

Country Name	Project for Reinforcement of Human Resource Management Network
Republic of Senegal	

I. Project Outline

Background	JICA conducted the training course on "Health Human Resource Management in French-speaking Africa" in Japan from 2009, targeting health human resource (HRH) management professionals. As a result of the training in Japan, issues common to HRH management in the French-speaking African region were identified, and the HRH management network (Reseau Vision Tokyo: RVT) consisting of ex-trainees was established in 2012. RVT members were working to contribute to solving common problems in their countries through experience sharing, technical exchange, and research activities. However, the progress of RVT's activities were delayed due to the lack of technical and financial support from international partners. Therefore, the Ministry of Health and Social Action of Senegal, where the RVT Coordination Office was located, requested the Government of Japan to provide support.										
Objectives of the Project	Through establishment of the administration office, development of the personnel allocation guide and the mapping of paramedical personnel training institutions, establishment of the HRH information system, sharing experiences related to HRH management, etc., the project aimed at promoting to share good practices in terms of HRH management with RVT member countries, thereby contributing to improvement of HRH management.										
	1. Overall Goal: HRH management is improved. 2. Project Purpose: Sharing of good practices in terms of HRH management with RVT member countries is promoted.										
Activities of the project	1. Project site: RVT member countries (Benin, Burkina Faso, Burundi, Cote d'Ivoire, Guinea, Mali, Mauritania, Niger, Togo, Senegal, Democratic Republic of the Congo, Gabon, Central African Republic) 2. Main activities: Establishment of the administration office, development of the personnel allocation guide and the mapping of paramedical personnel training institutions, establishment of the HRH information system, sharing experiences related to HRH management, etc. 3. Inputs (to carry out above activities) <table><tr><td>Japanese Side</td><td>Senegal Side</td></tr><tr><td>1) Experts: 2 persons</td><td>1) Staff allocated: 5 persons</td></tr><tr><td>2) Trainees received: 17 persons</td><td>2) Facility: Office space for experts, office utility, etc.</td></tr><tr><td>3) Equipment: PC, printer, copy machine, projector, etc.</td><td></td></tr></table>			Japanese Side	Senegal Side	1) Experts: 2 persons	1) Staff allocated: 5 persons	2) Trainees received: 17 persons	2) Facility: Office space for experts, office utility, etc.	3) Equipment: PC, printer, copy machine, projector, etc.	
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Project Period	(ex-ante) January 2015 to March 2019 (51 months) (actual) November 2014 to March 2019	Project Cost	(Ex-ante) 70 million yen (actual) 179 million yen ¹								
Implementing Agency	Ministry of Health and Social Action (MHSA)										
Cooperation Agency in Japan	None.										

II. Result of the Evaluation

1 Relevance/Coherence
<p>[Relevance]</p> <p><Consistency with the Development Policy of Senegal the time of Ex-ante Evaluation> In the "National Plan of Human Resource Development in Health" (2009-2018), efficient management of HRHs was prioritized. The project was consistent with the development policy of Senegal at the time of ex-ante evaluation.</p> <p><Consistency with the Development Needs of Senegal at the time of Ex-ante Evaluation> As a result of the training in Japan, issues which were common to HRH management in the African region were identified, and the HRH management network was established. However, the progress of the network's activities was delayed. Thus, the project was consistent with development needs of Senegal at the time of ex-ante evaluation.</p> <p><Appropriateness of Project Design/Approach> No problem attributed to the project design/approach was confirmed.</p> <p><Evaluation Result> In light of the above, the relevance of the project is ③².</p> <p>[Coherence]</p> <p><Consistency with Japan's ODA Policy at the time of Ex-ante Evaluation> One of the priority areas was "improvement of basic social services" which aimed to support the achievement of the Millennium Development Goals (MDGs) in the health and education sectors. Support was planned for further promotion of the spread of results through technical cooperation with HRH development institutions, which became the hub of wide-area cooperation in West Africa³. Thus, the project was consistent with Japan's ODA policy for Senegal at the time of ex-ante evaluation.</p>

¹ The total project cost was 209 million yen including the Ebola response portion (30 million yen). In the ex-post evaluation, the actual cost was calculated as 179 million yen after subtracting 30 million yen, as it was an external factor.

² ④ : very high, ③ : high, ② : moderately low, ① : low. *To be the same afterwards.

³ MOFA, ODA Data book 2015.

<Interlinkage with other JICA's Interventions>

Any collaboration/coordination between the project and other JICA's intervention was not clearly planned at the time of ex-ante evaluation.

< Cooperation with Other Institutions/Coordination with International Frameworks>

Although the cooperation/coordination with the United States Agency for International Development (USAID) was planned at the time of ex-ante evaluation, the positive effect expected was confirmed at the time of ex-post evaluation. USAID implemented a pilot project to introduce the Health Workforce Information Systems Software (iHRIS) in two regions and scale up the tool in the country.

<Evaluation Result>

In light of the above, the coherence of the project is ③.

[Evaluation Result of Relevance/Coherence]

In the light above, the relevance/coherence of the project is ③.

2 Effectiveness/Impact

<Status of Achievement for the Project Purpose at the time of Project Completion>

At the time of project completion, the Project Purpose was partially achieved. Among the 13 member countries, the logistics of iHRIS, job descriptions and the personnel allocation guide were shared in ten, eight, and nine countries, respectively (Indicator 1). There was a difference in awareness of the issues among the countries which were RVT members from the beginning and other new members. In particular, many members which joined RVT after 2014 did not participate in the training in Japan where sufficient time was spent on analysis of the issues. Therefore, they did not have much time to learn from other members' experience and conduct the analysis of their own issues.

In November 2018, RVT was incorporated as an "association" with the approval of the Senegalese Ministry of Interior, and its name was changed to the Health Human Resources Managers' Network (Réseau des Gestionnaires des Ressources Humaines en Santé: RGRHS).

<Continuation Status of Project Effects at the time of Ex-post Evaluation>

By the time of ex-post evaluation, the project effects have partially continued. In the countries where the above tools were not shared during the project period, the tools have not been shared yet. The reasons are diverse. Regarding the iHRIS tool, the network had planned an activity for Burundi, the Central African Republic and Mauritania, but it could not be held due to the unavailability of the actors at the national level. Also, the COVID--19 pandemic has negatively affected the progress of the activity. In some countries there had been already a similar tool which had been adopted and there was no necessity to change it. This is the case of Burkina Faso, which had adopted a different tool for the allocation of health personnel. Also, the institutional instability characterized by changes in the leadership of human resources directorates has affected the implementation of some of the network's activities in some countries, including the Central African Republic and Mauritania. On the other hand, in the countries where the experiences were shared during the project, the national authority has taken initiatives and continuously used the tools on a routine basis in HRH management.

Regarding the activities of RGRHS, the General Assembly was held in October 2019 and the common issue were discussed with member countries. Since then, the General Assembly has not been held because of the restrictive measures due to the pandemic of COVID-19.

<Status of Achievement for Overall Goal at the time of Ex-post Evaluation>

At the time of ex-post evaluation, it is judged that the Overall Goal has been partially achieved, although the number of the countries where each developed tool has been shared and/or applied could not be confirmed. As supplemental information, according to RGRHS, some member countries have supported other countries to apply the tools. For example, the team of iHRIS of Togo, Mali and Senegal have supported Benin, Guinea and Mauritania in the implementation of the iHRIS software package. Also, it was confirmed by RGRHS that the personal allocation guide has been applied in Togo with support of the German cooperation.

<Other Impacts at the time of Ex-post Evaluation>

The following positive impacts have been confirmed in the ex-post evaluation. First, according to RGRHS, the reliable data of human resources have become available in the members countries, and this has enabled the evidence-based decision making in the recruitment and capacity building. Also, the management tools developed by the project such as the job descriptions and the mobility guide have resulted in the better distribution of health personnel and their performance evaluation. Second, the project experience was shared in JICA's "Project on Human Resource Development in Health Phase 3" (2018-2023) in the Democratic Republic of the Congo. At the seminar in 2022, the experience of the Human Resource Department of MHSA of Senegal and RGRHS focal point members in Senegal and the Democratic Republic of the Congo shared the project implementation experience in their country. Third, RGRHS, especially Senegalese and Congolese members have strengthened their collaboration with the National Center for Global Health and Medicine (NCGM) of Japan, including the joint research on the competency approach to nursing and midwifery education in DR of the Congo and on the current status in Regional Health Training Center in Senegal. They have started the discussion about new joint research ideas to present at the Eighth Global Symposium on Health Systems Research 2024 (HSR2024) in Nagasaki.

<Evaluation Result>

In light of the above, the effectiveness/impact of the project is ②.

Achievement of the Project Purpose and Overall Goal

Aim	Indicators	Results	Source
(Project Purpose) Sharing of good practices in terms of HRH management with RVT member countries is promoted.	1. Number of experiences shared between countries.	<p><u>Status of the achievement (Status of the continuation): Partially achieved (Partially continued).</u></p> <p>(Project Completion)</p> <ul style="list-style-type: none"> Logistics for iHRIS were shared in 10 of 13 countries--Benin, Burkina Faso, Cote d'Ivoire, Guinea, Mali, Niger, Togo, Senegal, Democratic Republic of the Congo, Gabon. Job descriptions were shared in 8 of 13 countries--Benin, Burkina Faso, Cote d'Ivoire, Niger, Togo, Senegal, Democratic Republic of the Congo, Gabon. Personnel allocation guide was shared in 9 of 13 countries--Benin, Cote d'Ivoire, Guinea, Mali, Mauritania, Niger, Togo, Senegal, 	Project Completion Report

		Democratic Republic of the Congo.	
		(Ex-post Evaluation) <ul style="list-style-type: none"> ● In the countries where the above tools were not shared during the project period, the tools have not been shared yet. ● In the countries where the above tools were shared during the project period, the tools have been used on a routine basis in the management. 	RGRHS
(Overall goal) HRH management is improved.	1. Number of countries applying shared experiences	Status of the achievement: Partially achieved. (Ex-post Evaluation) <ul style="list-style-type: none"> ● Although the number of countries applying shared experiences could not be confirmed, shared experiences in iHRIS, job descriptions or personnel allocation guide have been applied in Togo, Mali, and Senegal, at least. These three countries have supported the implementation of the developed tools in other countries. 	RGRHS

3 Efficiency

Although the project period was as planned, the project cost considerably exceeded the plan (ratio against the plan: 100% and 256%, respectively). The excess of the cost was due to the implementation of the action plans in the member countries and additional activities such as participation in the Fourth Global Forum on Human Resources for Health in 2017. The organizational capacity of RGRHS was strengthened more than initially expected and thus it was decided to add these activities to deepen the project achievement. Outputs were produced as planned. Therefore, the efficiency of the project is ②.

4 Sustainability

<Policy Aspect>

Promotion of the HRH management has been prioritized in the national health policies and strategic plans in the member countries of RGRHS, including the “National Development Plan Human Resources Health and Social Action” (2020-2028) of Senegal. According to RGRHS, these policies and plans are generally adopted for a period of ten years, and therefore the political backup has been continuously expected.

<Institutional/Organizational Aspect>

RGRHS has sustained the similar organizations setting to RVT for promoting HRH management in member countries. The bureau office in Senegal has sustained the organizational status, and the network has been operated with the Executive Board and the General Assembly, as well as the focal point in each of the member countries. Four members has been assigned at the bureau office: the Coordinator, the External Relations Officer, the Administrative Secretary, and the Treasurer. RGRHS has sustained tools for sharing information and experiences among the member countries through the website. The mapping of paramedical personnel training institutions has been utilized in each country. RGRHS would sustain its setting as it has been a legally registered organization.

<Technical Aspect>

RGRHS answered that the bureau members have sustained necessary skills and knowledge to promote HRH management through the network, as they are HRH managers as professions, although there has been no training system for them due to the financial limits compounded by the pandemic of COVID-19. As explained earlier, RGRHS has maintained the network with NCGM and being discussing study ideas to present in HSR2024 in Nagasaki.

<Financial Aspect>

The financial data could not be obtained in the ex-post evaluation survey. However, RGRHS answered that it has not continuously secured the necessary budget for promotion of HRH management in member countries, because the advocacy has not been sufficient for mobilizing financial resources to carry out the action plan activities.

<Environmental and Social Aspect>

No issue on environmental and social aspect related to the promotion of HRH management has been observed and it has not been necessary to take any countermeasures.

<Evaluation Result>

In light of the above, some problems have been observed in terms of the technical and financial aspects of the implementing agency. Therefore, the sustainability of the project effects is ③.

5 Summary of the Evaluation

The project partially achieved the Project Purpose which was to promote the sharing of good practices in terms of HRH management among RGRHS members countries, and the project effects have partially continued. Since the time of project completion, examples of adaptation of the shared experiences were confirmed in some countries. Regarding the sustainability, the organizational setting has been sustained for maintaining and functioning the network, but the bureau office has not secured sufficient budgets and the training system of its members. However, RHRHS has sustained the research network with NCGM. As for the project efficiency, the project cost considerably exceeded the plan.

Considering all of the above points, this project is evaluated to be partially satisfactory.

III. Recommendations & Lessons Learned

Recommendations for Implementing agency:

- It is recommended to RGRHS to invite partners which could provide technical and financial support to meetings to interest them in its HRH management activities. It is necessary to strengthen advocacy skills of the member countries.
- It is recommended to RGRHS to monitor and evaluate HRH management activities including the tools application in the member countries. More experienced countries need to provide technical support to the countries which have had difficulty in the tool application.

Lessons Learned for JICA:

- In the project, the tool sharing and adaptation were intended in 13 countries, and as a result of the project implementation the tools have been shared and adopted the tools in some countries but not in others. As the national authority's initiative for budget and personnel allocation was a key for the success, which varies from country to country. Also, it was confirmed that some countries have helped others to apply the tool in their country through the network. When the project targets several countries which are institutionally or financially different, it is important to strengthen the network function by establishing a hub office in a country which would seem promising after the preparatory survey, so that more successful countries could help other countries in terms after the project completion.



Workshop on sharing experiences of retention of remote health personnel held in Guinea (June 2018)



General Assembly held after the project completion (October 2019)