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HRH2030
HUMAN RESOURCES FOR HEALTH IN 2030



FINAL REPORT | JULY 2021

Human Resources for Health in 2030 in Senegal

ACKNOWLEDGMENTS

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July 2021

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DISCLAIMER

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TABLE OF CONTENTS

Contents	i
Acronyms	ii
Overview and Executive Summary	1
Highlights of Achievements	7
Institutionalized the iHRIS for HRH Decision-Making	7
Improved Policy Environment for HRH Distribution	13
Empowered Leaders and Managers for More Effective Human Resources Management	20
Adapting to Program Challenges	26
Conclusions and the Road Ahead	28
Annexes	30
Annex A. Progress Indicators	31
Annex B. FY21 Q3 Achievements	32
Annex C. Financial Report	34

ACTIVITY DETAILS

IMPLEMENTING PARTNERS

Chemonics International, Palladium, Amref, Open Development

IMPLEMENTATION PERIOD

June 2016 – June 2021

AWARD NUMBER

AID-OAA-A-15-00046

GEOGRAPHIC COVERAGE

Senegal's 14 Administrative Regions

TOTAL ESTIMATED INVESTMENT

US [REDACTED]

ACRONYMS

BOM	<i>Bureau Organisation et Méthodes</i> (Bureau of Organization and Methods)
DEPS	<i>Direction des Etablissements Publics de Santé</i> (Public Health Establishments Directorate)
DGES	<i>Direction Générale des Etablissements de Santé</i> (General Directorate of Health Establishments)
DHIS 2	District Health Information Software 2
DPRS	<i>Direction de la Planification, de Recherche et des Statistiques</i> (Planning, Research, and Statistics Department)
DRH	<i>Direction des Ressources Humaines</i> (Human Resources Directorate)
HR	Human Resources
HRH	Human Resources for Health
HRIS	Human Resources Information System
HRH2030	Human Resources for Health in 2030
HRM	Human Resources Management
ISMEA	<i>Investir Dans la Santé de La Mère et de L'Enfant</i> (Invest in the Health of Mother and Child)
IT	Information Technology
LMG	Leadership, Management, Governance
MSAS	Ministry of Health and Social Action (<i>Ministère de la Santé et de l'Action Sociale</i>)
NEEMA	USAID Senegal's Integrated Service Delivery and Healthy Behaviors Project
PNDRHS	<i>Plan National de Développement des Ressources Humaines en Santé</i> (National Plan for Development of Human Resources for Health)
PNDSS	<i>Plan National de Développement Sanitaire</i> (National Health and Social Development Plan)
UHC	Universal Health Coverage
USAID	United States Agency for International Development
WB	World Bank



OVERVIEW AND EXECUTIVE SUMMARY

Senegal is at an important crossroads in its journey to self-reliance. Thanks to the political will of its leaders, the commitment of its communities, and the support of its development partners, among which the United States Agency for International Development (USAID) is the largest and most regular donor, Senegal has made strides in critical areas of achieving universal health coverage (UHC), reducing high maternal and child mortality rates and diminishing the incidence of communicable diseases. For example, between 1997 and 2018, under-five child mortality decreased from 139 to 51 per 1,000 live births.¹

Continued progress will depend on having a well-equipped, skilled health workforce. Senegal faces significant human resources for health (HRH) challenges characterized by a shortage of health workers, especially in rural and hard-to-reach areas of the country, further compounded by the inequitable distribution of public sector health workers, with more than 50 percent located in the Dakar region alone. Systemic weaknesses in accountability, affordability, accessibility, and reliability of health services need to be addressed to advance the country's goal of UHC. Strengthening the availability and quality of HRH is among the top priorities for Senegal's Ministry of

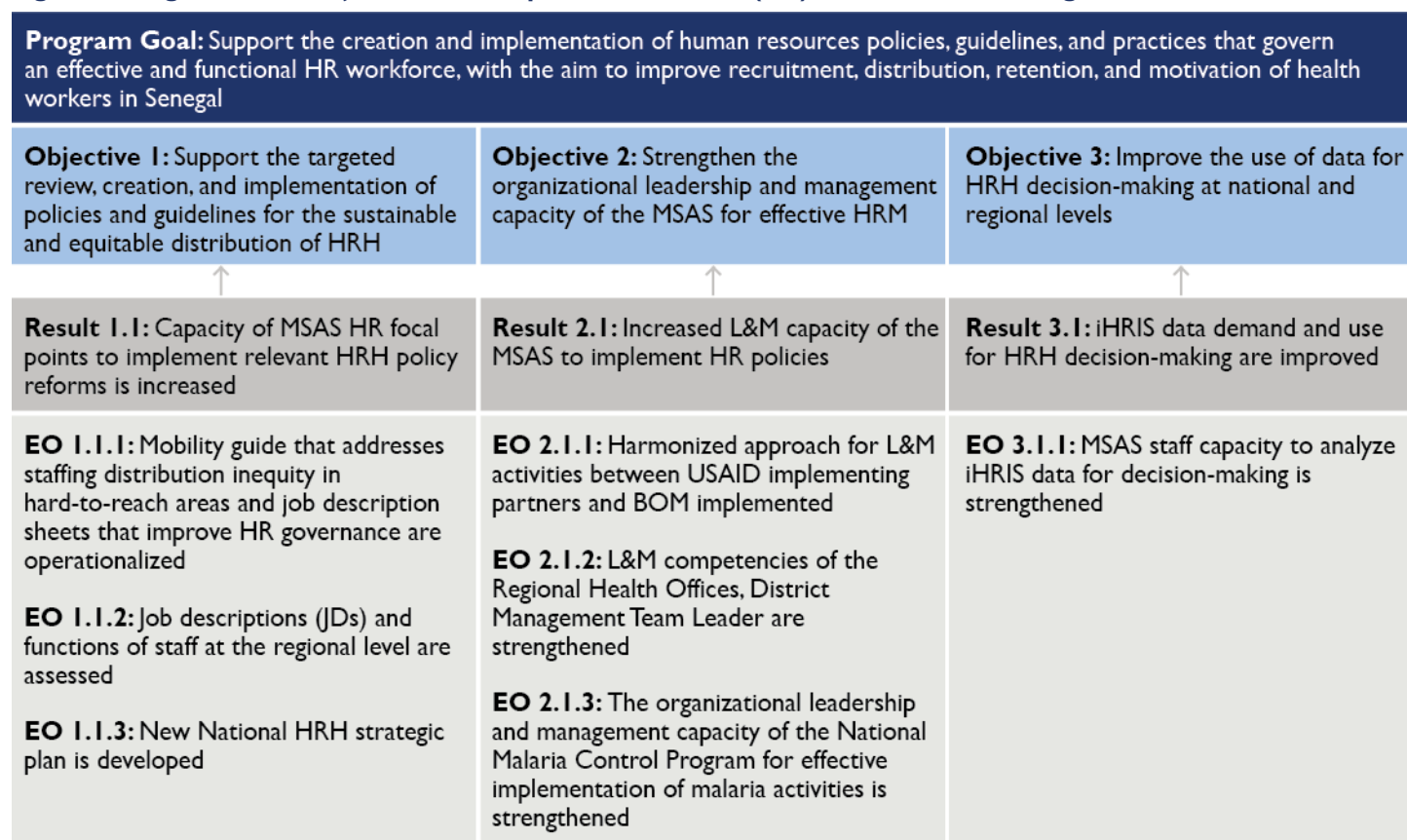
Health and Social Action (MSAS), with the country's 2019–2028 National Health and Social Development Plan citing human resources as one of the priorities for achieving the Universal Health Coverage.

Program Purpose

Acknowledging the critical role health workers play in delivering high quality care to the Senegalese people, and with USAID's support, the MSAS has prioritized investments in supporting development of HRH. The Human Resources for Health in 2030 (HRH2030) Program in Senegal, implemented from June 2016 to June 2021, offered a strategic and comprehensive response to the key human resources for health challenges confronting the health sector. The program was implemented by Chemonics International, the prime recipient of the global HRH2030 program, with contributions from HRH2030 program partners Palladium, Amref, and Open Development; all worked together to support the MSAS in achieving its health workforce goals.

Figure 1 (below) illustrates the three objectives of the HRH2030 Senegal program, under the overall programmatic goal of improved recruitment, distribution, retention, and motivation of the health

Figure 1: Program Goal, Objectives, and Expected Outcomes (EO) of HRH2030 in Senegal



¹ Continued Demography Health Survey 2018 report (Continued Demography Health Survey 2018).

workforce. These objectives were the driving forces of activity implementation over the life of the program.

Anchored at the MSAS's Human Resources Directorate (DRH), HRH2030 collaborated with all central departments, hospitals, regional health offices, and civil society organizations in strengthening the management of human resources for health. It also worked in close collaboration with other USAID- and donor-funded projects that focused on HRH technical and management capacity development at the central, regional, and district levels.

Working directly with MSAS directors and executive officers at all levels of the health system, HRH2030 increased the use HRH data for more effective HR planning and management; empowered stakeholders to adopt policies that improved the motivation and equitable distribution of health personnel; strengthened leadership for effective governance of health workers; and improved preparedness and responsiveness to infectious disease threats like Ebola and the COVID-19 pandemic.

HRH2030's Achievements

As the first-ever direct HRH development support program to Senegal's MOH, HRH2030 leaves the MSAS much stronger than it was at program launch, with an institutionalized commitment to using data for evidence-based HRH decision-making; a strengthened capacity to plan for, manage, and support the health workforce through the application of effective HRH management tools and workforce policies; and a staff of HR leaders and managers who have adopted key organizational development approaches that have changed the way that they oversee the implementation of programs to achieve health outcomes, ensuring greater alignment with the MOH's overarching objectives.

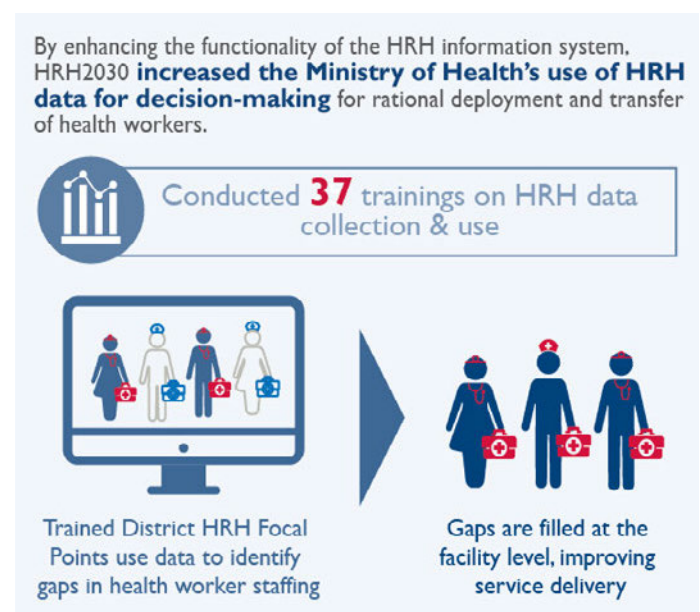
At the program's conclusion, HRH2030 Senegal's key achievements are:

The MSAS has a fully functional human resources information system (iHRIS) and has institutionalized its use at all levels of the health system. When HRH2030 began supporting the DRH, the state of health workforce data was bleak. The existing human resource information system was not fully functional, the data it housed were not current, and the system was not being used regularly or effectively at the central or regional levels. With HRH2030's support, the DRH is now managing a functional, integrated human resources information system that allows decision-makers to have quantitative and qualitative data on health workers in real time, enabling them

to determine predictable gaps in personnel, and improve decision-making based on evidence. Today, managers and human resources focal points are expertly entering data into the system, using it to conduct routine HRH data updates, and confident that the information they find is accurate and reliable. The number of health workers entered in the system has grown from 1,940 to 17,697. Demonstrating a commitment at the highest level to ensuring accurate, timely data on the health workforce, in April 2021, the Ministry issued an official decree mandating that health workers enroll in iHRIS to receive their quarterly incentive payments. With this step, the iHRIS has been cemented as an integral component of decision making in the country—from leaders at the top to health workers on the frontlines of service delivery.

Health system clients are benefitting from increased accessibility and availability of services, as a result of data-driven health workforce deployment. The institutionalized iHRIS and new culture of data use is having a direct impact on the facility level. Data is making a difference at all points of service delivery, from big hospitals to rural health centers. Human resource focal points are relying on data to inform staffing, fill health worker gaps, and relieve overburdened staff (see Figure 2 below). At Kaolack's El Hadj Ibrahima Niass Hospital, the arrival of a second radiologist means that the hospital has the only radiology department in the country that doesn't require an appointment—walk-ins are always welcome. In the rural district of Keur Massar, the referral health center is no longer referring clients in

Figure 2: Trainings on using HRH data have enabled HR focal points to fill staffing gaps



need of surgery to hospitals in Dakar, since it now has a fully staffed operating room after identifying the appropriate health workers to fill the gap. Read more about Keur Massar on page 6.

Management of health workforce deployment, distribution and transfers is being guided by new policies and guidelines. A key program objective was to support the targeted review, creation, and implementation of policies and guidelines for an equitable, sustainable distribution of HRH. These key resources were not in place at the program's onset, so HRH2030 assisted the Human Resources Directorate to professionalize and institutionalize its management capacities, by developing tools and resources to support a more equitably distributed workforce. For the first time ever, the DRH has a standard operations and procedures manual for the central-level operations, developed with the support of HRH2030. This new manual is consulted regularly as a key reference document by the current staff and to orient newly hired staff at the DRH. In total, there were 23 policies, guidelines, and strategies that HRH2030 helped to develop and implement, which are supporting the MSAS's goal of a more rational, equitable distribution of the health workforce (see Figure 3 at right).

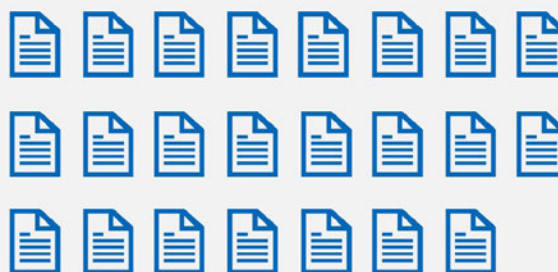
One example is the *Guide de Mobilité*. This key reference document codifies the processes to oversee personnel transfers and postings to ensure that these processes are equitable, transparent, and democratic. For a long time, the mobility of health workers was poorly managed, creating frustration and a lack of motivation that negatively impacted health workers' performance. HRH2030 assisted with the development of an inclusive approach to health worker mobility, working with the MSAS to support the creation of regional transfer committees made up of representatives across the health system. The new *Guide de Mobilité* documents the structure and makeup of these committees, and the processes to guide personnel movements, procedures for applying for transfers, criteria for making transfer decisions, and the incentives to be provided to staff who are posted to hard-to-reach areas. Since its creation, the *Guide de Mobilité* has been used to direct the postings of 379 additional health workers in the hard-to-reach zones of Diourbel, Kolda, Kédougou, Matam, Saint-Louis, Sédhiou, and Tambacounda.

Another new guideline, the *Guide de l'Agent de Santé et de l'Action Sociale*, is easing health workers' transition from contract workers to public-sector status. HRH2030 advised the development and finalization of this comprehensive, practical resource that health workers need to properly integrate into the system. In addition, HRH2030 also supported the DRH to

renew the contracts of the contract health workers in hard-to-reach zones to ensure that, until they are formally recruited, these health workers remain available to address health workforce shortages. In the project's last year, 839 health workers' contracts were renewed.

Figure 3. HRH2030 has strengthened the health workforce policy environment in Senegal.

HRH2030 has supported the Senegal government to develop, revise, or improve **23 HRH policies, strategies, and guidelines.**



The new National Plan for Development of Human Resources for Health 2021-2028 is in place and will guide HRH strategies over the next seven years.

During the program's early years, HRH strategies were planned to align with Senegal's 2011-2018 National Plan for Human Resources for Health Development (PNDRHS). As Ministry leadership began envisioning the next iteration of the seven-year plan, with an overarching goal of ensuring a more equitable distribution of health workers, they turned to HRH2030 for assistance. HRH2030 began by working with the Ministry to evaluate the level of implementation of the 2011-2018 plan; the evaluation showed that implementation of planned activities ranged from 0 percent to 30 percent, primarily due to a lack of financial resources, weak leadership, and little communication around the plan's purpose and achievements.

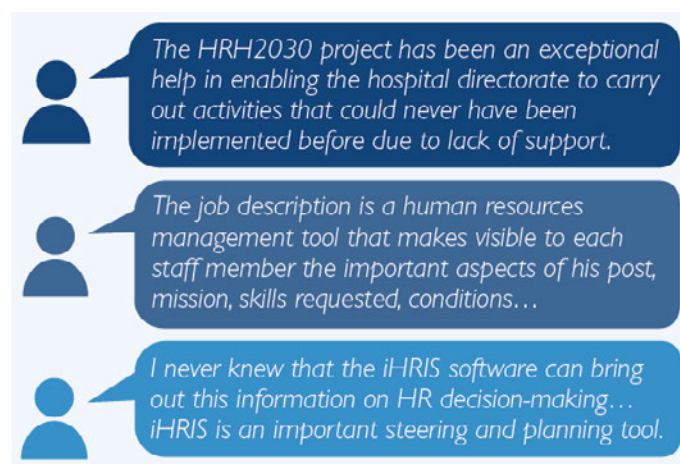
HRH2030 then worked with the DRH to develop a draft roadmap to prepare for the new plan, outlining the specific activities, target dates for deliverables, and key contributors to ensure success. HRH2030 also worked with the DRH to set up a steering committee to oversee and monitor the development of the national plan, and to advocate for support for the plan from Senegal's key health and development partners. The new plan, the 2021-2028 National Plan for Human Resources for Health Development, now serves as a framework for all interventions

in the health and social sectors, putting in place strategies and approaches to ensure an effective and functional HR workforce with focus on improving the recruitment, distribution, retention, and motivation of Senegal's health workers.

The leadership, management, and organizational capacity of the MSAS has been strengthened, with the DRH now operating under a cohesive, unified vision of its role. Finally, HRH2030 is proud of a less tangible but equally important legacy: HR leaders and managers within the system have changed the way they manage and oversee the implementation of programs to achieve health outcomes that align with greater MOH objectives. Previously, ministry directorates at the central level tended to operate in isolation with limited coordination and communication, resulting in duplication of responsibilities and activities and poor use of available resources. HRH2030 supported the ministry to improve its organizational leadership capacity, and now the DRH works with a cohesive and unified vision of its role in addressing the HRH issues within the MOH.

At the conclusion of the HRH2030 program, the MSAS is moving forward with enhanced knowledge, expertise, and capacity to develop and implement human resources policies and practices that promote an accessible, available, acceptable, and high-quality health workforce, one that is being more equitably distributed to serve Senegal's population, and one that will continue to advance progress toward UHC. Check Figure 4 for MSAS officials quotes.

Figure 4: A few quotes from MSAS Officials



The following sections of the report cover HRH2030's achievements in greater detail, program challenges, and conclusions and the way forward. Annex A presents HRH2030's Progress Indicators over the life of the program. Annex B briefly presents HRH2030 Senegal activities that took place between April and June 2021, replacing the traditional third quarter report normally submitted to USAID, since that reporting period coincided with HRH2030 Senegal's final quarter. Annex C provides total accrued expenditures through June, 2021.



PERSPECTIVE:

How an Enhanced iHRIS Improved Health Care Services in Keur Massar

The Keur Massar Referral Health Center serves a population of more than 285,000 residents in its health district, many of whom seek services after having been referred from one of eight affiliated health posts. One of the center's main functions, since opening in 2010, is to care of all patients with medical-surgical emergencies. However, a lack of skilled health care workers has left the center unable to provide these services.

“Since its opening, the Keur Massar center has referred all patients requiring surgery, including expectant mothers, to large hospitals in Dakar due to a lack of adequate personnel for the operating room,” says Thiané Sow (at left), the administrative assistant in charge of managing the human resource information system (iHRIS) at the Keur Massar Referral Health Center for the past three years.

Ensuring the availability of skilled personnel where they are needed has been a chronic challenge in Senegal's health system, due to a lack of accurate, up-to-date information on the health workforce in the national iHRIS platform. Without data on the numbers, skills, and locations of health workers, the workforce can't be effectively deployed or managed. USAID's Human Resources for Health in 2030 program (HRH2030) has been working with Senegal's Ministry of Health and Social Action since 2017 to strengthen the iHRIS to improve HRH data collection, analysis, and use for workforce decision-making. And now, the improved iHRIS is being used to ensure the rational deployment and transfer of health workers in support of the country's overall health objectives—which include improving maternal health.

With HRH2030's support, Thiané Sow is now using the system as it is intended. “Last year, the Keur Massar Health Center's gynecologist-obstetrician, concerned about the operating room situation, expressed the need for additional health workers to make the operating room operational. Following this request, the district's chief medical officer asked for my assistance to identify the available human resources needed to staff the operating room,” says Ms. Sow.

“Having acquired skills with the support of HRH2030 on how to register, update, and use iHRIS data, I was able to use the data to identify a midwife, a nurse, and a nurse's aide who could be made available to the obstetrician,” says Ms. Sow.

Midwife Rosalie Gomis (at right) was already working in the Keur Massar Center—although without the requisite skills to specifically support physicians in the operating room, her duties were primarily elsewhere. After a two-month practical internship in post-operative resuscitation and operating room skills at Pikine Hospital, she returned to the Keur Massar Center and began working in the operating room.



With the other two workers also updating their skills, the Keur Massar Referral Health Center has been fully meeting the district's surgical needs since August 2020. In its three months of operation, the unit has performed 87 surgical procedures, including 70 cesarean sections.

“If we didn't have a functional operating room, all these patients would be referred to other hospitals with additional expenses for the center and for the families,” says Ms. Sow.

Rosalie Gomis adds, “iHRIS has enabled us to optimize the human resources available to improve the health care and increase our patients' satisfaction.”

Photos by Ibrahima Kamaté, HRH2030

A man with short hair and glasses, wearing a blue patterned shirt, is sitting at a desk with a laptop. He is looking off to the side with a thoughtful expression. The background shows a window with blue curtains and a wooden cabinet.

HIGHLIGHTS OF ACHIEVEMENTS

Institutionalized the iHRIS for HRH
Decision-Making

KEY RESULTS

- Demonstrated the value of having health workers registered in the iHRIS, which resulted in a MOH-issued decree that requires all health personnel to be registered to receive their quarterly incentive payments, cementing the iHRIS as an integral component in health workforce planning and management throughout Senegal
- Increased the number of health workers listed in the iHRIS from 1,940 to 17,697
- Developed a training curriculum on data analysis and using data to produce HR reports; conducted five training and follow-up refresher sessions that coached over 150 participants, including 128 HR focal points, on using HRH data to make decisions
- Supported sending of critical health and safety messages to health workers during COVID-19 pandemic

When HRH2030 began supporting the DRH, the situation was discouraging in terms of health workforce data. The existing human resource information system was not fully functional, the data that was stored there was out-of-date, and the system was not being used regularly or effectively at the central or regional levels, impacting availability of quality data for decision making. The MSAS had adopted the open-source software tool iHRIS to collect and manage human resources data in 2014, however, the server that housed iHRIS was unable to accommodate the entry of new HRH data.

Addressing Technological Constraints

As an initial step, HRH2030 purchased a new server and worked with the MSAS's Computer Unit and the Senegal State Agency for Computer Services to program and install the server. At the same time, to begin to pave the way to sustainability of the system, the MOH established a task force composed of members of the DRH and the iHRIS technical unit to oversee the system's management, administration, and functionality improvements. Following the installation of the new iHRIS server, an HRH2030 iHRIS programming expert assisted the DRH to conduct a full functionality assessment of the platform. The assessment revealed several programming and data quality challenges, including a lack of naming conventions for job postings, duplicate entries, and bugs that prevented the iHRIS software from completing necessary updates.

In addition, there was a lack of naming conventions and consistency for data variables such as health worker status, type of contract, post title, and socio-professional category, which led to errors in data entry, redundancies, and fragmentations in modalities

with the software. After identifying this specific problem, HRH2030 and DRH colleagues reconciled the lists of socio-professional categories in the existing data with those from the MOH's Health Information System and Jobs Directory. Merging the initial lists of categories in the iHRIS platform (424 jobs) with those in the MOH Jobs Directory (210 jobs) produced a streamlined list of 258 jobs, which have since been grouped into sub-families and families, and fully integrated into the iHRIS platform. A similar issue arose with discrepancies in facility listings in iHRIS and the DHIS2. To address these inconsistencies, HRH2030 supported the DRH, health system managers, DHIS2 managers, and other involved stakeholders to reach a consensus on 30 standardized health facilities and professional categories, harmonizing this information across the health information systems.



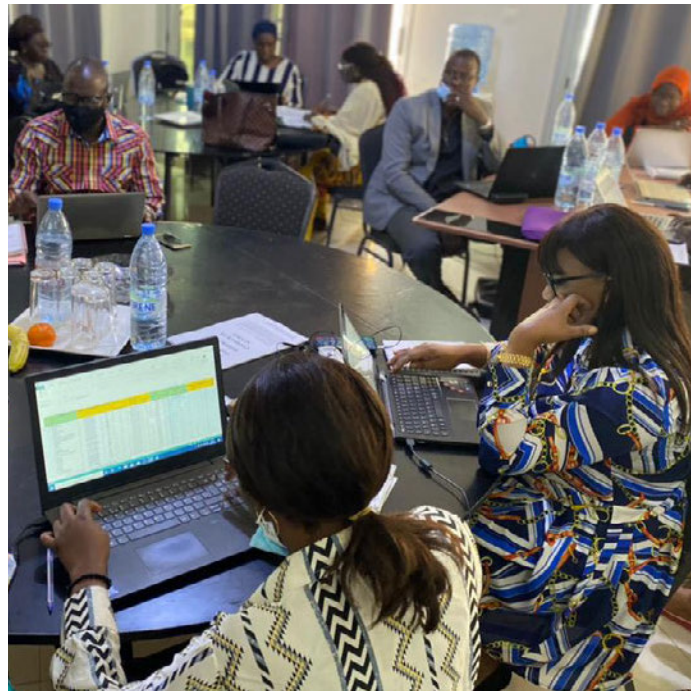
HRH2030 Country Director Dr. Isaiah Ndong (left) hands over the iHRIS server to the MOH Secretary General Mr. Ibrahima Wone and Chief of the Division of Personnel Forecasting and Planning of the MOH and national iHRIS focal point Ms. Ndeye Coumba. Photo Credit: Dr. Moussa Diakhate, HRH2030 Senegal

Professionalizing iHRIS Focal Points

Aware that the iHRIS software's success is dependent on the commitment of knowledgeable users and focal points, HRH2030 and the iHRIS task force designed and conducted five training and follow-up refresher sessions to coach over 150 participants, including 128 HR focal points appointed by national directors, regional health directors, and hospital directors, on data analysis and the use of data in developing and producing HR reports.

Hospitals' HR focal points were a crucial group targeted by HRH2030 to build a culture of data use and advance institutionalization of the iHRIS. HRH2030 and the MOH conducted annual supervisory missions to 33 iHRIS focal points in 13 regions, to monitor improvements to the quality of HR data; ensure ongoing review and updating of HR data for report development; and assist focal points in producing their first HR reports for their own use. Of the focal points who received supervision, 100% developed HR reports that were shared with their hospitals' executive leadership, to inform decision making on the health workforce.

It's important to note here that regional HR focal points did not exist at the onset of the program. HRH2030 advocated for the creation of these positions, and then supported the writing of job descriptions defining the responsibilities for this new role; these HR focal points were then appointed at regional level based on the criteria outlined in the job descriptions. These professionals are now the leading authority at the regional level overseeing the



Working group developing the Guide of Social Interventions in Health Facilities. Photo Credit: Dr. Matar Camara, HRH2030 Senegal

management of the health workforce.

Figure 5 illustrates the progress iHRIS focal points have made in using the system to perform several of their key tasks.

The story on the following page illustrates how a trained HR focal point, with access to a fully functional iHRIS, can make a difference at the hospital level.

Figure 5. HRH2030 has supported higher percentages of iHRIS focal points to be able to perform critical iHRIS skills, like...

Process and analyze HR data:

67%

Submit HR reports based on national standards:

60%

(Regional focal points) Provide TA to district focal points:

50%

0%

100%

With these skills, iHRIS focal points have the capacity to continue building the quality, completeness, and accuracy of iHRIS data, as well as provide TA to other focal points to support the sustainability of iHRIS implementation.

Source: iHRIS and supervision visits



PERSPECTIVE:

Data Makes a Difference: How Health Information Systems Are Improving Hospital Services in Senegal

Health workers take care of patients' needs. But who takes care of health workers' needs when they require support? At Kaolack's El Hadj Ibrahima Niass Hospital in Senegal, it's Baye Omar Thiam, head of human resources management (in photo at left). Mr. Thiam relies on health workforce data to make a difference in health workers' job performance.

Radiologist Dr. Amadou Diallo was one such health worker. As the sole practitioner in the radiology department, he was working at least 15-hours a day, trying to keep up with the demands for patient scans and ultrasounds, while also providing results to his colleagues. But the demand was too great—patients often had to be rescheduled due to urgent emergencies, and fellow physicians were left too long waiting for results—lowering patient satisfaction and demotivating Dr. Diallo. “The workload was so huge that I very often only took on emergencies,” Dr. Diallo recalls.

In the past, an acute situation like this would have taken months or years to resolve, because information on the available health workforce was unavailable or not easily accessible. Often, it was only kept in handwritten ledgers, packed onto shelves in a supply closet or in someone's drawer. Even when it was computerized, data input wasn't a priority, information was out of date, and the system wasn't well-maintained.

However, Senegal has recently revitalized its committed to building a robust, high-quality, digitized human resources information system (HRIS), to enable managers to make data-driven decisions that drive optimal care. Most recently, the country's Ministry of Health and Social Action, with USAID's support, has been strengthening the HRIS's technology components while instilling a culture of data use among its users. With the assistance of HRH2030, Senegal's Ministry of Health and Social Action has trained 128 human resources focal points in HR data entry and updating, as well as how to act upon this data to make decisions related to health workforce deployment. The impact of this training is exponential: better distribution of health workers to support hospital services, fewer health worker shortages, and – in the long run – a more efficient health system.

Well trained in how to use the HRIS, Mr. Thiam accessed the data to identify qualified radiologists who could help fully staff the department. Enter Dr. Coumba Laobé Ndao. Working in busy Dakar, Dr. Coumba was seeking a change of location and new challenges. She likes what she has found in Kaolack, saying, “I feel more useful here than in the hospitals in the capital. My presence here helps to not only relieve the health needs of Kaolack's population, but also those in the nearby Fatick and Kaffrine regions, which refer patients to us for scanning.”

Using health workforce data to address hospitals' staffing needs is part of a growing trend throughout the country. And at the El Hadj Ibrahima Niass Hospital, Dr. Diallo's crushing workload, delays in processing X-ray results, and fear of disappointing his colleagues are all a distant memory. He and Dr. Coumba share the workload.

Even better, patients have access to the services they need, when they need them. “This is the only radiology department in Senegal today that does not require an appointment,” said Dr. Diallo.



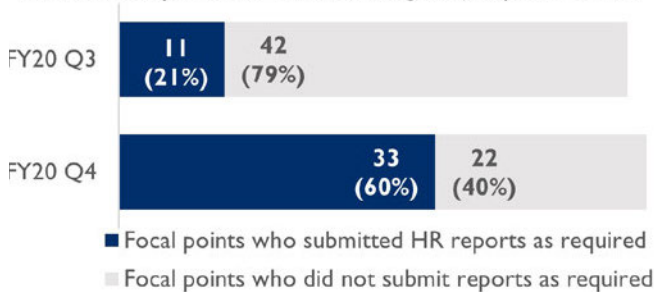
Now that HR focal points are familiarized with the iHRIS software and the revised user guide and have been trained in analyzing data and using it for report development, the rates of data entry and updates have improved in Senegal. Between January 2019 and May 2021, the number of health workers listed in the iHRIS rose from 1,940 to 17,697, an increase of 15,657 agents, as seen in Figure 6.

In April 2021, the MOH officially institutionalized the iHRIS into the health system, through an official decree (*lettre circulaire*) that requires all health personnel to be enrolled in the platform to receive their quarterly incentive payments. This is an important step for iHRIS, as this mandate cements it as an integral component in health workforce decision-making throughout Senegal.

Beyond just entering data, supervision visits conducted by the task force in the last few months of the HRH2030 project confirmed that focal points have successfully integrated the iHRIS system into their day-to-day work. Focal points are actively entering data into iHRIS, conducting routine HRH data updates, extracting, processing, and manipulating HR data, and producing HR statistics to include in periodic reports in tables, graphs, and charts. Data is being used to pinpoint personnel gaps, inform transfer and posting decisions, and identify health workers' training needs. Most importantly, these HR reports are being submitted with information based on the national standards, which set parameters for report quality, completeness, and timeliness, as shown in Figure 7. Today, when Senegal's local politicians advocate for more health workers to be allocated to their regions of oversight, within minutes the DRH can verify if their request is justified by comparing real-time data on the region's health workers.

Figure 7. Following HRH2030 iHRIS TA, more iHRIS focal points are submitting HR reports based on national standards.

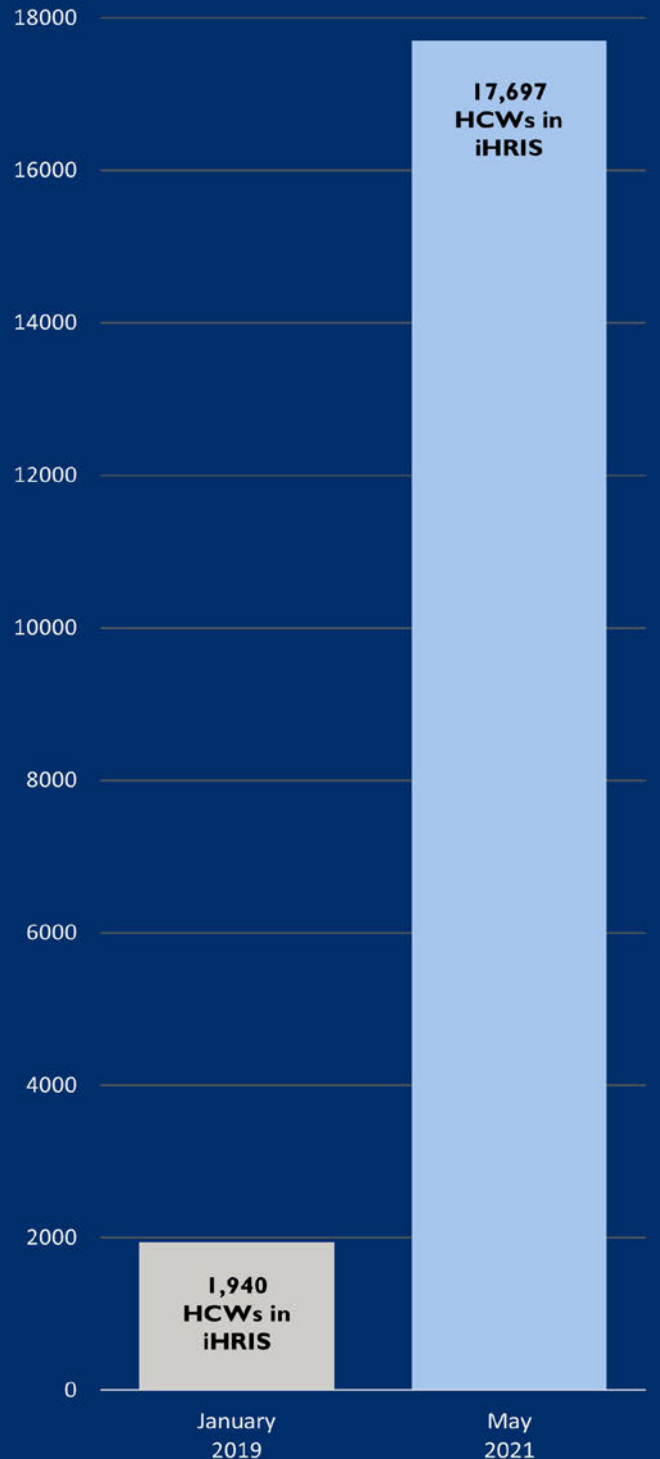
In FY20 Q3, only 21% of iHRIS focal points submitted HR reports based on national standards. In FY20 Q4, after HRH2030 supervision visits, that figure jumped to 60%.



Data source: iHRIS

Figure 6. More health workers are listed in iHRIS following HRH2030 support.

In January 2019 iHRIS included 1,940 enlisted health workers. By May 2021 that figure rose to 17,697 enlisted health workers. This improvement in data completeness will facilitate HRH decisions based on accurate and up-to-date information on the existing workforce.



Source: iHRIS

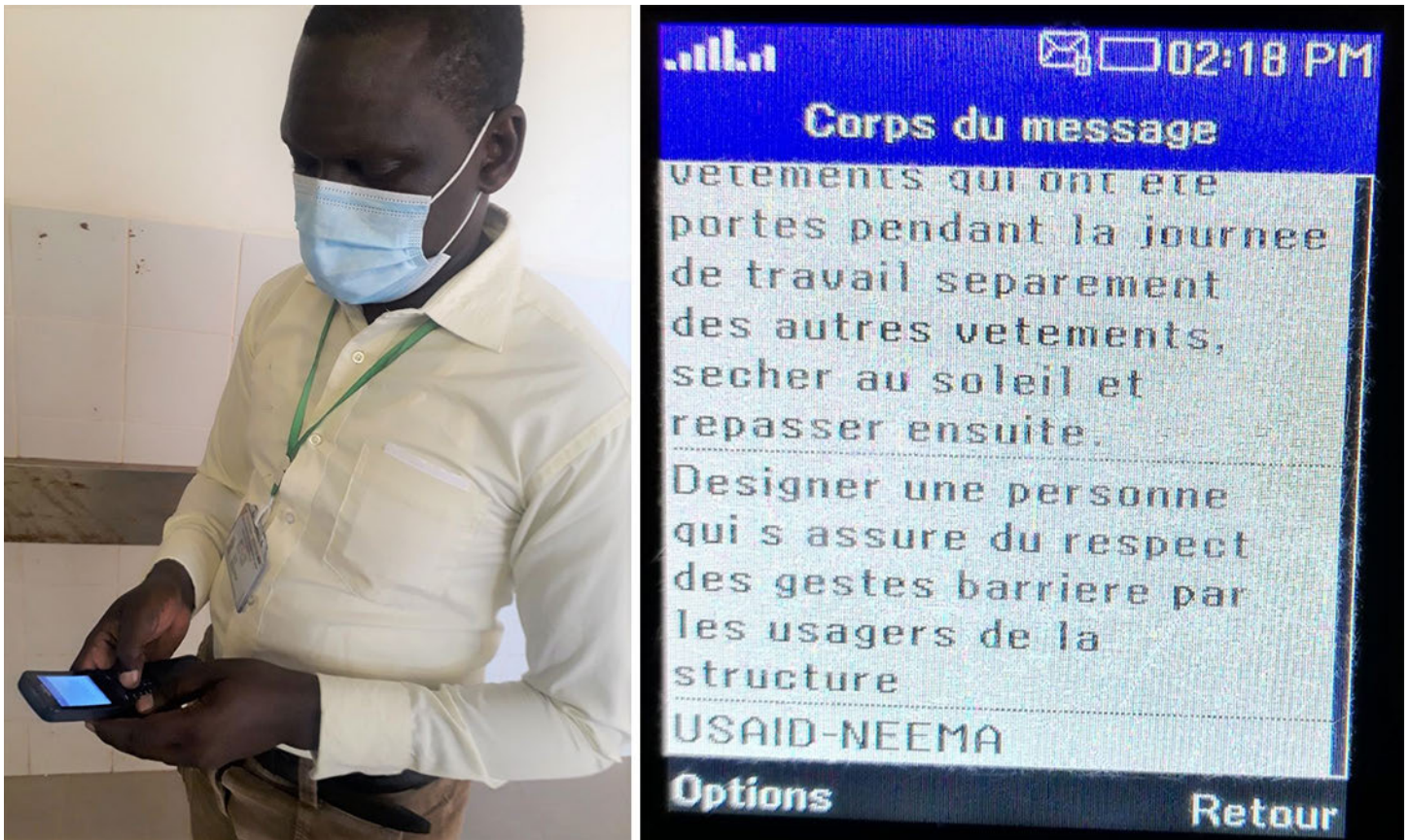
Using iHRIS Data to Support National Reporting Needs

To meet the Senegalese government's requirement for an annual human resources report, HRH2030 worked with the DRH to develop draft documents for the central- and regional-level MSAS staff in 2016 and 2018. Compiling data collected from multiple sources, including iHRIS, HRH2030 and the DRH developed a first-ever national report of all MSAS health workers. The data in this national HRH report, used in conjunction with iHRIS data, is now being referenced to make decisions about health worker recruitment, transfers, and provisional management.

Using iHRIS Data during COVID-19

Efforts to ensure that the iHRIS had complete, up-to-date records of health workers' information, including their phone numbers, paid off during the COVID-19 pandemic, which required rapid communication from the national level to all health system stakeholders

during the pandemic's onset. To fight the spread of COVID-19, the MOH's COVID-19 management steering committee resolved to inform health workers how to protect themselves, their colleagues, and their communities from infection. Taking into consideration the state of emergency, HRH2030 convened a meeting to explore ways in which the DRH could safely communicate COVID-19 mitigation and prevention tips to hard-to-reach health care workers. The committee developed informational messages about safe behaviors, which were transcribed as text messages and sent to health workers using the contact information in the iHRIS platform. An HRH2030 technical specialist worked with the iHRIS administrator of the MOH's Information Technology Unit to extract the contact information of these health personnel from the database. These safety awareness messages were then sent to frontline health personnel all over the country, including community-based health care workers, via the mINFO application.



Side-by-side images of health personnel reviewing an SMS message during COVID-19 and the how the text message looks on a mobile phone.
Photo Credit: HRH2030 Senegal



HIGHLIGHTS OF ACHIEVEMENTS

Improved Policy Environment for HRH
Distribution

KEY RESULTS

- Contributed to the development, revision, and improvement of 23 HRH policies, strategies, and guidelines for a more equitable health workforce distribution
- Oversaw the development of the *Guide de Mobilité*, which ensures that personnel transfers and postings are equitable, transparent, and democratic. In 2020, the guide was used to deploy 379 additional health workers to hard-to-reach zones
- Provided technical support for the DRH to develop the *Guide de l'Agent de Santé et de l'Action Sociale*, the first-ever reference guide for health and social workers
- Supported the DRH to renew the contracts of 839 contract health workers in hard-to-reach zones
- Supported the DRH in developing 2,717 job descriptions at the central and regional levels
- Guided the development of the second National Plan for Development of Human Resources for Health (PNDRHSS), following the evaluation of the first PNDRHSS 2011-2018

For Senegal to achieve its goal of universal health coverage for its population, it needs a well-skilled, well-supported, and high-performing health workforce. Critical to developing that workforce is a human resource for health management team with strong managers and leaders, who have the right tools at their disposal to plan for manage and optimize the health workforce. When HRH2030 began working with the DRH in 2016, a national HRH plan for developing HRH was in place but supporting

documents to guide the day-to-day work of the DRH were few, contained outdated content, and were rarely referenced in part due to a lack of awareness among managers and their staff. Creating resources that could be easily used and institutionalized was a key priority for HRH2030. And over the project's lifetime, HRH2030 substantially contributed to the DRH's development, revision, and improvement of 23 HRH policies, strategies, and guidelines to support the health workforce planning and management.



PERSPECTIVE:

Ibrahim Souka Ndella Diouf, Director of the DRH

In June 2019, HRH2030 supported the launch ceremony for the development of the National National Plan for Development of Human Resources for Health (PNDRHSS). The HRH2030-organized launch ceremony was the culmination of months of preparation, but only the beginning of the next phase of the plan development, which continued with preparing, sharing, finalizing, and validating the final

document. In addition, workshops took place to develop a training plan; monitoring & evaluation plans; and a budget. Throughout this months-long process, HRH2030 was a key strategic partner of the Directorate of Human Resources, led by Ibrahim Souka Ndella Diouf. During the budgeting workshop, Mr. Diouf praised the support of USAID and the HRH2030 team, saying, "Thanks to HRH2030, which allowed us to come to the present step of the development of the PNDRHSS II. Indeed, we now have the most important document of our directorate that will guide our development actions on HRH for years. We welcome and thank the continued support of USAID through HRH2030 Senegal. I sometimes find myself confusing the HRH2030 team and my HRH team because HRH2030 team is permanently present at our sides and in everything we do. Indeed, since the beginning of the project implementation, HRH2030 has always responded to our requests."

Supporting National Plans for HRH Development

HRH2030's first year of implementation, in late 2016, was toward the end of Senegal's National Plan for Development of Human Resources for Health (PNDRHSS) 2011-2018. The MSAS tasked HRH2030 with an active role in guiding the development of the second PNDRHSS, beginning with an evaluation of the plan that was underway at that time. This evaluation identified several areas of concern that impeded the PHDRHSS from realizing its stated goals, including nonfunctional governing bodies; an overly ambitious logical framework; a lack of financial resources; a lack of leadership in HR management; decisions being implemented without being informed by data; and the absence of a guide for health workers explaining the organization of the MSAS, the health system, and their rights and responsibilities. HRH2030 shared the results of this evaluation with stakeholders including executive directors at the central level directorates (Directorate of Research, Planning and Statistics; Directorate of Hospitals; General Directorate of Social Action) as well as USAID, Japan International Cooperation Agency (JICA), and the DRH.

Following the evaluation, HRH2030 played an active role in accompanying the DRH in the development of the new national plan, working with the DRH to set up a steering committee to oversee and monitor the plan's development. HRH2030 drafted a roadmap to guide the process from the evaluation to the finalization of the new plan, developed the terms of reference for steering committee members,

and proposed list of technical committee members. HRH2030 also advocated for key health partners to support the development plan process. In 2019, HRH2030 supported the launch ceremony for the plan's development, led by USAID Senegal and the DRH. The new plan, the 2021-2028 *National Plan for Development of Human Resources for Health*, sets the strategy for all interventions in the health and social sectors, with the goal of ensuring an effective and functional HR workforce with focus on improving the recruitment, distribution, retention, and motivation of Senegal's health workers.

Guiding Health Workforce Deployment in an Equitable, Transparent Manner

For a long time, the mobility of staff within Senegal's health system was poorly managed, creating frustration and a lack of motivation that negatively impacted health workers' performance. With HRH2030's arrival, the MSAS prioritized an initiative to clearly define the criteria and procedures that govern the deployment, transfer, retention, and motivation of health workers. A first step was the creation of regional transfer committees made up of representatives across the health system, including the regional medical director, HR focal point, and head of service for social action; directors of regional hospitals and health training centers; district medical officers; representatives of health labor unions; and the local governor.

Then, to improve transparency of the overall process, HRH2030 provided technical guidance to the DRH to develop the *Guide de Mobilité*. This key reference

PERSPECTIVE:

Malick Seydi, Deputy DRH

At a workshop for the review of the *Guide de l'Agent de Santé et Action Sociale*, Mr. Malick Seydi of the DRH highlighted the types of knowledge the document will provide to new staff, saying:

“[Previously] when a health worker was recruited, we did not give him any information on how the health system is organized, what relationship he has within his hierarchy, with the representatives of the administration at local level, or with local elected officials. Similarly, the procedures for taking his annual leave or requesting a new assignment were not made known to him, because we did not have a document that compiled this information. Thanks to the new guide, we now have a guidance and reference document for newly recruited staff and those who are also already in service. The DRH thanks USAID for supporting the development of this document through HRH2030.”



document codifies the processes to oversee personnel transfers and postings to ensure that these processes are equitable, transparent, and democratic. The guide details the structure and membership of the regional transfer committees; outlines the criteria needed to make transfer decisions, including the types of data to be analyzed by the DRH to facilitate rational decision-making. The new guide is being used regularly. Figure 8, below, shows the number of health workers posted in the hard-to-reach zones of Diourbel, Kolda, Kédougou, Matam, Saint-Louis, Sédhiou, and Tambacounda by the project's end.

In addition, a new document has been created to ensure that the health workforce is sufficiently informed about its rights, obligations, and management structure. Previously, health workers were onboarded without any formal documentation providing an overview of the health system. After Senegal's central government body overseeing the control and audit of public services and programs requested that the MSAS address this lack, with technical guidance and support from HRH2030, the DRH created the *Guide de l'Agent de Santé et de l'Action Sociale* (Guide for the Health and Social Worker). It provides a comprehensive overview of the practical information newly hired health workers need to

properly integrate into the system and is now being used regularly as part of the onboarding process. For health workers already in service, the guide is a useful reference document for dealing with administrative needs. See what Malick Seydi of the DRH has to say about the guide, in his "Perspective" on the previous page.

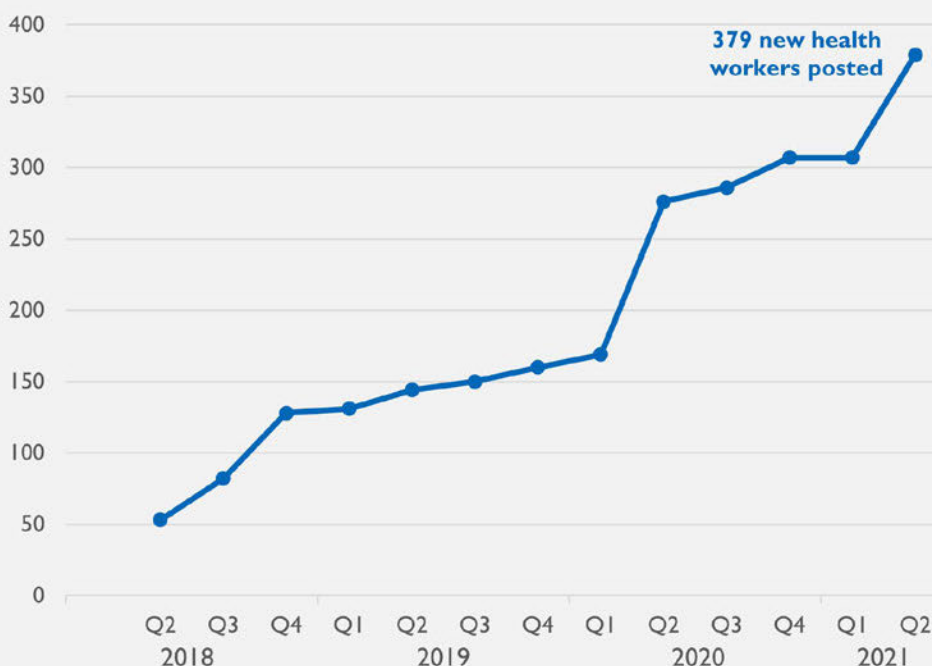
Social workers are another segment of the MSAS's professional staff. The services they offer complement health workers' roles within Senegal's health facilities by providing assistance to patients who cannot pay for health services at public hospitals, for example, or patients' family members in need of counseling and support. In addition, they sometimes assist health workers in dealing with their own social service issues. To standardize social workers' services across health facilities, HRH2030 advised the social division of the DRH in developing the *Guide d'Intervention Sociale en Milieu Hospitalier*, providing guidance for this critical workforce.

Defining Roles & Responsibilities through Job Descriptions

Health worker job descriptions were sorely lacking at the onset of the HRH2030 program. The MSAS mandated the development of job descriptions

Figure 8. The Mobility Guide provides guidelines and transparency to ensure that health workers are distributed equitably, including promoting HRH availability in hard to reach zones.

Informed by the Mobility Guide, **379 additional health workers** have been posted to hard to reach zones (Diourbel, Kolda, Kédougou, Matam, Saint-Louis, Sédhiou, and Tambacounda) since 2018 Q2.



HRH2030 has also taken other steps to promote equitable HRH distribution, including:

- Strengthening the availability and quality of HRH data
- Improving HRH management
- Supporting the DRH to renew the contracts of existing contractual health workers to ensure their continued availability until they can be formally recruited.

In FY2021, HRH2030 supported the DRH to **renew 839 health worker contracts** in hard to reach zones to ensure that these health workers remain available to address health workforce shortages.

Data source: *Annuaire, iHRIS, DRH Division of Personnel Management database*

for all positions in the health system by the end of December 2018, to ensure defined job requirements, compensation, and health worker classification; set performance expectations and guide the performance management process; and identify employee training and development needs. Through training and coaching, HRH2030 supported the DRH in developing 2,717 job descriptions at the central and regional levels and provided technical assistance to 14 regional health directorates as they adapted job description templates for their staff in their locales. Job descriptions were developed and approved for all central-level staff positions, and for positions in regional health facilities, such as at the Matlabul Fawzeni Hospital and Diourbel Hospital, as pictured at right. Dr. Moustapha Sourang of Touba Ndamatou Hospital shares his experience working with HRH2030 on job descriptions in his “Perspective” on page 18.

After HRH2030’s initial involvement in the job description development, the DRH staff assumed responsibility for further development and institutionalizing of these documents, working with trained HR managers and focal points to develop JDs for all positions in health facilities. At the conclusion of the HRH2030 project, managers in many regions

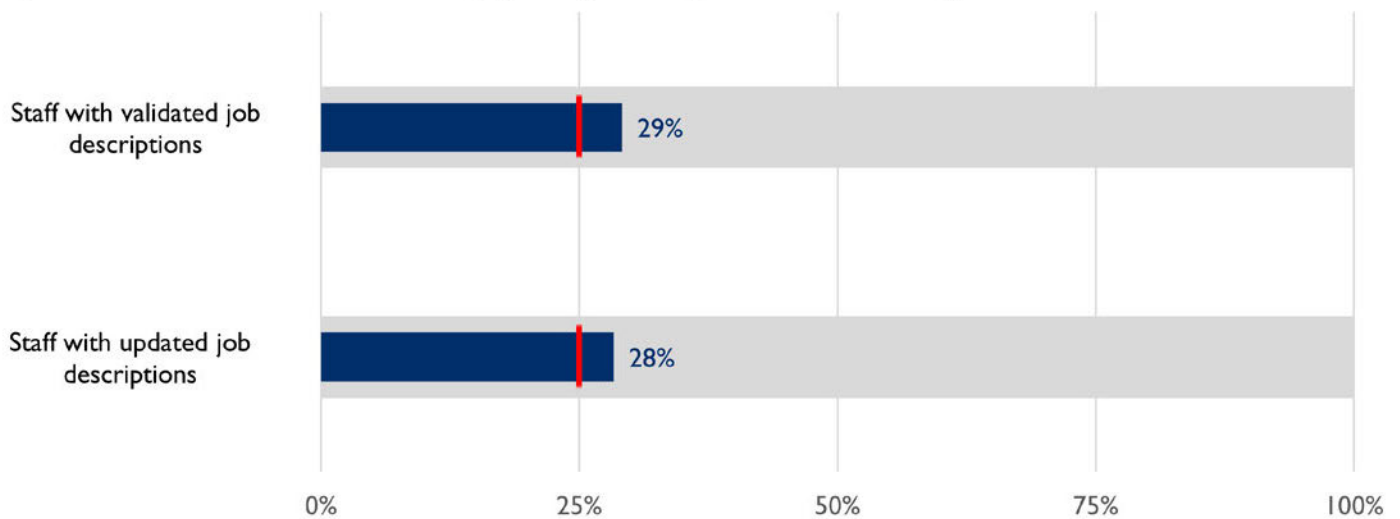
are using the job descriptions to clarify and orient staff on their roles and responsibilities and are referencing them when conducting health workers’ annual performance evaluations; in other regions, work continues to update and validate job descriptions in line with the national standards. Figure 9 below shows



Mr. Mamadou Nias, Head of HR in Diourbel Hospital, developing job descriptions. Photo: Ismaila Mbaye, HRH2030.

Figure 9. As a result of HRH2030 support, updated and validated job descriptions have been developed and rollout is underway to promote quality performance management.

"Updated job description" means that the job description has been revised to accurately align with job responsibilities and clarify job expectations. Job descriptions must be validated before they can be updated over time. Of the 1,132 health care workers assessed in Diourbel and Kolda, **330 (29%) have validated job descriptions**, exceeding the activity’s FY2021 target of 25%. In addition, of the 1,787 health care workers assessed in Dakar, Diourbel, Kaffrine, Kolda, Louga, Thiès, and Ziguinchor, **790 (28%) have updated job descriptions**. HRH2030 has put in place a sustainable HR supervision mechanism so that the proportion of health workers with validated, updated job descriptions will continue to grow.



Source: Validated job descriptions were assessed in USAID concentrated regions to which HRH2030 had access to job description data: Diourbel and Kolda. Updated job descriptions were assessed through supervision visits conducted with the DRH, which extended data availability for this indicator to additional areas.

the progress on validated job descriptions in Diourbel and Kolda; contrasted with updated job descriptions in Dakar, Diourbel, Kaffrine, Kolda, Louga, Thiès, and Ziguinchor.

Harmonizing Personnel Recruitment Policies and Procedures

HRH2030 also contributed toward more equitable recruitment for contract health workers, who are assigned to specific regions to fill the health workforce deficit. Several health donors and partners, such as the Japan International Cooperation Agency (JICA) are contracting health workers in Senegal to support the MSAS in achieving its health objectives, on the condition that the Government of Senegal will integrate them into the health workforce at the end of their contracts. HRH2030 supported the DRH in harmonizing its guidelines and hiring procedures for contract health workers with the aim of improving recruitment, oversight, and planning by the DRH and its partners. As a result of these harmonization efforts, the MOH has standardized and validated new recruitment and contract guidelines, which the DRH now uses in its recruitment efforts.

HRH2030 provided technical guidance to the DRH in applying these guidelines to the NEEMA Integrated Service Delivery Project, for instance, as it sought to recruit midwives to fill the staff deficits in maternal and child health services in hard-to-reach and underserved areas in USAID concentration regions. These guidelines were also used to recruit 14 accountants funded by the ministry's partners to strengthen financial management across Senegal's 14 regions.

Separately, through a World Bank (WB) grant, the MOH is currently implementing the "Invest in the Health of Mother and Child Project" (Investir dans la santé de la mère et de l'enfant, or ISMEA), which involves hiring health workers to fill personnel gaps in the project's target regions. These regions were identified by an ad hoc committee convened by the Minister of Health and Social Action in March 2021. The HRH2030 team provided technical oversight to this committee, using HR data pulled from the iHRIS to identify personnel gaps among nurses, doctors, midwives, social workers, and hygiene and sanitation workers. Using this data, the committee was able to highlight areas of extreme shortages that would benefit from additional nurses and



PERSPECTIVE:

Dr. Moustapha Sourang, Touba Ndamatou Hospital

Dr. Moustapha Sourang participated with HRH2030 in the development of health worker job descriptions. Here he describes the process, his perceptions on the advantages of having these documents and sharing them with staff, and his recommendations moving forward.

"We took part in the training sessions for the development and creation of job description sheets organized by the Human Resources Directorate at national level. We first shared the workshop recommendations and the draft job description sheets with all health workers and administrative personnel within Ndamatou Hospital. The hospital management team decided to implement the recommendations made during the workshop,

and so then provided all of the necessary resources to develop job descriptions for all positions in the hospital. This included job descriptions for health workers, supervisors, head of divisions, heads of department, the HR manager, and the director. After a validation meeting to seek a consensus, the job description sheets developed were originally shared and disseminated on December 12, 2018. They continue to be widely referenced.

"The job description is a human resources management tool that makes visible to each staff member the important aspects of his post, mission, objectives, skills requested, conditions and means, hierarchical link(s) and associated risks. The job description elaborates the function performed by the staff member in the hospital, taking into account his working environment such as service requirements and supervision. When necessary, it may also be used for disciplinary action and for legal purposes in civil cases."

midwives, specifically Tambacounda, Sedhiou, Kolda, and Kedougou. The DRH wrote and reviewed job descriptions, advertised positions in these areas, and successfully recruited 40 medical doctors, 15 specialized doctors, 400 nurses and 400 midwives by the end of May 2021. By following the new recruitment guidelines, therefore, the ISMEA project has improved the availability of qualified medical staff in areas of extreme shortages.

Finally, HRH2030 worked with the DRH to renew the contracts of 839 contract health workers serving in hard-to-reach zones to ensure that they remained available to address health workforce shortages.

The review, creation, and implementation of the policies and guidelines highlighted in this section have helped the MOH to make progress on its overarching goal of improving recruitment, distribution, retention, and motivation of the health workforce. A key driver of this work was the enhanced leadership and management capacity within the DRH, developed through the support of HRH2030, as described in the following section.



Arémata Danfakha, head of the Human Resources Department at the University Hospital of Fann in Dakar, consults a directory of the staff she oversees. Photo: Michelle Byamugisha for HRH2030 (2018)



HIGHLIGHTS OF ACHIEVEMENTS

Empowered Leaders and Managers for More Effective Human Resources Management

A close-up view of a document on a desk, featuring a grid table with multiple columns and rows. The text within the table is small and difficult to read, but the structure is clearly a data table.

KEY RESULTS

- Trained 111 professionals at the managerial and executive levels, including senior and mid-level DRH staff, in leadership and organizational development skills, empowering them to improve human resource management of the HRH at the central, regional, and district levels
- The above training led to improved coordination, planning, and collaboration with other MSAS departments and donor-funded programs by the DRH. Work plans, which had previously never been developed on time or fully implemented because of the lack of coordination and collaboration, were subsequently developed collaboratively, with input from all partners, delivered on time with an accompanying budget and monitoring plan, with HRH2030 support. Today, work plans are being fully implemented.
- Ongoing training and coaching in leadership and management helped to realize the successful multi-sectoral approaches to validation of the PNDRHSS, development of the PNDRHSS II, development of the *Guide de Mobilité*, and the development and institutionalization of other documents.

All USAID-funded health projects in Senegal have a mandate to strengthen the leadership, management, and governance competencies of the health directorates they work with at central and regional levels. Prior to HRH2030 joining USAID Senegal's health portfolio, other implementing partners had been instituting activities with limited coordination. Moreover, the level of attendance and commitment of senior staff of the MSAS directorates was often low, due to a lack of ownership and buy-in.

At the onset of the HRH2030 project in Senegal, while the DRH team saw the need to develop policies and guidelines for that directly impacted the

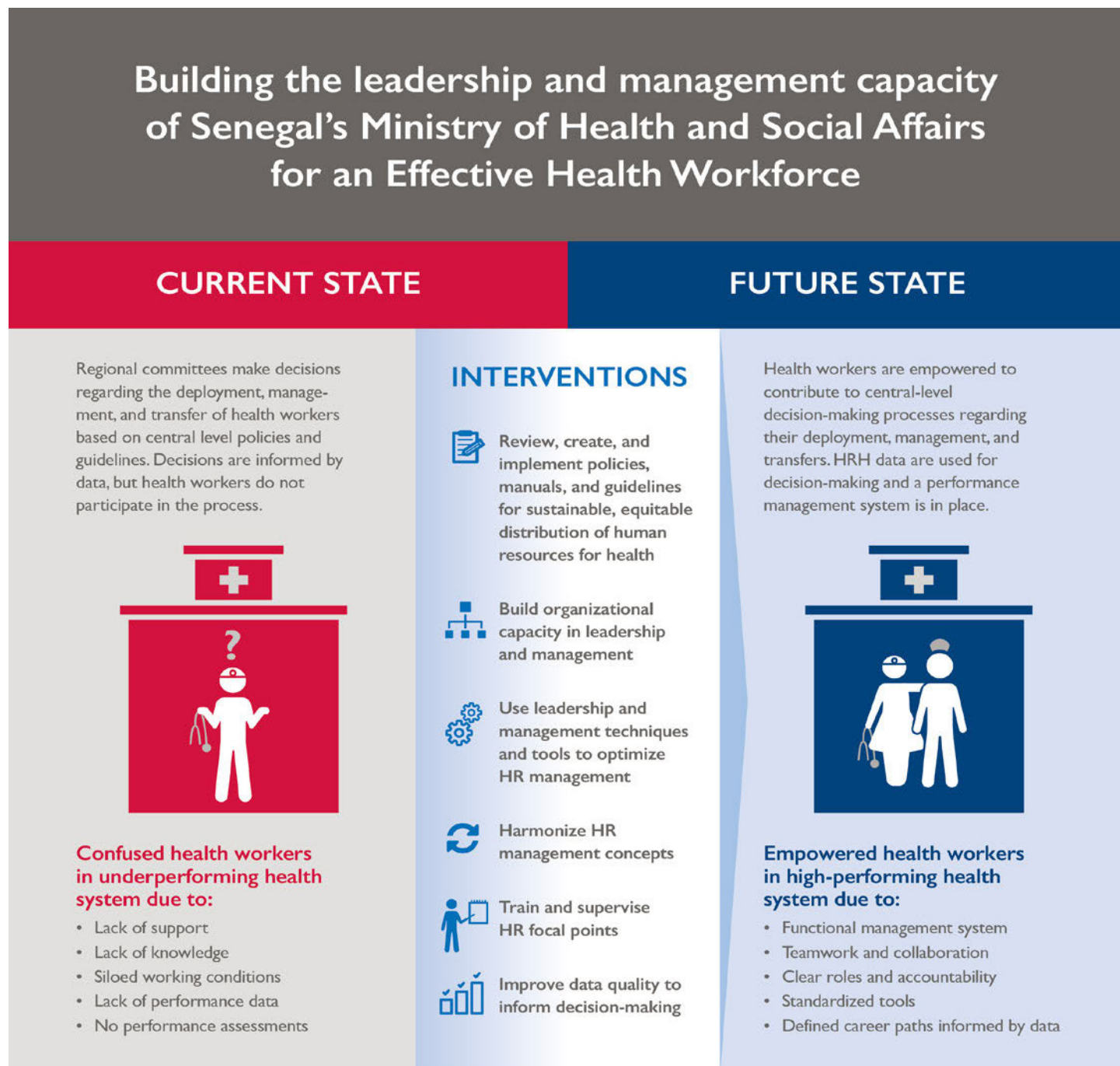
health workforce (as described in the prior section), they also saw the need to build their own capacities to ultimately be fully responsible for this work. The MSAS recognized that building organizational capacity could improve the coordination between departments, help departments achieve their goals and objectives, strengthen the health system's ability at the central level to support the regional health departments, and maximize the impact of donor funds.

Figure 10, on the following page, captures the state of the health workforce in the early years of HRH2030 project implementation on the left side,



The DRH team working together to develop its annual work plan 2020. Photo Credit: Dr. Matar Camara, HRH2030 Senegal

Figure 10: Infographic illustrating the current state and future state of the health workforce, based on HRH2030's efforts to build the leadership and management capacity of the MSAS



MILESTONES

JOB DESCRIPTIONS CREATED

JDs help personnel understand their roles and responsibilities and are essential for identifying capacity development needs and conducting performance reviews.

HUMAN RESOURCES MANUAL DEVELOPED

This manual provides comprehensive, practical guidance to assist health workers to properly perform their duties and effectively integrate into the HR management system.

PROCEDURES MANUAL DEVELOPED

This manual outlines each step of every HR management procedure, including who is responsible and the estimated completion time. It also serves to orient new staff.

MOBILITY GUIDE LAUNCHED

This guide details the procedures for managing health worker movement throughout the system, including how to apply for transfers and criteria for deciding upon transfers at central and regional levels.

the aspirational outcomes anticipated by the project on the right, and a list of major interventions in the middle, including those related to strengthening organizational leadership and management. Select milestones across the bottom have already been described in the prior section of this report.

Leveraging Local Expertise to Enhance Organizational Capacity

The Senegal's Office of the President hosts the *Bureau of Organization and Methods* (BOM), which has a mandate to improve the performance of all public and nongovernmental sector entities, including those within the health sector. Early in the program, with the support of HRH2030, USAID facilitated an agreement between the BOM and MSAS/DRH to strengthen the leadership capacities of senior MSAS executives at the central and regional levels. Drawing on the BOM's existing expertise in public administration, HRH2030 collaborated with them to develop a common approach for leadership capacity building and coordination activities. The plan entailed a learning approach that included group discussions, case study presentations, role plays, and facilitated discussions; development and implementation of an action plan using the Challenge Model²; coaching and mentorship throughout the action plan implementation; and a final assessment of the participants' learning following completion of the complete series of modules.

Using this approach, HRH2030 delivered trainings to enhance the leadership and management capacity of HRH professionals, with the goal of empowering them to improve human resource management of the HRH at the central, regional, and district levels.

A key result to come out of this training addressed one of the major challenges the DRH had been facing, a lack of annual work plans, which are mandatory for the DRH. Sensitized as to the importance of annual work plans as well as how to develop them, the DRH developed their first annual work plans, which were submitted to the Directorate of Planning, Research, and Statistics (DPRS), a key step in identifying and securing sources of funding for the plans' implementation. Because most activities in the DRH work plan are geared toward strengthening systems, the plans supported the development of many of the policies, procedures, and practices for better HRH management, as described in the prior section of this report. As Dr. Ousmane Dia, head of the Hospitals Directorate noted, "The HRH2030 project has been an exceptional help in enabling my directorate to carry out activities in my annual work plan that could never (before) be implemented because of lack of support. This project has had very positive effects for our directorate and has, above all, also given more visibility of the long-neglected management of human resources in hospitals."



Participants in a leadership and management training workshop of the regional health management teams and health district management team leaders in USAID's four focal regions. Photo Credit: HRH2030 Senegal

² A learning tool for teams to use in the workplace to address challenges and achieve results. See: <https://www.msh.org/resources/the-challenge-model>

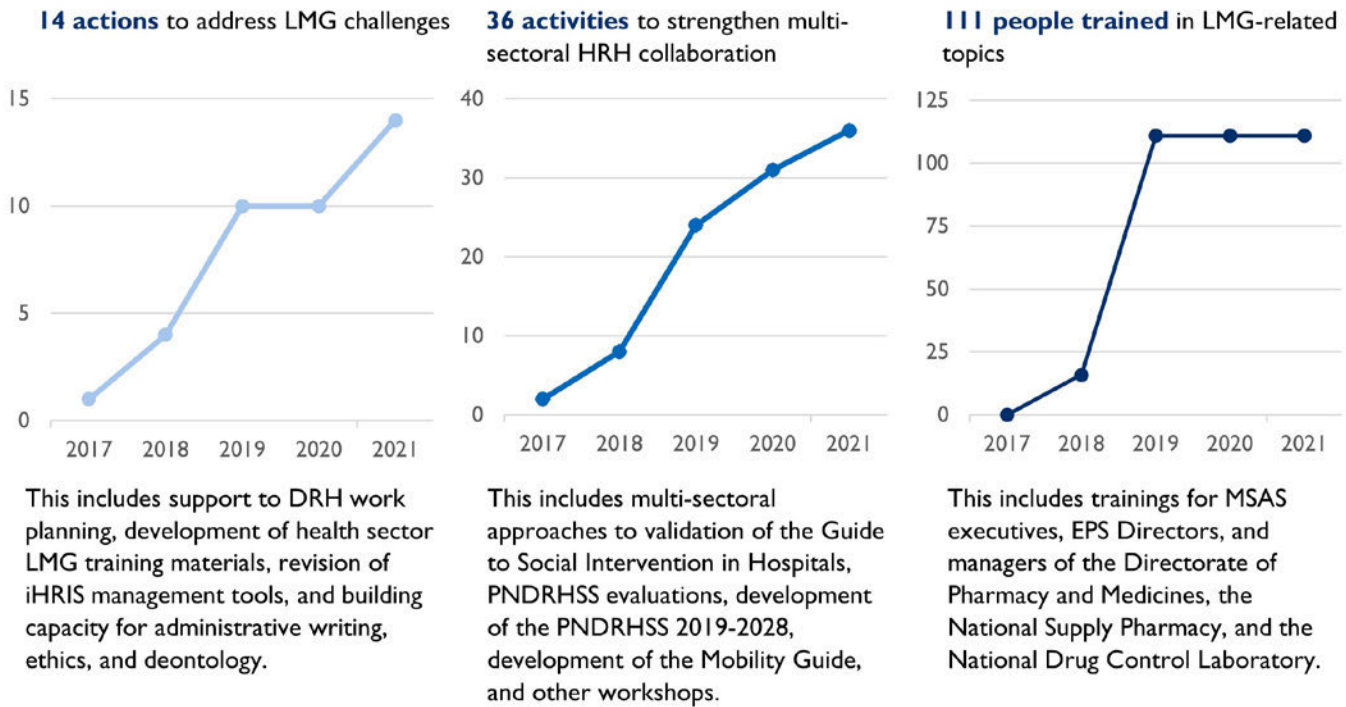
A second key achievement tied to enhanced leadership and management capacity was the institution of supervision visits. At the program's onset, there was no functional supervision system between the central and peripheral levels of the DRH. As DRH staff became more aware of the benefits of coordination and began to look more holistically at the MSAS programs, they requested HRH2030 support to conduct their first supervision visit. The DRH organized a multi-sectoral team composed of DRH and MSAS leaders, representatives from the ministry of finance and ministry of decentralization, representatives from community groups, and HRH2030 team members to assess the HR management at the decentralized level. The DRH shared the lessons learned during meetings chaired by the Minister and attended by health donors. Subsequent supervision visits took place over the life of the program to evaluate HR management performance and provide coaching and mentoring on using data for HRH decision-making at the regional and district levels.

With input from the BOM and HRH2030's support, the DRH has continually built the leadership

capacity of national executive officers, hospital directors, and some regional health officers, jointly with USAID health implementing partners in their respective regions, using the harmonized leadership and management approach and tools developed as described above. Over the life of the program, HRH2030 Senegal instituted 14 activities to address identified organizational and leadership challenges, as further illustrated in Figure 11 below.

As a result of their new knowledge and skills, HR leaders and managers have changed the way they oversee the implementation of programs, coming together to achieve health outcomes that align with the MOH's greater objectives. Previously, ministry directorates at the central level tended to operate in isolation with limited coordination and communication, resulting in duplication of responsibilities and activities and poor use of available resources. Today, the DRH works with a cohesive and unified vision of its role in collaborating with stakeholders to improve human resources management within the MSAS.

Figure 11. HRH2030 has taken a multi-faceted approach to improving leadership, management, and governance capacity, including...



Source: Program activity and training records



PERSPECTIVE:

Dr. Maty Diagne, Head of the Nutrition and Food Division, Directorate of Maternal and Child Health

Nineteen executives from Senegal's Ministry of Health and Social Action attended a workshop in leadership and coaching led by the Bureau Organisation et Méthodes. Dr. Maty Diagne, seen at left in photo, shared what she learned.

The training on leadership, management, and coaching I received allowed me to understand the definitions and to differentiate between the three concepts.

This new understanding of the three concepts led me to reconsider my position as a division head with a team whose mission is to prevent and take care of the food and nutritional problems of the Senegalese people. This team consists of several professional categories with very diversified levels; so, to obtain results from them, I should use everything I learned during this workshop to be a good leader, a good manager, and to coach my team well.

The following is how I will put into action what I learned from this training: listening with patience, tolerance but with great rigor to my collaborators, in order to allow them to express themselves and to have enthusiasm in the work.



PERSPECTIVE:

Dr. Khadiyatou Gaye Alainchar, Director of the General Directorate of Social Action

Nineteen executives from Senegal's Ministry of Health and Social Action attended a workshop in leadership and coaching led by the Bureau Organisation et Méthodes. Dr. Khadiyatou Gaye Alainchar, Director of the General Directorate of Social Action, was one of the attendees. Here she shares her reflections on evaluating her own management style and practices.

During the training session, the facilitators created an atmosphere for the participants that was conducive to self-reflection. In this context, I was able to evaluate my own

management style and practices, not in terms of technical expertise but in terms of know-how.

In a conscious way, I was able to measure the impact that my attitudes and behaviors may have on the implementation of the projects and programs for which I am responsible... how these same attitudes and behaviors influence those of my collaborators and, therefore, the achievement of the expected results.

Several tools have been put at our disposal to establish our leadership, improve our management, and fortify the coaching role that any manager must be able to play with his team.

To improve this training, we propose the following: One, increase the duration of each session to do more exercises in the workshops. And two, multiply the training to benefit many more agents within the health sector as well as the General Directorate of Social Action.

I urge other human resource professionals to take ownership of their departments and share this progress with their supervisors. This will undoubtedly improve the quality of human resources management in our health structures.



Lydia

ADAPTING TO PROGRAM CHALLENGES

Mitigating the Impact of the COVID-19 Pandemic

The COVID-19 pandemic presented the greatest implementation challenge, disrupting Senegal's health sector as well as the social and economic life of the Senegalese people—a disruption that is ongoing, even as the project has closed. The declaration of a state of emergency and its resulting restrictions impacted the implementation of HRH2030's workplan activities, particularly in conducting M&E activities that require in-person oversight. The lack of a remote work culture and especially of remote group collaboration was a major challenge that delayed the implementation of planned activities in 2020. The crisis required the HRH2030 Senegal team's creativity and persuasion to convince the DRH that previously planned training activities and strategic meetings could continue as planned but virtually, which would allow for advance progress on key initiatives while also ensuring the safety of staff and beneficiaries. HRH2030 trained government counterparts on how to work remotely and use Microsoft Teams for meetings. This adaptive approach enabled HRH2030 and DRH to continue to operate and realize achievements. With the exception of one planned in-person data review mission in FY21 Q3, as is described in Annex

B, all planned training activities and meetings were executed remotely via telework and small working groups in compliance with COVID-19 restrictions.

For example, following a meeting organized for the top management of the General Directorate of Health Establishments (DGES), the Public Health Establishments Directorate (DEPS), and the Hospital Facilities Management Team on job description and iHRIS at the hospital level, HRH2030 supported the DRH to hold a remote training workshop on the iHRIS platform for the top management of the DEPS team. Seventeen participants from the DEPS attended the training, designed to increase the participants' understanding of iHRIS, the HR information contained within, the types of reports that can be produced with the data, and using the data can be used for decision making. This remote training ended with a commitment by the DEPS to follow-up on HRH data entry and processing, and participants expressing their willingness to conduct an audit of hospital staffing using iHRIS. Following this remote training, HRH2030 organized an onsite supervision by the iHRIS task force to provide the DEPS team with direct access iHRIS and trained them how to extract HR data and produce an HR analysis report.



CONCLUSIONS AND THE ROAD AHEAD



From its inception HRH2030 Senegal's vision has been to advance the MOH to develop and implement strategies and approaches to strengthen and more equitably distribute its health workforce to respond to the population's health needs and pave the way for universal health coverage. The program's key achievements were realized due to the support of USAID, the Senegalese government, in particular, the Ministry of Health and Social Action and its Human Resources Directorate, the Ministry of Finance, the Ministry of Public Services, and the BOM. In addition, HRH2030 facilitated coordination and joint planning with other HRH partners such as the Japan International Cooperation Agency (JICA), the World Health Organization, and other USAID-funded projects to prevent redundancy and optimize resources. Other health system stakeholders including health sector labor unions and professional associations were included in the information gathering and feedback process and were also contributors to the project's overall results.

The MOH can be proud of its great leap forward in institutionalizing the iHRIS as the key source of information for health workforce planning and management. With the technology and software fully functional, and health system actors' increased commitment to data use and acting upon data to drive workforce decisions, the MSAS is more strongly positioned to drive forward improvements in health worker performance and service delivery.

The MSAS's Human Resources Directorate has professionalized its management services, with policies and resources in place to ensure a more sustainable, equitable distribution of the health workforce. At

the same time, leaders and managers throughout the ministry are operating as a more cohesive unit, with a shared vision of advancing human resources for health.

Despite this considerable progress to strengthen the workforce—the backbone of the health system—challenges remain to fully implement strategies that contribute to the goals of universal health coverage and ensure that essential health services are accessible, affordable, accountable, reliable, and that the health system is resilient overall. These include poor mobilization of domestic resources and inefficient use of public and private financial, human, logistical, informatics, material, and commodities resources. Hence, as we look forward to USAID's future investments in the Senegalese health system, HRH2030 has identified several opportunities that could be leveraged to strengthen the health system such as governmental national budget reform; health strategic documents such as the PNDRHS, PNDSS and National Investment Plan; established joint annual review meetings, health-led results-based contracting; and G2G agreements, among others. We recommend that USAID and implementing partners focus on these challenges and opportunities to address the health system gaps holistically from a system-wide lens. This will allow the MOH to ensure stronger use of data for decision making across the health system levels, improved management of health workers and supply chain systems, more effective use of government and donor resources in support of the health system including strong and accountable leadership, improved coordination and harmonization across MOH departments, and stronger political will and commitment to implement national level policies.



ANNEXES

Annex A. Progress Indicators

Indicators are presented in order of the objectives/results of the Senegal activity. If there is a dash (-) in the cell, then the indicator was not part of the activity monitoring and evaluation plan during that time period.

Indicator	Baseline Value (2016)	2017 Result	2018 Result	2019 Result	2020 Result	2021 Result	Life of Activity Result	Life of Activity Target
Activity Goal: To support the creation and implementation of human resources policies and guidelines that govern an effective and functional human resources system through improving the quality of recruitment and rural-urban distribution of health workers in Senegal.								
A. Strengthening Human Resources for Health	n/a	100%	100%	100%	100%	100%	100%	100%
B. Density of active health workers per 1,000 population in <i>zones difficiles</i> by cadre	n/a	0.65	0.68	0.65	0.81	n/a	0.81	n/a
C. Productivity of health facilities in <i>zones difficiles</i> benefitting from new HRH policies, strategies, or guidelines	837	430,000	437,066	438,070	459,969	465,664	567,604	1,471,338
Objective 1: Support the targeted review, creation, and implementation of policies and guidelines for the sustainable and equitable distribution of HRH								
01. Average implementation score for HRH policies, strategies, or guidelines (<i>Stages: 1: Under Preparation; 2: Drafted; 3: Adopted; 4: Implemented; 5: Effective</i>)	0	2.5	2.7	3.2	3.8	4	4	4
02. Number of HRH policy documents, strategies, guidelines, and/or briefs developed, revised, and/or improved	0	5	10	6	1	1	23	24
Result 1.1: Capacity of MSAS HR focal points to implement relevant HRH policy reforms is increased								
03. Number of trainings and/or workshops conducted on implementation of policies, strategies, or guidelines	0	6	27	34	40	25	132	119
04. Number of new health workers posted to facilities in <i>zones difficiles</i>	n/a	0	128	32	147	72	379	n/a
05a. Percentage of staff with validated job descriptions in USAID concentrated regions	n/a	-	-	-	-	29.15%	29.15%	25%
05b. Percentage of staff with updated job descriptions in USAID concentrated regions	n/a	-	-	-	-	28.35%	28.35%	n/a
Objective 2: Strengthen the organizational leadership & management (L&M) capacity of the MSAS for effective HRM								
Result 2.1: Increased L&M capacity of the MSAS to implement HR policies								
06. Number of actions taken to address identified organizational and leadership challenges	0	1	3	6	0	4	14	12
Result 2.1: Capacity of the DRH to Manage HRH resources is increased								
07. Number of activities to strengthen multisectoral collaboration for moving the HRH agenda forward	0	2	6	16	7	5	36	35
Objective 3: Improve MSAS use of data for HRH decision-making								
08. Number of health worker contracts renewed in hard-to-reach zones	n/a	-	-	-	-	839	839	n/a
09. Number of HRH documents developed that reference current iHRIS data	0	1	2	3	44	1	51	100*
Result 3.1: iHRIS data demand and use for HRH decision-making are improved								
10. Number of capacity building activities conducted on iHRIS data collection and/or use	0	2	3	11	10	11	37	28
11. Percentage of iHRIS focal points submitting HR reports based on national standards		-	-	-	60%	-	60%	60%*

* Due to challenges related to COVID-19 restrictions, HRH2030 was not able to conduct data reviews for HR reporting as planned in FY21 Q3. When travel restrictions were alleviated, HRH2030 prioritized overseeing the update of iHRIS data before the end of the program. As a result, the activity was not able to collect or report Q3 data for indicators 09 or 11. For indicator 09, this means that approximately 50 *Etablissement Public de Santé* data processing and analysis reports that were included in the indicator 09 target could not be validated, causing the life of activity result of 51 versus the target of 100 documents. Similarly, this resulted in not being able to measure a FY21 Q3 result for indicator 11, though substantial improvements in the percentage of iHRIS focal points submitting HR reports based on national standards were made over the course of FY20 (from 21% to 60% following HRH2030 support).

Annex B. FY21 Q3 Achievements

This annex summarizes HRH2030 Senegal activities that took place in April, May, and June 2021. It replaces the traditional third quarter report, since that reporting period coincided with the overall final quarter of the program.

The third quarter of HRH2030 Senegal's activities coincided with the decline of the second wave of COVID-19 in Senegal, leading to easing of restrictions, including the end of the state of emergency and a gradual resumption of economic and social development activities. In Q3, the HRH2030 Senegal team continued the consolidation activities of the program's achievements, as outlined below.

Objective 1. Support targeted policy and guidelines review, creation, and implementation for sustainable equitable distribution of HRH

The Government of Senegal's new vision of public sector management introduces a paradigm shift in the state's approach, positioning results-based management and performance management at the heart of public policy implementation. The function of human resources management is a key lever for instituting results-based management as well as implementing the PNDSS and PNDRHSS. To achieve the results as defined in these strategic documents, it is vital that both central-level and regional MSAS executives are mobilized and trained appropriately.

With this understanding and operating in this new context, the Directorate of Human Resources (DRH), with the technical support of HRH2030 and the Bureau of Methods and Organization (BOM), organized and convened two training sessions in Thiès to strengthen the capacity of MSAS executives in administrative writing techniques, ethics in public services, and deontology. Seventy-two (72) participants attended the workshop, including the MOH advisor in charge of hospital administration, central-level and regional division directors, hospital directors, and regional health officers. The HRH2030 team and the BOM trained participants on Senegal's patient's charter, internal hospital regulations, administrative writing, health services quality in the context of high demand, and how to work with patients to best meet their needs. These training sessions enhanced the leadership and management capacities of participants, who are now better positioned to develop high-quality administrative documents, demonstrate and model ethical behavior in their workplaces, and holistically understand the Government of Senegal's patient charter and approach to service provision.

Objective 2. Strengthen structural and organizational leadership in MSAS for effective HR management

The HRH2030 team supported the DRH and Directorate of Mother and Child Health in implementing a recruitment component of the World Bank-funded project, "Invest in the Health of Mother and Child" (ISMEA) that aims to fill personnel gaps in targeted regions. During numerous meetings of a committee convened by ISMEA, HRH2030 provided technical assistance and guidance by using the iHRIS to analyze HR data and identify personnel gaps, specifically in nurses and midwives. Based on the data analysis and the committee's recommendations, the DRH developed and advertised job descriptions in designated regions with the most urgent needs. By the end of May 2021, the DRH and the World Bank had identified 40 medical doctors, 5 specialized medical doctors, 18 pharmacists, 400 midwives, 400 nurses, 32 specialized nurses, 4 hospital maintenance technicians and 4 nutritionists sourced from these job descriptions. Their recruitment data and employee profiles will be entered into the iHRIS software.

Objective 3. Improve the use of data for HRH decision-making at national and regional levels

To follow up, reinforce, and build on supervision visits that took place in 2020, HRH2030 supported the iHRIS task force in a second supervision mission during the quarter. During the visit, representatives from Senegal's 14 regional health offices and 36 hospitals consolidated the iHRIS' achievements through visits to the Central Services, National Directorates, and regional health offices of Kaffrine, Diourbel, Kolda, Louga, Saint-Louis, Ziguinchor, Dakar, and Thiès. The following results were documented from the supervision visit:

Strengths and achievements with use of iHRIS

- Increased commitment and buy-in from iHRIS task force team members
- Increased rate of enlistment among agents in the iHRIS
- Increased the completeness of health workers' data, including ages, sex, agent status, dates of work, socio-professional category, type of contract, employer, and service
- Increased the rate of enlistment of health workers in the iHRIS by 61%, from 11,490 in 2017 to 18,554 in 2021

Weaknesses and challenges with use of iHRIS

- Spotty internet connections, particularly at the district level, and bugs in the iHRIS software
- Certain iHRIS focal points are more qualified than others, resulting in a higher performance in some areas
- Newer focal points must be trained in operating the iHRIS and analyzing data
- Lack of incentives for human resources focal points result in inconsistent performance

As this was the last activity conducted by HRH2030, the results of this assessment visit are to be addressed by the DRH and future health programs as they move forward with ongoing iHRIS coaching and training.

A significant achievement of the quarter was the signing of the Lettre Circulaire by the MOH, mandating that health workers enroll in the iHRIS platform in order to receive their quarterly incentive payments. The signing of this official document signified the institutionalization of the iHRIS platform in Senegal. Since the document's publication, there has been a renewed focus at all levels of the health system on ensuring the quality and completeness of data in iHRIS. This renewed focus enabled newly trained iHRIS focal points, who have been coached in data treatment, analysis, and report development, to develop and test HR report templates. By the end of the project, all 14 Senegalese regional health offices as well as 36 hospitals have developed and produced HR reports for the first time and submitted them to hospital directors for use and future reference.

Annex C. Financial Report

Quarter Ending June 30, 2021: \$ [REDACTED]

Spending and Accruals for FY21 Quarter 3 (Q3): \$ [REDACTED]

Funding Stream	Total Obligation	Estimated Cumulative Spending through June 30, 2021	Accruals	Balance of Earmark
Senegal Mission Funds	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
HIV/AIDS	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
MCH	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
FP/RH	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Malaria	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Senegal Ebola	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Senegal Consultant	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Total	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

*Balance of earmark is anticipated to be spent on trailing costs, such as NICRA adjustments



Midwife Rosalie Gomis works at the Keur Massar Referral Health Center, Senegal. Photo Credit: Ibrahima Kamaté, HRH2030

Program Partners

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

About HRH2030

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

Global Program Objectives

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



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