and enjoys the support of donors, especially the European Union and the Bank. The goal of PARCOUM is to institute universal health insurance by introducing compulsory health insurance (CHI) for public and private sector employees and a medical assistance scheme for economically dependent persons (RAMED), reform of hospital management, the implementation of a social policy on pharmaceuticals and institution building at the Ministry of Health.

1.3.2 As a key actor in the reform process, CNOPS has developed satisfactory mechanisms that keep its initial missions separate from CHI. In a bid to restore the financial stability of CNOPS and facilitate the assumption of its new CHI duties, the Government has completely settled all debts and claims between CNOPS and its partner healthcare structures, including public hospitals.

1.3.3 In an attempt to improve healthcare quality and the management system of CNOPS, which are priority goals of the CNOPS action plan for 2005-2009, the Government of Morocco submitted a request to the Bank for the use of MIC-TAF resources.
2. DESCRIPTION

2.1 Activities

The main activities are: (i) implementing a communication strategy that targets public sector employees and retirees, as well as public authorities involved in CHI implementation; and (ii) instituting a modern CHI management system (computerized management, procurement of appropriate software, staff training). A paper on the new communication strategy and the various stages for instituting the management system is presented in Annex I of this Memorandum.

2.2 Expected Outcomes

The main expected outcomes are: (i) information and sensitization of healthcare providers, beneficiaries and public authorities on the content of the law instituting CHI and on the rights and obligations of the various stakeholders in the process; and (ii) efficient management of CHI services by CNOPS.

3. COST AND FINANCING PLAN

3.1 Cost estimates

The total cost of this assistance, net of taxes, is estimated at UA 768,350, of which UA 577,080 is in foreign exchange and UA 191,270 in local currency. The table below presents a breakdown of project costs by component.

Table 3.1
Summary of Project Costs by Component

<table>
<thead>
<tr>
<th>COMPONENTS</th>
<th>In UA million</th>
<th>Foreign Exchange</th>
<th>Local Currency</th>
<th>Total</th>
<th>% Foreign Exchange</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Implementation of a communication strategy for public sector employees and retirees as well as public authorities involved in CHI implementation</td>
<td>352.37</td>
<td>18.70</td>
<td>538.07</td>
<td>65.4</td>
<td></td>
</tr>
<tr>
<td>2. Institution of a modern management system in CNOPS</td>
<td>207.90</td>
<td>0</td>
<td>207.90</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>3. Contingencies</td>
<td>16.81</td>
<td>5.57</td>
<td>22.38</td>
<td>75.0</td>
<td></td>
</tr>
<tr>
<td>TOTAL COST</td>
<td>577.08</td>
<td>191.27</td>
<td>768.35</td>
<td>75.0</td>
<td></td>
</tr>
</tbody>
</table>

3.2 Financing Plan

This assistance shall be financed by the MIC-TAF and the Government of Morocco. MIC-TAF resources, amounting to UA 600,000, or 78% of total project costs, will be used to finance 100% of costs in foreign exchange and 12% of costs in local currency,
while the Government’s contribution (UA 168,350) will finance 88% of costs in local currency. The financing plan is summarized

<table>
<thead>
<tr>
<th>Source</th>
<th>Foreign Exchange</th>
<th>Local Currency</th>
<th>Total</th>
<th>Percentage of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIC-TAF</td>
<td>577.08</td>
<td>22.92</td>
<td>600.00</td>
<td>78%</td>
</tr>
<tr>
<td>Government</td>
<td>0</td>
<td>168.35</td>
<td>168.35</td>
<td>22%</td>
</tr>
<tr>
<td>Total</td>
<td>577.08</td>
<td>191.27</td>
<td>768.35</td>
<td>100%</td>
</tr>
</tbody>
</table>

4. PROCUREMENT ARRANGEMENTS

Consultancy services for the project shall be procured through a shortlist while goods shall be procured by local shopping. In both cases, the Bank’s rules of procedure on procurements shall apply.

5. IMPLEMENTATION SCHEDULE

5.1 Consultancy services for drafting the communication strategy and instituting an efficient management system for CNOPS shall be provided over a period of 12 months in accordance with the following projected schedule for the various activities:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Responsibility</th>
<th>Deadline</th>
<th>Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government request</td>
<td>Government</td>
<td>January 2006</td>
<td>23.01.2006</td>
</tr>
<tr>
<td>Processing of MIC-TAF application</td>
<td>ADB</td>
<td>April /May 2006</td>
<td>24.05.2006</td>
</tr>
<tr>
<td>Approval of grant</td>
<td>ADB</td>
<td>August 2006</td>
<td></td>
</tr>
<tr>
<td>Preparation of shortlist</td>
<td>Government</td>
<td>August 2006</td>
<td></td>
</tr>
<tr>
<td>Bid submission</td>
<td>Government</td>
<td>September 2006</td>
<td></td>
</tr>
<tr>
<td>Bid evaluation</td>
<td>Government</td>
<td>September 2006</td>
<td></td>
</tr>
<tr>
<td>Opinion on the evaluation report</td>
<td>ADB</td>
<td>October 2006</td>
<td></td>
</tr>
<tr>
<td>Award of contract</td>
<td>Government</td>
<td>November 2006</td>
<td></td>
</tr>
<tr>
<td>Commencement of services</td>
<td>Consultants</td>
<td>November 2006</td>
<td></td>
</tr>
<tr>
<td>Completion of services</td>
<td>Consultants</td>
<td>October 2007</td>
<td></td>
</tr>
</tbody>
</table>

5.2 Project activities shall be coordinated by the Director of CNOPS.

6. FINANCIAL ARRANGEMENTS

6.1 Disbursement Arrangements

6.1.1 Disbursements shall be made through a Special Account opened to that end by the Government. Grant resources shall be deposited in this account. All grant disbursements shall be governed by the Bank’s regulations on disbursements.

6.1.2 The opening of the Special Account shall be one of the preconditions for disbursement of MIC-TAF resources.
6.2 **Suspension of Disbursements**

Disbursements of MIC-TAF resources shall be governed by the Bank’s regulations in general and those on suspension of disbursements in particular.

6.3 **Letter of Agreement**

After approval of the request by the ADB, the Legal Department (GECL) shall prepare a letter of agreement based on the format presented in Annex 3 of the Administration Guidelines and the use of MIC-TAF resources. The duly authorized representatives of the Ministry of Finance and Privatization, acting on behalf of the Government of Morocco, shall be signatories of the agreement on behalf of the Government.

7. **CONCLUSIONS AND RECOMMENDATIONS**

7.1 **Conclusions**

7.1.1 The Compulsory Health Insurance (CHI) scheme currently instituted in Morocco is part of a broad-based reform drive whose implementation requires modernization in the organization of management structures like CNOPS. Communication and management procedures are among the priorities of CNOPS’s strategic action plan and their development will help to enhance governance and the quality of services provided to policyholders and also institute management transparency within CNOPS.

7.1.2 To that end, the technical assistance to be financed with MIC-TAF resources will help CNOPS to develop its communication strategy and improve the efficiency and efficacy of its management system with regard to CHI.

7.2 **Recommendations**

It is recommended that a grant, not exceeding UA 600,000 be awarded to the Government of Morocco from MIC-TAF resources to provide technical assistance to CNOPS as described above. This grant shall become effective upon fulfillment of the following condition by the Government of Morocco:

**A. Condition precedent to disbursement of MIC-TAF resources**

The opening of a special account in a local commercial bank acceptable to the Bank in which the MIC-TAF grant resources shall be deposited.
ANNEX I

NOTE ON THE COMMUNICATION STRATEGY TO BE IMPLEMENTED AND STAGES IN THE SETTING UP OF A MANAGEMENT SYSTEM

A. NOTE ON THE COMMUNICATION STRATEGY OF CNOPS

The advent of compulsory health insurance makes it imperative for CNOPS, which manages such insurance for the public sector, to re-adapt its governance, organisational and managerial mechanisms.

Indeed, such re-adaptation is even a matter of utmost priority. Several measures have already been taken to that end, in particular information and communication systems reform, improvement of human resource management, the institution of a service quality control system, etc.

PRINCIPLES

The fundamental principles upheld by CNOPS in CHI implementation are:

- **Progressivity**: progressive expansion of benefit coverage (outpatient treatment);
- Reinforcement of **solidarity** and **equity**;
- Preservation of **vested benefits**;
- **Sustainability**: permanent protection of the financial stability of the system;
- Consultation: involvement of social partners and professionals;
- **Good governance**.

In this vast renovation drive, CNOPS must use structured communication to underpin all attempts to revitalize its missions, by consolidating its public standing and mobilizing its staff.

COMMUNICATION OBJECTIVES

This document provides ideas for strategic reflection with a view to structuring the future communication of CNOPS. Its main objective is to address the following questions:

- Why must CNOPS communicate differently in order to ensure its own improvement (objectives)?
- How can such communication be optimized (actions)?
- Who are the beneficiaries of such communication actions (targets)?
- What is the content of such actions (messages)?
- What means are needed to channel such messages (tools)?

The overall communication strategy shall be merged with the strategic action plan of CNOPS to ensure greater involvement of the staff and the public, create synergy with partners and communicate on the various aspects of this action plan, its status and prospects.

The recommendations proposed in this document for targeting the staff and the public will constitute the foundation of CNOPS’s general communication framework. The objective is to ensure that each strategic guideline is matched with the tools that will make it possible to attain the set objectives.
ASSUMPTIONS

These recommendations are based on certain fundamental assumptions that will serve as the foundation for all communication actions implemented by CNOPS:

- Develop a communication reflex by instituting a communication culture that should involve all professional categories within CNOPS;
- Structure communication decision-making by setting up an operational network that is fast and flexible;
- Communicate coherently using the same principles (missions, projects, implementation, difficulties, etc.) in order to project a coherent image of CNOPS and by integrating all actions into the general communication strategy;
- Engage in targeted communication by identifying the relevant target populations, tools and the right moment for optimizing the impact of all actions;
- Take a long-term perspective for all communication actions by avoiding short-term, isolated, duplicated and often limited actions.

THE CNOPS ENVIRONMENT

CNOPS operates in an environment that is replete with challenges. Although it has more than 50 years of relevant experience and expertise in social insurance, the fact remains that the environment is constantly changing and the challenges are increasingly complicated.

STRENGTHS AND CONSTRAINTS

* Strengths:

  1- Leading national insurer in the area of social insurance: 8 mutual companies, close to 2.5 million beneficiaries (close to 85% of State employees are already covered);
     - Fifty years experience in promoting public mutual funds for socio-economic stakeholders;
     - Expertise in health insurance (relations with policyholders, healthcare providers and professional bodies);

  2- A new law (65/00) instituting compulsory health insurance which has generated new modes of governance (modern), improved organization, and the adoption of an efficient healthcare control system.

  3- Ongoing modernization of CNOPS.

* Constraints:

  1. Institutional shortcomings in financial governance;
  2. A healthcare delivery system that does not encourage cost control;
  3. Lack of a reliable information and IT system that promotes integration (CNOPS – mutual companies);
  4. Aging of the population and limited recruitment into the public service;
  5. A negative image of CNOPS as a structure characterized by inefficient management.
CHALLENGES

The main challenges for CNOPS and the mutual companies relate to:

- successful management of the CHI;
- control of healthcare costs;
- maintenance of financial equilibrium, given the ageing of the insured population, the growing cost of medical technology, the emergence of new diseases that are costly to treat, the growing list of diseases covered by the CHI, etc;
- introduction of the concept of quality in customer reception, processing of disease and claims files, medical control, information and communication, human resource management, etc;
- Opening up to active partners to consolidate exchanges;
- Successfully ensuring coordination with mutual companies, ANAM, CNSS and the supervisory ministry.

To address the above challenges, CNOPS has designed a strategic action plan that will run till 2009, which provides for implementation of policies aimed at:

- ensuring the successful implementation of CHI;
- enhancing the quality of services provided to policyholders;
- attaining and maintaining financial equilibrium;
- consolidating the management framework; and
- developing an active partnership.

LINKAGES

CNOPS’s communication strategy operates in line with the above guidelines to ensure better internal and external dissemination of information using appropriate, varied and community-based tools. It is a guidance and support strategy aimed at:

Internally:

- disseminating and sharing the objectives of this strategic action plan;
- rallying all the staff to successfully take up this strategic commitment;
- promoting membership and action in order to encourage a mindset that is oriented towards change and mobilization which are indispensable to the success of the CHI;

Externally:

- involving the public in the plans of CNOPS;
- boosting relations between CNOPS and policyholders, the administration, various mutual companies, healthcare providers and the press;
• enhancing the image of CNOPS in the eyes of policyholders through direct and indirect actions by maintaining professional and regular contact with the media.

**Attainment of these objectives requires a clear stance, appropriate messages, diversified tools, the introduction of communication into the strategic plans of CNOPS and regular assessment of the mechanism.**

**STANCE**

The communication strategy of CNOPS is aimed at:

- affirming that CNOPS is manager of the CHI for the public sector;
- highlighting the know-how of CNOPS in the area of social insurance and health insurance;
- emphasizing the new quality approach in customer reception, files and claims management and policyholder information.

This stance has to be strong enough to enable CNOPS to stand out in the area of CHI, express its know-how and fully implement the quality approach in management and relations with the external public.

**OBJECTIVES**

The communication strategy of CNOPS should target two objectives, internally and externally: an image objective and a service quality objective. These two objectives are inter-related and complementary.

* **Image objective**

  - Raise awareness on CNOPS’s role as the manager of Compulsory Health Insurance and on the ultimate goal of basic health insurance which CNOPS helps to attain;
  - Raise awareness on the role of mutual companies in the new dispensation and their relations with CNOPS;
  - Project a new image of CNOPS that is essentially based on:
    - **Concepts**: solidarity and equity;
    - **Principles**: protection of vested benefits, sustainability of the financial equilibrium of the scheme and consultation with social partners and health professionals;
    - **Expertise**: proven know-how in health insurance management;
    - **Plans**: a progressive effort to enhance the quality of CNOPS products and services.
  - Inform the public on the various reforms initiated by CNOPS to reorganize and restructure itself.
**Service quality objective**

- Highlight the specificity of CNOPS services:
  - Third-party payer especially for costly care;
  - Outpatient treatment and efforts made to shorten reimbursement periods for such treatment;
- Inform all partners of the principles that they need to respect to ensure the equilibrium and sustainability of the system.

**TARGET PUBLIC**

The communication strategy targets several publics for which specific tools and messages have to be designed.

* **Internal public:**

By regrouping staff members according to criteria such as post, needs and aspirations, CNOPS can analyze them separately with regard to training and execution.

Clear identification of these targets is necessary for determining actions to be implemented, adapting messages and selecting relevant tools. This is all the more necessary since CNOPS is adopting a recruitment policy that needs to be underpinned by well-targeted communication.

In general, the focal points are:

**Supervision**

- Be sensitive to changes and modern management methods such as communication;
- Develop a habit for written communication (circulars, memos, progress reports, press releases, etc.), with special focus on how information circulates;
- Encourage a quest for information on the mutual insurance sector, the daily activities of CNOPS and careers;
- Serve as an efficient relay that ensures the success of communication actions.

**Execution**

- "difficult" subjects (mostly technical) that are far removed from staff concerns (general information on CNOPS, company benefit schemes and careers);
- Staff dependence on rumors which is, in any case, symptomatic of a lack of targeted information in terms of form and content.

**External public:**

There are three types of external public:

- The direct or “insured” target population that benefits directly from CNOPS services;
- Target partners: institutional (the administration, healthcare providers, payment bodies, mutual companies);
- Influencers, indirect targets that serve as relays, notably the media.


**TOOLS**

Communicating within the framework of the CNOPS action plan requires the design and management of a set of tools necessary for targeted communication, internally and externally. Such tools are tailored to meet the needs of the various target publics of CNOPS, and are used for internal or external communication.
## Breakdown of the Strategic Action Plan into Communication Objectives

<table>
<thead>
<tr>
<th>Strategic Action Plan</th>
<th>Consistency</th>
<th>Communication objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure successful implementation of the CHI:</td>
<td>- Update texts</td>
<td>- Collection of legal instruments</td>
</tr>
<tr>
<td>- Agreement between CNOPS and mutual companies</td>
<td>- Delegation of management</td>
<td>- Press release;</td>
</tr>
<tr>
<td>- Separate the role of the insurer from that of the healthcare provider</td>
<td>- Comply with the legal provisions.</td>
<td>- Invite the press to the signing of the agreement;</td>
</tr>
<tr>
<td>- Register new policy holders</td>
<td></td>
<td>- Internal dissemination of information (posters);</td>
</tr>
<tr>
<td>- Prepare a new health insurance map</td>
<td>- Draft an article on current status and the option adopted and disseminate it to news agencies;</td>
<td></td>
</tr>
<tr>
<td>- Revise the file processing procedure</td>
<td>- Reliable media that cannot be forged</td>
<td>- Provide for an article on the reorganization of CNOPS;</td>
</tr>
<tr>
<td>- Adapt the claims management system</td>
<td>- Respect deadlines</td>
<td>- Publish a press release on the option adopted for public information;</td>
</tr>
<tr>
<td>Improve on the reception and information of policy holders</td>
<td>- Process claims rapidly</td>
<td>- Regular information of CNOPS staff.</td>
</tr>
<tr>
<td>Healthcare sheet</td>
<td>- Lay emphasis on service quality</td>
<td></td>
</tr>
<tr>
<td>- Inclusion of data required by the law.</td>
<td></td>
<td>A whole communication mechanism shall be designed for policyholders;</td>
</tr>
<tr>
<td></td>
<td>- Internal communication to raise awareness on new procedures;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Publication of procedures in the policyholder’s guidebook, on the web site and on the billboards;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Training on good reception criteria;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Preparation of a policyholder’s guidebook;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Pilot a communication campaign on the guide (TV and radio commercials, programs, posters, print media, etc.);</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Web site;</td>
<td></td>
</tr>
</tbody>
</table>
Community-based management

Regional branches

Call center

Web site

Partnership with government hospitals

Enhance customer reception quality

Cut expenditure

Develop the human resources function

Staff regulations
Recruitment of managerial staff
Further training plan
Voluntary departure program
New organization chart

- Documentary on the institution
- Publicize such community-based management by inviting the press to the launching operation;
- Press release providing information on new branches;
- Provide the branches with all forms of communication media available to CNOPS;
- Adopt the same VIS;
- Publish the addresses of these branches in the policyholders handbook and on the web site;
- Stimulate the regional press to inform the local population;
- Train the staff on the rules of good reception.

After addressing the staff should then orient the caller to the web site and handbook. CNOPS audio messages could broadcast to the caller as he waits to be put through.

The communication tool shall be used as a medium from which the following can be downloaded:
- the CNOPS journal (articles written on CNOPS);
- the handbook;
- the new healthcare sheet;
- procedures;
- all publications (brochures, fliers, etc.);
- the range of paid services provided by CNOPS;
- CNOPS: background, mission, potential, etc.

Sensitization by e-mail
Share customer reception training modules;
Organize a national day on good governance and the involvement of public hospitals

Production of an internal e-bulletin;
Director’s letter;
News flash;
Employee handbook;
Posters;
Motivation and sensitization meetings;
The CNOPS employee guidebook.
STRUCTURING OF COMMUNICATION TOOLS

The goal of the communication strategy shall be to deploy the internal and external communication tools in such a way that they accurately orchestrate the objectives and official stance of CNOPS.

INTERNAL COMMUNICATION

The goal of internal communication shall be to facilitate the visual identification of CNOPS; to induct, inform and mobilize staff; and to promote the sharing and evaluation of ideas.

1. **Identification**

   - The CNOPS logo appears in black and white on all internal and external correspondence of CNOPS. Insignificant and without any symbolic meanings, the logo as currently disseminated, should maintain its technical specificities. Moreover, staff members do not have name badges. The offices, halls, and stairways have no visual identification system, posters or even plants (in CNOPS colors), especially in the reception areas. These all constitute a set of visual indicators that will make the staff feel proud of belonging to CNOPS.

   - A new VIS is necessary. It shall feature on all the identification elements of CNOPS: CNOPS site development projects (buildings, façade), interior design, printed matter (brochures, fliers, publications, letterheads, disease-management sheets, forms, business cards, etc.).

2. **Induction**:

   - **Employee handbook**: This document will enable new recruits and CNOPS staff to read the history of CNOPS, its new missions, new branches, officials, careers, the benefits of working for CNOPS, company benefit schemes, contacts, etc. The employee handbook is necessary, given the current policy of consolidating CNOPS through new recruitment. The employee handbook can be presented in hard copy or on CD, accompanied by the policyholder’s handbook to ensure better understanding of the role of CNOPS and involve staff in strategic decision-making within CNOPS. The employee handbook is more user-friendly than the website and makes it possible to build a new symbolic heritage for CNOPS.

   - **Training**: The policy of recruiting persons competent in the main specialties of social insurance must be accompanied by an adapted training plan that will acquaint the new recruits with the strategic options of CNOPS, current projects and future prospects. It should be interactive training aimed at addressing precise questions on the functioning, management and hierarchy of CNOPS. Such training shall be necessary for workers in the external branches.

3. **Information**

   - **Notice boards**: They are an efficient communication tool for disseminating short-lived information. Posters, memos, printed matter and strategic decisions may be posted on such media.
Retreats: These are managerial staff meetings held on a particular topic in the presence of a senior official. It is an efficient and convivial way of ensuring bottom-up information. Topics: CHI implementation, communication, relations with healthcare providers. A senior staff retreat was organized in July 2005. Such initiatives should be regular so that CNOPS managerial staff can constitute a force for proposing new and valid ideas.

Suggestion box: This method for encouraging bottom-up information can become useful if officials heed and address the suggestions, regularly inform staff of the existence of the suggestion box (periodic reminders), and provide incentives to boost the process.

Opinion survey: This is the most efficient means of promoting bottom-up information. It is systematic, exhaustive and precise albeit very unwieldy to manage: time, logistics, data analysis, human resources. Nevertheless, the communication policy must include this option and recruit the experts who will design strategies that fully address staff concerns.

Intranet: All press releases and strategic decisions must be published on the Intranet. Similarly, a daily press review must be posted on the intranet and web site of CNOPS. Staff members should not be the last persons to read a press release in the papers. The intranet has the advantage of keeping the website free of staff-only information and providing the staff with relevant information.

4. Mobilization:

Director’s letter: This is a guidance paper by management which briefly presents company achievements, outlines future projects and defines priorities. This letter shall be followed by expression meetings where staff members are called upon to react to the new guidelines presented. It shall also be followed by motivation meetings to ensure staff ownership of the strategic decisions made by CNOPS. A summary report prepared at the end of such meetings shall be crucial in fostering internal communication and feedback from staff. The director’s letter shall be personal in tone and drafted in two languages on special paper.

5. Sharing:

Staff bulletin: CNOPS needs to start an internal newsletter that will help to forge a common identity among staff members and constitute a symbolic forum for contact and collaboration that breaks down the walls of separation between the various categories of CNOPS staff. Its content should focus essentially on internal information:

- life in CNOPS (people, movements, training, careers,…);
- major decisions and developments within CNOPS and the social security sector;
- functioning of CNOPS (work, relations with mutual companies, instructions, standards and procedures,…);
- symbolic developments that strengthen the sense of belonging (achievements in the area of basic health coverage, assessment of activities, etc.…).
The bulletin is crucial, especially as CNOPS has embarked on a process of voluntary termination of employment and the drafting of staff regulations which requires clarifications as well as accurate and reliable information. It will also throw more light on the new guidelines, the profile of new officials and that of CNOPS employees who quit through voluntary termination of employment.

- "Read for you": CNOPS intends to set up a documentation center. The official in charge of the center must be able to make a monthly summary of a book on the key specialties of CNOPS or on the social insurance sector. This summary shall be published on the intranet and the web site. The communication service shall present the summary in journalistic format and contribute to this endeavor by producing summaries of the annual reports of CNOPS or training programs organized under external cooperation.

6. Evaluation

- Opinion Poll: This exercise makes it possible, through a questionnaire and a representative sample, to gauge the efficiency of the tools designed and adapt them to staff needs.

EXTERNAL COMMUNICATION

External communication targets policyholders, healthcare providers, corporate employers, the media, mutual companies, the supervisory ministry and the CNSS.

Policyholders

Several tools can be used to ensure better information of policyholders.

- Policyholder’s handbook: Improving service quality for policyholders is a priority for CNOPS which intends to comply with the requirements of the law and develop a handbook on relations with policyholders that are based on efficiency, rapidity, confidence and proximity. Forms of this handbook could be distributed at the reception. Besides, the handbook shall be available on the web site of CNOPS for downloading by users. A Quark Xpress file of the handbook shall be given to the communication service for production of extra copies. CNOPS shall (i) target TV programs popular with policyholders to disseminate its messages; (ii) make use of TV and radio commercials to reach out to a larger public; and (iii) organize sensitization meetings on the benefits of the new law. These meetings could be used to distribute the handbook.

- Posters shall be made on the same theme. The contents of the handbook can be printed on large posters that are “visible and readable” in all services. The poster shall be accompanied by a sufficient number of handbooks that will be available in the documentation or communication centers of these services. The poster shall mention the registration number and the web site. It must be available in all management points, government hospitals and regional branches of CNOPS. Mutual companies, hospital centers, management points, ministries, waiting rooms and CNOPS offices can put up these posters which bear all the essential information needed by policyholders.
Newspaper insertions: Such insertions will make it possible to provide relevant information to policyholders through attractive and informative articles. They should provide complete information on beneficiaries, benefits, contribution rates and healthcare costs. The target here shall be mass circulation newspapers: Assabah, Al Ahdate, Le Matin.

Press releases: Press releases shall be drafted. Newspapers shall also publish supplements on the content of the handbook. There is need to build convincing arguments to make the press releases successful. Other media will also be used: web site, dedicated line.

Electronic publishing: The new IT system should in principle establish new quality links with policyholders. While e-publishing facilitates the mailing of information to policyholders to sensitize them to their medical consumption, it should also mention the existence of a handbook (available on the site and downloadable), and the dedicated line.

CNOPS documentary: This institutional documentary will have greatest effect through continuous projection in waiting rooms, sensitization seminars and events organized by CNOPS. The staff shall be the first audience to watch this film, which should project the image of CNOPS as a body that is constantly opening up to its partners.

Sensitization seminars: CNOPS is able to initiate or attend sensitization seminars on the CHI scheme. An expert shall be retained to present the documentary and provide sufficient clarification on all benefits guaranteed for policyholders. The communication service has to initiate contact with these corporate employers and manage the timing of interventions.

Institutional brochure: This is a prestigious generic medium of communication (four-color process printing, glossy paper, aesthetic appeal) that will project an attractive image of CNOPS internally and externally. It will also sum up relevant information on CNOPS as manager of the Compulsory Health Insurance scheme. Moreover, the brochure will also have physical content and be readily available: it can be read and presented to visitors internally; or distributed externally during public events (events, conferences, shows, etc…). It shall be published in Arabic and French.

Coordination between CNOPS, the CNSS and the supervisory ministry to organize a CHI day for the press as relay support for the target audience.

Dispatching

The communication campaign shall be coordinated by:

1- The communication structure: sensitization seminars, CHI day, internet broadcasts, press releases, publication of articles on the review, updating of posters, distribution of the handbook, media relations;
The communication agency retained by contract: posters, brochures, institutional documentary, production of commercials, contribution to TV or radio programs and purchase of air time. All this media shall be managed under the supervision of a CNOPS committee (validation of brochures, films, printing authorizations, etc.)

Healthcare Providers

E-mailing, the CNOPS review, the web site and the posters are interesting frontline tools which can be backed up by organizing topical meetings in the course of the year.

These tools could be used as a second communication campaign to sensitize healthcare providers to the role they ought to play in maintaining the equilibrium of the system.

This second communication campaign shall be coordinated by:

- The communication structure: emailing, dispatch of a special issue of the CNOPS review to all healthcare providers, press relations, timing of communication campaigns as need arises.
- The role of the communication campaign shall be to design special tools to attain the same objectives: commercials, TV or radio programs (Dossier médical on 2M, Echoéco, economic issues, etc.).

The media

Press relations must follow a coherent internal policy.

- **Proven internal circuit**: CNOPS needs to develop an internal code of conduct that provides and filters information: validating aspects that are "easily communicable"; identifying aspects that require the approval of management; and withholding information that should not be communicated because it is inappropriate. This entails having a relationship founded on trust which keeps the communication service acquainted with the strategic decisions of CNOPS and helps it to manage press relations in accordance with the guidelines of management. This validation system is relevant since management of the web site will depend on the speed and efficiency of the validation process. Similarly, the quality of press relations depends on the volume of information managed by this communication structure.

- **Stimulate information**: The communication unit must be able to provide regular information on the sector in order to maintain a diversified and faithful public and attract journalists to major events. CNOPS must be able to disseminate press releases regularly to create a network of journalists who will support its communication policy.
Briefings: The communication unit has to establish a list of partner journalists or press organs whose impact would speed up attainment of CNOPS targets. Briefing meetings will make it possible to anticipate their demands, clarify certain points and better explain the policies of CNOPS.

“Ready-made” articles: The communication service shall prepare ready-made articles to be included in the press kit or sent to journalists requesting for general information.

Well-timed interviews: Media declarations need to be well-timed. The communication service shall propose interviews targeted to match the timeliness and importance of certain news events. It shall also be responsible for contacting program hosts for the production of programs on the sector. This operation shall be conducted in close coordination with the communication agency.

Assessment of press relations: At the end of each year, the Communication Unit shall distribute questionnaires to journalists who wrote articles on CNOPS to evaluate their perception and expectations of the institution so as to adjust our policies vis-à-vis journalists.

Press relations also require the preparation of press kits that are highly readable, well laid out and available on CD.

Mutual companies are the historic partners of CNOPS. Their dynamic involvement in the communication process of CNOPS must focus on two main areas:

- **Major events**: Events such as the organization of an "annual conference of mutual companies" could be jointly initiated with mutual companies. The conclusion of a management delegation agreement between CNOPS and mutual companies could facilitate such initiatives and justify the organization of such an event. It shall be designed in the form of a forum to which ANAM, the CNSS, the supervisory ministry and DHRs of government services shall be invited and it should provide an opportunity for screening the institutional documentary and distributing CNOPS publications. Such a day will also constitute an ideal opportunity for wide dissemination of radio and TV commercials if available.

- **Web site**: The CNOPS Web site can reserve a module for mutual companies only;

  The reception areas of mutual companies can be used to distribute posters and policyholder handbooks;

  Training modules on customer reception could be extended to mutual companies;

  distribution of the CNOPS review;
Being the second manager of the CHI, the CNSS has much overlap in its relations with CNOPS. Hence, the possibility of coordinating communication campaigns could be a major step towards efficient communication. The communication service shall initiate contacts with the communication structures of the CNSS to consider opportunities for preparing a communication plan on certain points that the two CHI managers have in common.

**Government Services:** They constitute a relay target for communicating to policyholders and a final target for communication aimed at explaining the registration procedures and rules of CHI. Hence, it is possible to:

- Invite directors of human resources to a sensitization meeting to:
  - make a presentation on the provisions of the new law, beneficiaries, benefits schedule and the strategic action plan;
  - sensitize them to the need to inform the public of the existence of a policyholder handbook downloadable from the CNOPS web site;
  - provide them with brochures and handbooks that they can take back to their documentation services;
- Continue with sensitization meetings and establish contact with other institutions depending on the availability of human resources in CNOPS;
- Distribute the CNOPS review to these partners.

**MAKING COMMUNICATION SUSTAINABLE**

The creation of communication structures capable of managing the two facets of communication (internal and external) and of adjusting and validating communication policy is essential to ensure the sustainability of communication, maintain the relevance of the mission assigned to this structure and collectively manage the image of CNOPS.

**Organization of communication**

1. **Communication structure:**

There is need for a communication structure that will boost internal communication and efficiently manage relations with the external environment of CNOPS. The proximity of the Director will make it possible to adopt a unified approach, lend credibility to decision-making and ensure rapidity in the execution of communication actions.

The communication service will serve as:

- a **watchdog** structure that will perceive, prevent and pre-empt any crisis in the health insurance sector;
- a **think-tank** for reflection, coordination, management and conduct of communication actions.

The essential **objectives** of the communication structure are:

- managing internal communication tools;
- managing press relations;
- preparing and disseminating the press reviews of CNOPS;
- managing the relations of CNOPS with its partners;
• managing the communication slot on the CNOPS web site;
• piloting communication campaigns initiated by CNOPS.

2. Communication Policy Committee: This is an *ad hoc* structure that brings together officials of the main branches of CNOPS. Its role shall be to validate the annual action plan of the communication structure, set priorities and assess the efficiency of the communication mechanism. Chaired by the Director, this committee may meet to approve or adjust the content of CNOPS print media and propose improvements needed for targeted communication.

**Staff deployment**

- one senior official;
- one officer in charge of internal communication and web site management;
- one press relations officer;
- one officer in charge of relations with partners.

**Equipment**

- **DTP terminal:** internalize the design of certain tools and update media: handbooks, brochures, fliers, review, staff bulletin;
- Press review: prepare a press review to be disseminated at the level of management, the web site and the intranet;
- Training: the communication structure will need a training plan on the operation of DTP and Photoshop software;
- Cameras, photocopiers, **scanners and recorders:** for illustrations on the various media of CNOPS.

**Assessment**

The communication system of CNOPS must be assessed at three levels to streamline communication and ensure that it complies with the institution’s guidelines. Promoting the image of CNOPS is not the preserve of the communication structure alone. Rather, it is the focal point that should rally the energies of all CNOPS staff to ensure that the institution projects a robust and vibrant public image. Hence, three levels of assessment must be instituted to ensure better management of communication.

1- **Assessment of internal communication:** each year, the Communication Unit shall conduct an opinion poll to appraise the efficiency of the internal communication media used. This report shall be presented to the Communication Policy Committee with recommendations to ensure attainment of set objectives;

2- **Assessment of press relations:** a questionnaire shall be prepared and sent to journalists who have professional relations with CNOPS to assess the quality of such relations;

3- **Assessment of the communication campaign that targeted policyholders and healthcare providers.**

These assessments are designed to:
Integrate communication tools

The implementation of a communication strategy requires substantial financial resources to equip the communication unit, operate the communication tools and complete the communication campaign.

Two options are possible:

- Selection through prioritization of tools. Hence, a distinction should be made between tools that require a single financial commitment (VIS, logo, suggestion box, notice boards, IT equipment for the Unit, printed matter (stock renewal is done after a long time), institutional documentary, employee handbook, etc.) and tools that require recurrent financial commitments (review, bulletin, director’s letter, major events). Such selection should be based on the availability of financial means and the expediency of committing such means.

- Integrating communication tools: An issue of the staff bulletin could become the employee handbook; radio and TV commercials could be screened in reception rooms pending the production of the institutional documentary; the handbooks, brochures and CNOPS review could be disseminated on the web site. The goal here is not the existence of a given tool but rather the optimization of information flows.

Conclusion

The communication strategy presented here is not cast in stone. First of all, it has been designed based on the schedule of the CNOPS strategic action plan. Secondly, it evolves and will adapt not only to internal and external changes in CNOPS, but also to new developments that could require a re-adaptation of the strategy for it to remain focused on its assigned objectives of enhancing the public image and promoting the services of CNOPS.

Vigilance is therefore necessary to manage the communication master plan and avoid ad hoc piecemeal communication that has no concrete effect or practical justification. Such communication harbors the seeds of its own LTD (long-term disease).
<table>
<thead>
<tr>
<th>Communication actions</th>
<th>Target</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1- Creation of a communication structure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Internal public;</td>
<td>- Raise awareness on the new missions of CNOPS;</td>
</tr>
<tr>
<td></td>
<td>- External public.</td>
<td>- Improve the image of CNOPS and raise awareness on CNOPS services under</td>
</tr>
<tr>
<td></td>
<td>- Policyholder;</td>
<td>the CHI.</td>
</tr>
<tr>
<td></td>
<td>- Press</td>
<td>- Provide information on benefits, contribution rates, diseases</td>
</tr>
<tr>
<td></td>
<td></td>
<td>covered, retained healthcare providers, addresses, etc.</td>
</tr>
<tr>
<td></td>
<td>- Healthcare provider;</td>
<td>- Provide information on the CNOPS strategic plan and the status of</td>
</tr>
<tr>
<td></td>
<td>- Mutual companies;</td>
<td>projects initiated by CNOPS and its partners;</td>
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<td></td>
<td>- Press</td>
<td>- Serve as a forum for reflection on health policy, the official</td>
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<tr>
<td></td>
<td></td>
<td>position of CHI managers, and prospects of the scheme, etc.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2- Communication tools</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Policyholder handbook</td>
<td>- Policyholders, healthcare</td>
<td>- Provide information on the new mission of CNOPS as a CHI manager;</td>
</tr>
<tr>
<td></td>
<td>providers, institutions,</td>
<td>highlight the specificity of CNOPS services as well as efforts made to</td>
</tr>
<tr>
<td></td>
<td>CNOPS staff, the press.</td>
<td>shorten deadlines for reimbursement of ambulatory care.</td>
</tr>
<tr>
<td></td>
<td>- Users.</td>
<td>- Visual identification to facilitate the orientation of users.</td>
</tr>
<tr>
<td></td>
<td>- All publics.</td>
<td>- Raise awareness on the benefits of CHI and CNOPS efforts to improve</td>
</tr>
<tr>
<td></td>
<td></td>
<td>the quality of service.</td>
</tr>
<tr>
<td><strong>Information kit</strong> (brochures, fliers and institutional</td>
<td>- Internal public.</td>
<td>- Inform the staff of the strategic decisions of CNOPS, the provisions</td>
</tr>
<tr>
<td>documentary, staff bulletin, web site, CD, collection</td>
<td></td>
<td>of the law, the new statutes and the evolution of the social climate.</td>
</tr>
<tr>
<td>of texts, press kit).</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3- Communication campaign</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Internally: information and sensitization meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Press</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- All publics.</td>
<td></td>
</tr>
</tbody>
</table>

- **Externally**: TV and radio commercials, newspaper insertions, sensitization seminars and meetings with journalists

- **Internally**: information and sensitization meeting
B. STAGES IN THE IMPLEMENTATION OF A MANAGEMENT SYSTEM

Six stages were identified as follows:

**Stage 1:** Analysis of the organization, current procedures and management rules of compulsory health insurance: This shall be done in:

- CNOPS headquarters entities;
- CNOPS management points;
- The mutual companies that make up CNOPS (8 in number).

At the end of this stage, the consultant shall produce a report on shortcomings noted in management rules, organization, procedures and the information system.

**Stage 2:** Determination of the management and organization principles to be adopted in instituting the health insurance scheme as provided for in Act No. 65-00. The objective of this stage is to determine the target organization, standards and management regulations that will enable CNOPS and mutual companies to control their activities, and notably to:

- Cope with the increased volume of activity generated by the rise in the number of policyholders;
- Apply the range of health benefits in accordance with statutory regulations;
- Manage relations with corporate employers (registration, contributions, etc…);
- Comply with statutory deadlines (payment, reimbursement and prior approval deadlines);
- Conduct ex ante and ex post controls as provided by the law.

At the end of this stage, the consultant shall produce a report on: (i) proposed management standards and rules for the organization depending on the activities targeted; and (ii) the proposed processes for CHI management which need to be defined early to ensure configuration of the computer system. These processes need to be defined notably for all the procedures cited in Stage 4. It should be noted that the first two stages have to be finalized within a maximum period of 3 (three) months after issuance of the service order.

**Stage 3:** Definition of duties, preparation of position cards for staff involved in CHI management, and dimensioning of CNOPS structures and mutual companies.

The consultant shall prepare staff position records in:

- CNOPS headquarters;
- CNOPS management points;
- Headquarter mutual companies;
- Branches of mutual companies.

At the end of this stage, the consultant shall prepare a report on the definition of duties, staff position cards and the size of the structures.
Stage 4: Definition and drafting of CHI operational management procedures and training cards by operator.

The consultant has to focus on the following operational procedures:

- Registration;
- Contributions and recovery;
- Social insurance agreements: by CNOPS management points and headquarter services;
- Deterrent fee agreements for long-term diseases and costly illnesses;
- Precedent agreement;
- Calculation and reimbursements for third-party payers;
- Calculation and reimbursements for outpatient treatment;
- Management of disputed claims files;
- Management of rejected files;
- Management of claims;
- Management of medical inspection.
- Determination of adequate human and material resource needs for implementing the proposed organizational format and procedures.

At the end of this stage, the consultant shall produce a report on the operational procedures manual, training cards by each expert (describing the procedure to be followed by each expert) and the attendant measures for implementing the proposed procedures. Stages 3 and 4 have to be financed at most 6 (six) months after the service order.

Stage 5: Definition of masterplans for CHI activity and procedures that facilitate their preparation. The consultant shall produce a report on this stage.

Stage 6: Support in the setting up of the new information and IT systems.

Training on the application of procedures.

Stages 5 and 6 have to be finalized within a maximum period of 8 (eight) months after the service order.

Deliverables

Project execution: In his bid and for each stage, the consultant must identify a monitoring mechanism that will enable CNOPS to gauge and assess performance efficiency and the relevance of means allocated for the execution of each stage.

Progress reports:

For each stage, the contractor shall produce a report in hard copy and e-copy as follows:

- The report on shortcomings in management regulations, organization, procedures and the information system;
- The report on proposed management standards and rules for the organization depending on the expected activity; and on the proposed processes for CHI management which need to be defined early to ensure configuration of the computer system;
- The report on definition of duties, staff position cards and dimensioning of structures;
- The report on the operational procedures manual, training cards by experts and the attendant measures for implementing the proposed procedures.
- The report on masterplans for CHI activity and definition of procedures for preparing them.
- Media for each training session shall be designed and evaluated and the staff trained on the use of management tools.
## ANNEX II: DETAILED COSTS

<table>
<thead>
<tr>
<th>Component I: Implementation of communication plan</th>
<th>Unit</th>
<th>Quantity</th>
<th>Net unit costs (x1000 EUR)</th>
<th>Basic total cost (x1000 EUR)</th>
<th>Basic total cost (x1000 UAC)</th>
<th>% Foreign exchange</th>
<th>Costs in foreign exchange (x1000 UAC)</th>
<th>Costs in local currency (x1000 UAC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist in counseling and communication</td>
<td>p/month</td>
<td>12</td>
<td>7.32</td>
<td>87.78</td>
<td>75.60</td>
<td>100%</td>
<td>75.60</td>
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<td>Specialist in web site development</td>
<td>p/month</td>
<td>8</td>
<td>4.88</td>
<td>39.01</td>
<td>33.60</td>
<td>100%</td>
<td>33.60</td>
<td>33.60</td>
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<tr>
<td>Specialist in organizing events and communication campaigns</td>
<td>p/month</td>
<td>10</td>
<td>4.88</td>
<td>48.77</td>
<td>42.00</td>
<td>100%</td>
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<td>42.00</td>
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<td><strong>Sub-total: Services</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>175.56</strong></td>
<td><strong>151.20</strong></td>
<td>100%</td>
<td><strong>151.20</strong></td>
<td><strong>151.20</strong></td>
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<tr>
<td>2. Operational costs</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>Publishing</td>
<td>Flat rate</td>
<td>1</td>
<td>125.78</td>
<td>125.78</td>
<td>108.32</td>
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<td>108.32</td>
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<tr>
<td>Equipment of reception areas</td>
<td>number</td>
<td>20</td>
<td>2.25</td>
<td>44.92</td>
<td>38.69</td>
<td>100%</td>
<td>38.69</td>
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<tr>
<td>IT equipment (DTP, scanner, ..)</td>
<td>number</td>
<td>7</td>
<td>1.28</td>
<td>8.98</td>
<td>7.74</td>
<td>100%</td>
<td>7.74</td>
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<tr>
<td>Organization of an event on CHI</td>
<td>number</td>
<td>1</td>
<td>53.91</td>
<td>53.91</td>
<td>46.42</td>
<td>100%</td>
<td>46.42</td>
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<td>Conduct of a communication campaign</td>
<td>p/month</td>
<td>3</td>
<td>71.87</td>
<td>215.62</td>
<td>185.70</td>
<td>0%</td>
<td>185.70</td>
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<tr>
<td><strong>Sub-total: Operational costs</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>449.21</strong></td>
<td><strong>386.86</strong></td>
<td>52%</td>
<td><strong>201.17</strong></td>
<td><strong>185.70</strong></td>
</tr>
<tr>
<td><strong>Sub-total: Component I: Implementation of communication strategy</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>624.77</strong></td>
<td><strong>538.06</strong></td>
<td>65%</td>
<td><strong>352.37</strong></td>
<td><strong>185.70</strong></td>
</tr>
</tbody>
</table>

## Component II: Setting up of a management system

<table>
<thead>
<tr>
<th>Component II: Setting up of a management system</th>
<th>Unit</th>
<th>Quantity</th>
<th>Net unit costs (x1000 EUR)</th>
<th>Basic total cost (x1000 EUR)</th>
<th>Basic total cost (x1000 UAC)</th>
<th>% Foreign exchange</th>
<th>Costs in foreign exchange (x1000 UAC)</th>
<th>Costs in local currency (x1000 UAC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist in the organization and information systems of mutual insurance companies</td>
<td>P/month</td>
<td>12</td>
<td>8.53</td>
<td>102.41</td>
<td>88.20</td>
<td>100%</td>
<td>88.20</td>
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<tr>
<td>Physician specialized in medical control</td>
<td>P/month</td>
<td>6</td>
<td>7.32</td>
<td>43.89</td>
<td>37.80</td>
<td>100%</td>
<td>37.80</td>
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<tr>
<td>Specialist in mutual company procedures</td>
<td>P/month</td>
<td>12</td>
<td>7.92</td>
<td>95.10</td>
<td>81.90</td>
<td>100%</td>
<td>81.90</td>
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</tr>
<tr>
<td><strong>Sub-total: Services</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>207.90</strong></td>
<td><strong>207.90</strong></td>
<td></td>
<td><strong>207.90</strong></td>
<td><strong>207.90</strong></td>
</tr>
<tr>
<td><strong>Sub-total Component II: Setting up of a management system</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>207.90</strong></td>
<td><strong>207.90</strong></td>
<td>100%</td>
<td><strong>207.90</strong></td>
<td><strong>207.90</strong></td>
</tr>
<tr>
<td><strong>Total: Baseline costs</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>745.96</strong></td>
<td><strong>560.27</strong></td>
<td>75%</td>
<td><strong>185.70</strong></td>
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<tr>
<td><strong>Contingencies</strong></td>
<td>Flat rate</td>
<td>3%</td>
<td></td>
<td><strong>22.38</strong></td>
<td><strong>16.81</strong></td>
<td>75%</td>
<td><strong>5.57</strong></td>
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<tr>
<td><strong>Grand Total</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>768.34</strong></td>
<td><strong>577.08</strong></td>
<td>75%</td>
<td><strong>191.27</strong></td>
<td></td>
</tr>
</tbody>
</table>

Exchange rate (June 06): UAC 1 = €1.1612
APPLICATION FORM FOR FINANCING FROM THE RESOURCES OF THE TECHNICAL ASSISTANCE FUND FOR MIDDLE-INCOME COUNTRIES

1. Title of project/study or program:
   Modernization of the management of CNOPS and Improvement of its governance

2. Country: Kingdom of Morocco

Executing Agency

a. Name Caisse Nationale des Organismes de Prévoyance Sociale (CNOPS)

b. Address 4,8 et 10 Rue Al Khalil, BP 209, Rabat 10000
   Tel. 037 260528 Fax: 037 705906
   Web site: www.aiops.org.ma

4. Description of activities:
   Preparation of the Communication Strategy
   Management rules and procedures for 'A/AO

5. Rationale for activities:
   Effective implementation of the Compulsory Health Insurance scheme by CNOPS

3. Estimated project costs
   a. In foreign exchange UA 577,080
   b. In local currency UA 191,270
   c. Total UA 768,350

4. Financing plan
   a. ADB UA 600,000
   b. CNOPS UA 168,350
   c. Total UA 768,350

5. Proposed procurement arrangements
   a. Services: X
   b. Goods (if needed): X
   c. Others, including the training of local staff: X

6. Implementation plan
• Implementation schedule appended hereto.
• Launching of selection procedure: April 2006
• Contract time: 12 months

10. Proof of Government commitment to implement the intended project, study or program (to be included in the DPS) a

Explain and evaluate the probability that the project/study or program constitutes a priority to the Government:

**Compulsory health insurance is a large-scale project for Morocco and its implementation requires modern organization of management bodies such as CNOPS. Communication and management procedures feature among the priorities in CNOPS’s strategic plan of action, and their realization will help to improve governance and the quality of services provided to policyholders, and usher in transparent management within CNOPS.**

11. Name of project coordinator who shall be responsible for monitoring activities and using fund resources

**Mr. Abdelaziz ADNANE**

*Director of Caisse Nationale des Organismes de Prévoyance Sociale (CNOPS)*

12. Name of Secretary General of the Ministry of Finance and Privatization: **Mr. Abdeltïf LOUDYI**

13. Signature: [Signature]
AFRICAN DEVELOPMENT BANK

BOARD OF DIRECTORS

Resolution N° B/MIC/[__]/2006/[__]

Adopted on a lapse-of-time basis, on [__] 2006

Grant to the Kingdom of Morocco from the Middle Income Country Technical Assistance Fund to finance the entire foreign currency cost and part of the local currency cost of the Technical Assistance for the 'Caisse Nationale des Organismes de Prévoyance Sociale (CNOPS)'

THE BOARD OF DIRECTORS,

HAVING REGARD to: (i) the Agreement Establishing the African Development Bank (the "Bank"), in particular Articles 1, 2, 12, 14 and 17; (ii) the Financial Regulations of the Bank, in particular Regulation 8.1; (iii) the Revised Guidelines for the Administration and Utilization of the Technical Assistance Fund for Middle Income Countries (MIC-TAF) contained in Document ADB/BD/WP/2005/90/Rev.1/Approved; and (iv) the Grant proposal contained in document ADB/BD/WP/2006/84/Approval (the "Proposal");

HEREBY DECIDES:

1. To award to the Kingdom of Morocco, a Grant of an amount not exceeding the equivalent of Six hundred thousand Units of Account (UA 600,000) from the MIC-TAF to finance the entire foreign currency cost and part of the local currency cost of the Technical Assistance for the 'Caisse Nationale des Organismes de Prévoyance Sociale (CNOPS)';

2. To authorize the President of the Bank to conclude a Letter of Agreement with the Kingdom of Morocco under the terms and conditions specified in the Revised Guidelines for the MIC-TAF, and in the Proposal;

3. The President may cancel the Grant if the Letter of Agreement is not signed within ninety (90) days from the date of approval of the Grant;

4. This Resolution shall become effective on the date above-mentioned.