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HUMAN RESOURCES FOR HEALTH IN 2030

# **HRH2030 Senegal Annual Report**

HRH2030: Human Resources for Health in 2030

**December 29, 2017**

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# **HRH2030 Senegal Annual Report**

HRH2030: Human Resources for Health in 2030

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

## DISCLAIMER

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States government.



## Contents

<b>Contents</b> .....	<b>i</b>
<b>Acronyms</b> .....	<b>ii</b>
<b>Project Summary</b> .....	<b>I</b>
Summary Table .....	I
Project Description .....	I
<b>Executive Summary</b> .....	<b>2</b>
<b>Achievements within the Reporting Period</b> .....	<b>4</b>
Achievements during reporting period by Subcomponent .....	4
Progress on Challenges Identified in during this reporting period .....	8
<b>Cross-cutting Issues</b> .....	<b>9</b>
Gender Mainstreaming.....	9
Compliance with Environmental Regulations.....	9
Compliance with Legislation and Regulatory Requirements in Family Planning .....	9
<b>Lessons Learned</b> .....	<b>9</b>
<b>Main Activities Planned for the Next Quarter (October – December 2017)</b> .....	<b>10</b>
<b>Project Management and Administration</b> .....	<b>10</b>
<b>Annex A. Progress on the Work Plan and Indicators</b> .....	<b>12</b>
<b>Annex B. Training Workshops</b> .....	<b>16</b>
<b>Annex C. Financial Report</b> .....	<b>18</b>
<b>Annex D: Photos</b> .....	<b>19</b>

## Acronyms

AOR	Agreement Officer Representative
DHIS II	District Health Information Software II
DRH	Direction des Ressources Humaines
G2G	Government to Government
GoTAP	Government Technical Assistance Provider
HRH	Human Resources for Health
HRM	Human Resources Management
MSAS	Ministère de la Santé et de l'Action Sociale
PNDRHS	Plan National de Développement des Ressources Humaines en Santé
SOW	Scope of Work
URC	University Research Co
USAID	United States Agency for International Development

## Project Summary

### Summary Table

Summary Table	
Activity Name	HRH2030
Start Date of Activity	April 2016
Name of Implementing Partner	Chemonics International Inc.
Cooperative Agreement Number	AID-OAA-A-15-00046
AOR Name	██████████
Names of Consortium Members	Amref, Palladium, Open Development, University Research Co (URC)
Geographic Coverage	National/Concentration Regions
Reporting Period	October 01, 2016 to September 30, 2017

### Project Description

The government of Senegal and its Ministry of Health and Social Action (Ministère de la Santé et de l'Action Sociale, MSAS) are committed to providing universal health coverage to all citizens in Senegal. Nonetheless, the country faces significant human resources for health (HRH) challenges characterized by a surplus of unemployed health professionals living in urban settings, while there is a critical shortage of health workers in rural posts which are considered the least attractive due to professional isolation, inadequate schools for children, a lack of housing, poor communication infrastructure, and a lack of basic services such as water, electricity, and public transportation.

Through the USAID Human Resources for Health in 2030 (HRH2030) program, USAID/Senegal provides technical assistance to MSAS to strengthen the ministry's management of human resources (HR) to ensure quality health services are provided in all areas of the country. Working directly with MSAS through the Directorate for Human Resources (Direction des Ressources Humaines, DRH), HRH2030 helps build capacity to operationalize effective health policy for a responsive and equitably distributed health workforce; to use data from HRH information systems in planning and management; to enhance leadership to govern the health workforce equitably; and to improve preparedness and response to Ebola and other infectious threats. HRH2030's Senegal support to the DRH is focused on building and strengthening capacity at the central and regional levels. The project works in close collaboration with other USAID and donor-funded projects that support human resources technical and management capacities at central, regional and district levels.

The overarching goal of HRH2030 Senegal to improve health outcomes through a better health workforce will be achieved through the following three objectives:

1. Support targeted policy and guidelines review, creation, and implementation for sustainable, equitable distribution of HRH.
2. Strengthen structural and organizational leadership within MSAS for effective HR management.
3. Improve the use of data for HRH decision-making at national and regional levels.

## Executive Summary

HRH2030 is providing technical assistance to Senegal's MSAS primarily through the DRH to support the creation and implementation of HR policies, guidelines, and practices that govern an effective and functional HR workforce, which will improve recruitment, distribution, retention, and motivation of health workers in Senegal. This purpose is achieved through creation, revision, and implementation of HRH policies and guidelines; improving HRH management through addressing structural, organizational, and leadership challenges within MSAS; and reinforcing collection, analysis, and use of HRH data for decision-making. HRH2030's Senegal support focuses on achieving these overarching objectives at the central and regional levels.

At the policy level, HRH2030 provided technical assistance to the DRH to evaluate the level of implementation of the National Plan for Development of Human Resources for Health 2011-2018 (Plan National Des Ressources Humaines de Santé, PNDRHS), the results of which will be used to inform a roadmap for the development of the next PNDRHS. Furthermore, HRH2030 assisted the DRH to finalize the Mobility Guide and Retention Strategy of HRH into one document that informs HRH movements, transfer procedures and criteria, and incentives in order to increase the availability of health workers in hard-to-reach areas. In an effort to harmonize the contracting procedures of MSAS technical and financial partners, the hiring procedures of contract workers were revised to improve recruitment, oversight, and management of contracts by the DRH and partners for improved health worker availability and performance. Finally, as part of the effort to standardize operating procedures and improve efficiencies, HRH2030 supported the DRH to develop a Process and Procedure Manual for its central level functions.

To address the DRH structural, leadership, and organization challenges, HRH2030 partnered with Amref to conduct a rapid Human Resources Management (HRM) assessment of the DRH. The results of the assessment were used to develop a capacity building plan to address key areas for improvement which included challenges with monitoring and implementation; lack of implementation framework that delineates roles, responsibilities, and timelines; lack of forecast management; and limited leadership presence. Building upon the HRM assessment results, HRH2030 provided technical assistance to the DRH to develop their annual workplan to address key challenges in the year 2017. The HRM assessment will also be used as one of the guiding documents to help USAID make an informed decision about Government to Government (G2G) financing options with the DRH. Finally, HRH2030 provided technical assistance to the DRH to build the capacity of all its HR managers at central, regional, and hospital levels in job description development.

In terms of HRH data management, HRH2030 in collaboration with the DRH conducted workshops to strengthen the capacity of central, regional, and district HR managers and focal points on collection and use of iHRIS data for decision-making. HRH2030 purchased a new server to host iHRIS data in replacement of the old server that had broken down. HRH2030 and the DRH also conducted a rapid assessment to identify additional equipment needs to strengthen the functionality of iHRIS. The project works closely with the DRH and implementing



partners to identify infrastructural challenges facing the proper use of iHRIS data, as well as potential data interoperability with other health information systems like the District Health Information Software 2 (DHIS II).

The HRH2030 project team faced several implementation challenges during the last year, especially with the DRH leadership that led to delays in approval of policy documents and guidelines resulting in delays in supporting their roll-out. HRH2030 and USAID are working closely with the Director of HR to ensure that he provides the support needed for timely implementation of project activities. Moreover, a ministry-wide suspension by MSAS of trainings and workshops that require participants to travel outside their work stations during the months of July and August affected planned activities. To address these challenges, the project team has been advocating for the project at multiple levels of MSAS, working closely with USAID to solicit stakeholders' support, and implementing the activities that don't require suspension exemption.

The project will continue to provide technical assistance and guidance to the DRH and other departments of the MSAS for moving forward with the implementation of the developed policies and guidelines at central and regional levels. Moreover, the iHRIS trainings and iHRIS infrastructural and functionality support will continue to cover all regions and ensure adequate data collection, use, and forecasting for the year 2018.

## Achievements within the Reporting Period

### Achievements during reporting period by Subcomponent

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

##### Evaluation of the National Plan for Development of Human Resources for Health (PNDRHS) 2011-2018 (Ebola Scope of Work (SOW) 1.1.1)

The DRH had developed a PNDRHS 2011-2018; however, several key aspects of this plan have not been implemented. In preparation for development of the next plan, HRH2030 had supported the DRH during the previous quarter to evaluate the level of implementation of the current plan. Key findings from the evaluation show that less than 22 percent of the key informants were aware of the PNDRHS; level of implementation of planned activities ranged from 0-30 percent; and the main reasons for low implementation were lack of financial resources, weak leadership, and poor communication and access to information about the PNDRHS achievements. A PNDRHS evaluation report was submitted to the DHR and USAID Senegal in April 2017. Results of the evaluation will guide development of the next plan. HRH2030 has supported the DRH to develop a draft roadmap for developing the next PNDRHS. The roadmap spells out the specific activities needed to be accomplished, the participants for each activity, the proposed dates, and the expected outcome the activity will contribute towards developing the next PNDRHS. A broad participation is envisioned by all departments and national programs of the Ministry of Health, the Ministries of Finance, Public Service, Labor, training institutions, medical and midwives and nurses associations, health sector labor unions, donors, and implementing partners. The draft will be shared during the next meeting of the HR and IE subcommittee between January and March 2018 for review and input.

##### Guide de Mobilité and Stratégie de Retention en Zones Difficile (Ebola SOW 1.2.1; 1.2.2; 1.3.1)

The DRH had developed a draft Mobility Guide (Guide de Mobilité) and draft Strategy for Retention of Health Workers in hard-to-reach areas (Stratégie de Rétention en Zones Difficiles), but these guides were never finalized. HRH2030 has been supporting the finalization of both documents. With HRH2030 technical assistance the decision to merge the two documents was taken at a workshop organized in Kaolack in March 2017, so that commissions making decisions on health personnel movements consider the resources implications related to proper incentives. The guide outlines the structures and members of commissions that will manage staff movements, procedures for applying for transfers, criteria for making transfer decisions, and the incentives to be provided to staff that are posted to hard-to-reach areas. The final document was cleared by the DRH and is currently with the Minister of Health for his review and approval. Since the Minister was just newly appointed, it is expected that approval may again be delayed. HRH2030 is advocating with the DRH to work with the new Minister to expedite approval of the guide. After approval DRH, with HRH2030 technical assistance, will orient the 14 national and regional commissions.

##### Annuaire du Personnel du MSAS (Ebola SOW 1.4.1)

HRH2030 supported HR managers to develop central and regional draft directories using data collected from multiple sources including iHRIS data (category, location, age, personnel gaps, geographic distribution, etc.). These draft directories were consolidated into a national directory that was submitted to DRH for comments. In June 2017, the DRH comments were addressed during a one-day workshop resulting in a final approval of the 2016 directory in July 2017. The directory contains MSAS health workers' data and will be used for decision-making on

recruitment, transfers, and provisional management of health workers. With HRH2030 recommendation, the DRH plan to include data for community health workers and private sector health workers in the 2017 directory. HRH2030 will provide technical assistance to the DRH to develop the 2017 directory.

#### Harmonization of Contracting Procedures by MSAS Technical and Financial Partners (HRH SOW 2.2.3.4)

Several donors and implementing, technical, and financial partners hire contract health workers in Senegal to support implementation of their programs and projects. The MSAS should be involved in the hiring process with the understanding that contract health workers will be absorbed by the MSAS at the end of their contracts with the partners. However, in many instances the MSAS is neither aware nor involved in the hiring process and hiring conditions vary between partners, making it difficult for these workers to be absorbed into the MSAS. During the reporting period, HRH2030 supported the DRH to harmonize hiring procedures of contract health workers, which aims at improving recruitment, oversight, and planning of contracts by both the DRH and partners. These procedures include a draft sample agreement between the DRH and donors or partners to delineate roles and responsibilities in hiring, use, and management of the contract health workers as well as the hand-over and transition processes upon contract completion. The draft procedures were submitted to the DRH in July and are still pending approval. When approved HRH2030 will orient DRH staff on implementation of these procedures.

#### Standard Operations and Procedures Manual (HRH SOW 1.1.2.1)

HRH2030 supported the DRH to develop a Standard Operations and Procedures manual for the central level DRH operations. The manual provides guidance on each step of the HR management procedures, who is responsible for performing the procedure, and an average procedure completion time. The manual was submitted to the Director of HR for review and his comments are being addressed as the manual is finalized. The manual was approved in October 2017. Following approval, HRH2030 will support the DRH to orient staff on its use. All newly hired staff at the central level will be oriented on sections of the manual that relate to their roles and responsibilities. Copies of the manuals will be produced and distributed to staff for use as a reference manual. The manual will also be posted on the Ministry of Health website.

### **Objective 2. Strengthen structural and organizational leadership within the MOH for effective human resource (HR) management.**

#### Institutional, Organizational, and Leadership Assessment of the DRH (HRH SOW 2.1.1.1; 2.1.1.2)

In June 2017 HRH2030, with support from HRH2030 project partner Amref, provided technical assistance to the DRH to conduct its institutional, organizational, and leadership assessment using an HRM rapid assessment tool. Participants included managers from all the four divisions (Division of Personnel Management, Division of Training, Division of Social Promotion and Partnership, Division of Provisionary Management and Employment) of the DRH. Areas of institutional, organizational, and leadership strengthening for implementing HRM functions and processes were identified and plans were developed to address identified weaknesses. These weaknesses included challenges with monitoring and implementation of HRM functions, lack of implementation framework, lack of forecast management, and lack of leadership presence. The rapid HRM assessment report was submitted, reviewed, and approved by USAID Senegal.

Activities to address the identified gaps have been discussed with the DRH and incorporated in the HRH2030 Year 3 workplan.

#### DRH Annual Work plan (HRH SOW 1.1.3.4)

For over 4 years, the DRH has not developed an annual work plan. To improve coordination, planning, and collaboration within the DRH, other departments of MSAS, and with donors funded programs, HRH2030 supported the DRH to develop a work plan for the period April-December 2017 that focuses on DRH priorities and included all donor supported activities. Even with HRH2030 support it has been a challenge to implement activities as planned because of programming conflicts, adhoc activities based on availability of donor funding, lack of focus on expected results, frequent postponement of planned activities, and lack of follow-up of plans developed during workshops and trainings. HRH2030 hopes that the leadership training and other organizational capacity strengthening activities planned during the next fiscal year will help improve implementation of the 2017 and future workplans.

#### G2G Financing (HRH SOW 1.1.4.1)

USAID is exploring direct financing options with the DRH in 2018 to reinforce and strengthen its institutional, organizational, and leadership capacity to operationalize an effective health policy for responsive health workforce and advance the use of information systems to optimize HRH decision-making for increased access and availability of quality health services. Options from direct financing include either G2G agreement or a one-year sub-award via an implementing partner that would transition to G2G in the second year. HRH2030, in partnership with its Open Development direct financing expert, oriented the DRH to USAID's G2G processes and programming. Moreover, HRH2030 and Open Development collaborated with USAID's Government Technical Assistance Provider (GoTAP) project to review preliminary findings of the Technical and Management Capacity Assessments and Capacity Building Plans and tools developed for other MSAS G2G beneficiaries. In June 2017, HRH2030 drafted and shared a memo with USAID to present pros and cons of direct financing options and give recommendations of best ways forward. In August 2017, USAID Senegal informed HRH2030 that it will not be putting in place G2G financing with the DRH before October 2018 due to concerns about the DRH's ability to produce results. USAID however recommended that HRH2030 continue institutional capacity building that it had already planned with the DRH. USAID indicated that the situation will be reassessed in 2018.

#### Development of Job Descriptions (Fiches des Postes) (HRH SOW 1.1.3.3; 2.1.1.2.1)

One of the weaknesses identified from the institutional and organizational leadership assessment was the lack of clear job descriptions for Ministry of Health staff. Job descriptions help staff understand their roles and responsibilities and are essential for performance reviews and identification of capacity development needs. During the reporting period, HRH2030 supported the DRH to organize 3 training workshops to build the capacity of central level HR managers and HR focal points in job description development. The first workshop was organized in Kaolack for regional HRH focal points from all the 14 regions. The second was organized in St. Louis for HR managers of all the public hospitals in Dakar. The third was organized in Kaolack for HR managers from all the regional hospitals. The DRH has already approved job descriptions for all its 44 staff at central level. HRH2030 then proceeded to train HR managers and HR focal points of other departments, regions, and hospitals to develop job descriptions of the staff they oversee. A total of 120 template job descriptions were developed for common positions that are found at regional and district levels and in the public-sector hospitals. The DRH and HRH2030

will be following-up and supporting regional HR focal points and hospital HR managers to adapt the generic job description for staff in their services that hold these or similar positions.

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

HRH Data Collection, Analysis, and Use for Decision-Making (Ebola SOW 1.4.2; HRH SOW 3.1.1)

The DRH adopted iHRIS (Human Resources Information System) as the software for its human resources information. One of DRH's priorities in 2017 is to complete data collection for public sector health workers and collect data for community and private sector health workers. After supporting the DRH to program iHRIS for this purpose last quarter, HRH2030 conducted a training in May 2017 for the regional medical director, the district medical directors, and the regional and district HR focal points on data collection and entry for community health workers and private sector health workers. In July 2017, HRH2030 supported the DRH to conduct an iHRIS capacity building training for HR focal points from other departments of the MSAS as well as HR managers from the national hospitals in Dakar. In September 2017, the DRH and HRH2030 developed a plan to conduct follow-up mentorship of all HRH managers and HR focal points trained in iHRIS. This will also provide an opportunity to assess HR managers' skills in iHRIS and provide onsite mentoring and coaching as needed. The visits began at the end of October 2017 after the new server has been programmed and installed. These visits will also provide an opportunity to identify any additional iHRIS capacity and equipment needs.

Support for iHRIS Equipment and Material Needs (Ebola SOW 1.4.3)

At the request of the DRH and with approval from USAID, HRH2030 purchased a new server for the Ministry of Health to house iHRIS data. The server was handed over to the DRH at the end of August in ceremony presided by the Secretary General of the Ministry of Health. It is currently being programmed by staff of the computer unit of the Ministry of Health before being handed over to the State Computer Services Agency (Agence Informatique de l'Etat, AIDE) where it will be hosted and maintained. HRH2030 and the DRH, in collaboration with the HSS+ project are also finalizing an assessment of additional equipment needed to ensure iHRIS functionality and internet connectivity, especially in remote areas of Senegal. The HSS+ project already provided some equipment to the regions and district to facilitate data collection and transmission for DHIS II.

Capacity Building in Use of Data for Reporting and Decision-Making (HRH SOW 1.1.2.13)

The DRH, with technical support from HRH2030 organized a training for central-level HR managers of MSAS on development of an annual human resources report which is a requirement for all public and private sector organizations in Senegal that have over 50 staff. Training participants included DRH senior managers and HR focal points from all the other central departments and programs of MSAS. The report provides information on new recruitments, staff departures, staff gender distribution, staff professional categories, attendance rates at work, salaries and benefits, working conditions, professional accidents and illnesses, and health workers' labor unions activities, including strikes if any. The training included identification of information data sources and tools, development of indicators for each component of the report, and analysis, interpretation, and presentation of data to facilitate advocacy and decision-making. With the new iHRIS server being programmed, it is expected that the first HR report will be developed at the end of March 2018.

iHRIS Functionality Assessment: (Ebola SOW 1.4.2)

HRH2030's Technical Advisor for iHRIS and Data for HR Decision-making conducted a rapid functionality assessment of iHRIS and the HR data currently found in IRHIS to identify key functionality and data issues that need to be urgently addressed as the new server is programmed. The key issues identified include drop down menus that are not functional, data analysis functions that are not operational, lack of standardization of professional categories and job titles, lack of clear definition of Ministry of Health structures and facilities, errors in HR data entry into iHRIS. HRH2030 held a meeting with the iHRIS Task Force at the DRH in September 2017 to develop a plan to address the findings and will be supporting the implementation of this plan. Moving forward, HRH2030 plans to hire an iHRIS programming specialist to conduct a more in-depth iHRIS functionality assessment.

### Interoperability among HR and health Information Systems (HRH SOW 3.1.2)

In June 2017, HRH2030 was invited to provide technical assistance at a workshop organized by DPRS of the MSAS to develop their annual health statistics manual for 2015. The manual contains HR data and service delivery data. One of the expected outcomes of the HRH2030 Senegal project is interoperability among human resources and other MSAS health data platforms. HRH2030 iHRIS Technical Advisor made a presentation on the use of iHRIS for HR data collection and analysis and possible interoperability between iHRIS and DHIS II. HRH2030 plans to pull service delivery data from DHIS II for its indicators of health workers' performance.

### **Progress on Challenges Identified in during this reporting period**

The table below lists the challenges the project team faced, along with the solutions implemented and lessons learned during this reporting period.

Challenges identified during the reporting period	Solutions implemented during the report's quarter	Lessons learned or observations
Limited support by the Director of HR for project activities	<p>The project team implemented the following solutions:</p> <ul style="list-style-type: none"> <li>▪ Worked very closely with the DRH to better socialize the objectives of the project and clarify how they align with the DRH strategic plan</li> <li>▪ Worked closely with DRH on work planning and coordination of activities</li> <li>▪ Provided the DRH with ongoing technical and institutional support to show HRH2030 commitment</li> <li>▪ Socialized the HRH2030 project with MSAS cabinet Director to solicit further support for activities implementation</li> <li>▪ Involved USAID in eliciting support by the DRH for implementation of project activities</li> </ul>	<p>The solutions implemented were effective in improving the director's engagement with and support to HRH2030 activities. Moreover, with the appointment of a new Minister of Health who is highly interested in the HR situation in Senegal, the DRH has become more attentive to HRH2030 activities and to DRH strategic goals.</p>
Suspension by the Minister of Health of workshops and training	<p>During the suspension period HRH2030 focused on activities that were not workshops or trainings.</p>	<p>Flexibility in implementation timelines are necessary to deal with unforeseen suspensions of certain activities</p>

Challenges identified during the reporting period	Solutions implemented during the report's quarter	Lessons learned or observations
activities during the months of July and August 2017	Training activities that did not require participants to travel out of Dakar were also implemented.	
Delayed approval of policies and guidelines by the DRH.	The project has assisted the Director of HR in developing materials that would facilitate the approval process. The Director of HR has started approving some of the delayed policies and guidelines but the pace is still slow.	Delays in approval of policies and guidelines lead to delays in activities planned to assist in rolling out these documents.
MSAS staff are unhappy with the G50 convention that harmonizes local costs for per diems and lodging. Some donors are applying the convention differently than USAID, leading to a threatened boycott of HRH2030 supported activities.	This situation has been reported to USAID/Senegal. A meeting of the G50 partners is being planned to review the convention and to harmonize its implementation across partners.	Harmonization of policies by donors is not enough. Application of these policies also needs to be harmonized. Dissatisfaction from and discrepancies in the application of the G50 from the government and implementing partners have created a difficult situation causing implementing partners to spend a significant amount of time trying to navigate those challenges.
Implementation of activities driven by availability of donor funding rather than by need to meet strategic results.	HRH2030 supported the DRH to develop an annual workplan that included its priorities, identified sources of funding, and responsible structures for implementing each activity.	A workplan was helpful but the DRH has a tendency to focus activities that come with funding rather than on activities that enable the DRH to achieve priority and strategic results.

## Cross-cutting Issues

### Gender Mainstreaming

HRH2030 works closely with the DRH to ensure that women are adequately represented among participants at HRH2030 project-supported activities.

HRH2030 supported DRH recruitment efforts for health workers for the hard-to-reach areas. The categories of personnel targeted were midwives and nurses most of whom are women.

### Compliance with Environmental Regulations

None of the HRH2030 supported activities have an adverse effect on the environment.

### Compliance with Legislation and Regulatory Requirements in Family Planning

The project does not directly support delivery of family planning services.

## Lessons Learned

- The support or lack thereof of a senior government officials in decision-making positions highly affects the project’s ability to achieve results. Sometime, USAID intervention is critical in ensuring smooth project implementation, especially in cases where collaboration with a Ministry of Health official is impeding implementation.
- Projects can support capacity building and creation of an environment conducive to sustainability however without political will and national level decision sustainability is not possible.
- Identifying and supporting competent and motivated staff within the MSAS facilitates achievement of results.
- Focus on the use of existing capacity to improve systems and outcomes rather than on building new capacity which may not be used. This improves efficiencies and ensures sustainability.
- Collaborating, partnering, and coordinating with other USAID projects enables learning from past successes and experiences and can provide a critical mass to influence the ministry staff’s commitment to and motivation towards technical assistance initiatives like the one provided by HRH2030.

## **Main Activities Planned for the Next Quarter (October – December 2017)**

- iHRIS visits to HR managers and regional and district HR focal points in Dakar to support iHRIS data collection and input through monitoring and mentorship.
- Programming and installation of new iHRIS server. (expected completion in December 2017)
- Training of regional hospitals HR managers, central level HR focal points of other MSAS departments, and programs in development of job descriptions.
- Finalization of roadmap for the next PNDRHS.
- On-going assessment and strengthening of iHRIS functionality.
- Leadership training for DRH central level managers.
- Orientation of regional commission on implementation of Guide de Mobilité.
- Development HR supervision and reporting tools.
- Support DRH to develop annual workplan for 2018
- Provide technical assistance to the national training needs assessment led by the ministry of health.

## **Project Management and Administration**

- In February 2017, HRH2030 hired [REDACTED] the Senior Technical Advisor for Human Resources Management responsible for leading development and implementation of HRH policy and guidelines. This is a key position on the project.
- In April 2017, [REDACTED] was hired as iHRIS Technical Advisor and is responsible for strengthening iHRIS functionality and the use of data for decision-making.
- In September 2017, [REDACTED] was hired as Regional Human Resources Manager. He is responsible for supporting implementation of project activities at regional level.
- [REDACTED]
- [REDACTED]



- HRH2030 requested and received approval to purchase a project vehicle. A vendor has already been selected and HRH2030 is currently processing custom duty exemption for the purchase.

# Annex A. Progress on the Work Plan and Indicators

## Progress on Work Plan

Output/Deliverable	Corresponding Result	Status		Comment
		Complete	Ongoing	
<b>Ebola Work Plan</b>				
PNDRHS Evaluation Report	Improved policy and legal framework to increase performance, productivity, and retention of health workers, particularly in rural and underserved communities	x		Submitted to the Director of HR for final review before dissemination. Comments still awaited.
Road map to develop next PNDRHS	Improved policy and legal framework to increase performance, productivity, and retention of health workers, particularly in rural and underserved communities	x		Draft developed. Will be shared during the HR-IE subcommittee meeting in November for review and input.
Guide de Mobilité	Improved policy and legal framework to increase performance, productivity, and retention of health workers, particularly in rural and underserved communities	x		Guide de Mobilité has been submitted to the Minister of Health for his review and approval.
Stratégie de rétention en Zone Difficile	Improved policy and legal framework to increase performance, productivity, and retention of health workers, particularly in rural and underserved communities	x		Integrated into the Guide de Mobilité.
Procedure Manual	Improved policy and legal framework to increase performance, productivity, and retention of health workers, particularly in rural and underserved communities	x		Procedure Manual has been reviewed and approved by the Director of HR. It is currently being formatted for reproduction.
Joint plan for implementation of policies	Improved policy and legal framework to increase performance, productivity, and retention of health workers, particularly in rural and underserved communities			Pending approval of Guide de Mobilité.
Regional plans for implementation of policies	Improved policy and legal framework to increase performance, productivity,			Pending approval of Guide de Mobilité.

Output/Deliverable	Corresponding Result	Status		Comment
		Complete	Ongoing	
	and retention of health workers, particularly in rural and underserved communities			
Coaching reports	Improved policy and legal framework to increase performance, productivity, and retention of health workers, particularly in rural and underserved communities		x	Pending approval of Guide de Mobilite
IHRIS data updated with Annuaire data	Improved policy and legal framework to increase performance, productivity, and retention of health workers, particularly in rural and underserved communities	x		Annuaire 2016 approved in June 2017.
Agreement and plan for extending iHRIS the data entry to other cadres	Improved policy and legal framework to increase performance, productivity, and retention of health workers, particularly in rural and underserved communities	x		Working with the Community Health Unit that already has a data base of community health workers to update it and link it to iHRIS.
Report of needs assessment and plan to optimize iHRIS functionality	Improved policy and legal framework to increase performance, productivity, and retention of health workers, particularly in rural and underserved communities		x	Server has been purchased and is being programmed for installation. List of other minor equipment to facilitate internet connectivity has been developed. Purchases are being processed.
Supervision tool for iHRIS prepared	Improved policy and legal framework to increase performance, productivity, and retention of health workers, particularly in rural and underserved communities		x	List of supervision and reporting tools has been developed. Tools are now being developed.
Emergency preparedness and response assessment tool	Strengthen Ministry of Health and Social Action HRH leadership and governance to implement rapid responses to public health events such as emerging infectious diseases			No longer needed. Already being implemented by other COUS partners such as CDC and WHO.
<b>HRH Work Plan</b>				
Senegal Central Level DRH Procedure Manual	Policies that enable equitable distribution are developed and implemented	x		Final draft submitted to the Director. His comments have been received and the manual is being finalized for reproductions.

Output/Deliverable	Corresponding Result	Status		Comment
		Complete	Ongoing	
Performance evaluation report/Institutional Capacity Assessment	Policies that enable equitable distribution are developed and implemented	x		Conducted in June 2017. Report has been reviewed and approved by USAID Senegal and the DRH. Leadership training planned in November 2017.
DRH Annual Workplan	Policies that enable equitable distribution are developed and implemented	x		Though a workplan was developed and approved only the HRH2030 activities in the workplan are being implemented as planned.
Job Description for identified HRM regional staffing needs	Policies that enable equitable distribution are developed and implemented	x		Job descriptions for HR Central and Regional Focal Points have been developed. Draft service note has been submitted to the Director of HR and he has already begun filling these positions.
Number of new updated job description	Policies that enable equitable distribution are developed and implemented		x	Training has been conducted for all HR managers at central level, regional level, and hospitals. Job descriptions of all 44 staff of the DRH at central level have been developed and approved.
Supervision training report	Policies that enable equitable distribution are developed and implemented		x	Supervision and reporting tools for iHRIS are being developed.
MSAS training plan	Policies that enable equitable distribution are developed and implemented		x	Training needs assessment planned for November 2017.
G2G parameters defined	Policies that enable equitable distribution are developed and implemented		X	Activities are on hold pending further guidance from USAID Senegal.
Approved HRH-IE subcommittee terms of reference	Policies that enable equitable distribution are developed and implemented			New Minister of Health has requested a review of the functioning of the HSS platform with view of restructuring the platform and its committees. Following the review, HRH2030 will determine how best to support the restructured HSS platform.
SOPs for recruitment of contract staff by MSAS technical and financial partners	Policies that enable equitable distribution are developed and implemented	x		SOPs finalized and submitted to the Director of HR.
Needs Assessment report	Increased leadership capacity of MSAS to implement policies	x		Assessment conducted in June and capacity strengthening plan developed. Report approved by USAID. Leadership

Output/Deliverable	Corresponding Result	Status		Comment
		Complete	Ongoing	
				training planned in November 2017.

### Progress on Indicators

#	Indicator	Disaggregated by	FY 17	Comments	
			Target	Progress	
<b>HRH SOW: Objective 1: Support targeted policy and guidelines review, creation, and implementation for sustainable equitable distribution for HR</b> <b>Ebola SOW: Objective 1: Improve policy and legal framework to increase performance, productivity, and retention of the health workforce, particularly in rural and underserved communities</b>					
02	Number of HRH policy documents, strategies, guidelines, and/or briefs developed, revised, and/or improved	Stage 1: Under preparation Stage 2: Drafted Stage 3: Adopted Stage 4: Implemented Stage 5 Effective	4	Guide de Mobilite – 2 Procedure Manual – 4 Evaluation Report of PNRHS – 2 Harmonized procedures for hiring contract health workers – 4	
03	Number of trainings and/or workshops conducted on implementation of policies, strategies, or guidelines	Number of Trainings/workshops  Number of Participants	6	Job description development capacity building training – 3 trainings  68 participants	The Guide de Mobilite was not approved and so the 4 training workshops plan to orient commission members did not take place.
<b>HRH SOW: Objective 2: Strengthen structural and organizational leadership with the MSAS – particularly the DRH, PNL, DSRSE, DGS and DPRS – for effective HR management</b> <b>Ebola SOW: Objective 2: Strengthen Ministry of Health and Social Action HRH leadership and governance to implement rapid responses to public health events such as emerging infectious diseases</b>					
08	Number of actions taken to address identified organizational and leadership challenges			Development of DRH Annual workplan  Action Plan developed to address weaknesses identified during rapid institutional capacity assessment of the DRH.	

#	Indicator	Disaggregated by	FY 17	Comments	
			Target	Progress	
10	Number of activities to strengthen multi-sectoral collaboration for moving the HRH agenda forward (Modified HRH2030 Core)			Development of Guide de Mobilite Evaluation of PNDRHS Harmonization of recruitment procedures of contract health workers by financial and technical partners of the MSAS	
<b>HRH SOW: Objective 3: Improve the use of data for HRH decision-making at national and regional levels</b>					
12	Number of HRH documents developed that reference current iHRIS data	Document type		Human Resources Directory 2016 Annual Statistics for MSAS	
13	Number of capacity building activities conducted on iHRIS data collection and/or use	Number of Trainings/workshops  Number of participants	1  6	Social Annual Report development training - 1 workshop - 26 participants  IHRIS training workshops - 2 workshops - 37 participants	IHRIS server was broken down so it was not possible to conduct the rest of the planned training workshops.

## Annex B. Training Workshops

### Training Workshops

Theme	Region	# Participants	Sex	Comments
Training workshop on the development of an Annual Report of the MSAS	Dakar	26	8 women, 18 men	The Annual report of the MSAS is a summary of all human resources related activities and actions that occurred during the year. Labor regulations require one to be developed for staffs of 50 agents and above. A model with tables is available to help guide the filling of tables. DRH staff and HR focal points in other directorates are encouraged to develop the annual report and dashboards.
Capacity building workshop on the strategy for inclusion of community workers in iHRIS software	Diourbel	21	7 women, 14 men	The aim was to bring together the HR focal points of the regions, districts, and hospitals to discuss items related to inclusion of community health workers in iHRIS data.

Theme	Region	# Participants	Sex	Comments
Capacity Building workshop in job description development	Dakar	24	6 women, 18 men	HRH2030 is supporting the MSAS to develop job descriptions for its workers. The training was to build capacity of central level HR managers in job description development.
iHRIS capacity building workshop	Dakar	17	7 women, 10 men	The training was organized to build capacity for HR focal points of all departments of the MSAS in iHRIS data entry and reporting
Capacity Building workshop in job description development	Kaolack	20	4 women, 16 men	The training was organized to build capacity of regional HR focal points in job description development
Capacity Building workshop in job description development	St. Louis	24	10 women, 14 men	The training was to build capacity of Dakar hospitals human resources managers in job description development





## Annex D: Photos



[REDACTED]



Job Description training workshop for human resources managers of regional hospitals in Koalack, Senegal from October 17-20, 2017. During the training generic job descriptions for positions in regional hospitals were developed. Regional hospital HR managers will adapt these generic job descriptions to similar positions in their respective hospitals.



iHRIS Training for human resources managers and human resources focal points of central level Ministry of Health Departments.

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