**Annexes**

**Annex 1: Names and Types of Facilities Visited**

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| **Country** | **County/District** | **Facility Name** | **Facility Type** |
| Kenya | Nairobi | Coptic | Urban, Private |
| Huruma Edarp | Peri-urban, FBO |
| Mathari Hospital | Urban, Public |
| Riruta Health Center | Rural, Public |
| Umoja Health Center | Urban, Public |
| Kisumu | Chulaimbo SCH | Rural, Public |
| Kombewa hospital | Rural, Public |
| Maseno Mission Hospital | Rural, FBO |
| Manyuanda HC | Rural, Public |
| Nakuru | Dundori HC | Rural, Public |
| Gilgil SCH | Peri-urban, Public |
| Molo SCH | Peri-urban, Public |
| Njoro SCH | Peri-urban, Public |
| Rocco dispensary | Rural, private |
| Homa Bay | Homa Bay | Urban, Public |
| Marindi HC | Rural, Public |
| Mbita SCH | Peri-urban, Public |
| Tom Mboya | Rural, Public |
|  |  |  |  |
| Uganda | Entebbe | TASO Entebbe | Public, Private |
| Mulago | TASO Mulago | Urban, Private |
| Masaka | TASO Masaka | Rural, Private |
| Jinja | TASO Jinja | Rural, private |
| Kampala | IDI Facility | Urban, Private |
| Kiswa HC | Urban, Public |
| Kitebi HC | Urban, Public |
| Kasangati HC | Peri Urban, |
| Kisugu HC | Urban, Public |
| Mukono HC, TC | Peri-urban, Public |
| Mukono HC | Peri-urban, Public |
| Wakiso HC | Peri-urban, Public |

**Annex 2:**

Table (a) Uganda Site performance from 2014 in selected facilities (excluding TASO and IDI facilities)

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| --- | --- | --- | --- |
| **Facility** | **% of HIV positive tested\*** | **% started on ARVs** | **% still on treatment after 12mos. of starting treatment** |
| Facility 1 | 8% (4841) | 74% (3582) | 74% (2651) |
| Facility 2 | 12% (6110) | 87% (5316) | 85% (4519) |
| Facility 3 | 8% (736, Q2) | 100% (736) | 78% (574) |
| Facility 4 | 11% (862, Q2) | 100% (862) | 56% (483) |
| Facility 5 | 13% (1552) | NA | 91% |
| Facility 6 | 8% (1636) | 98% (1603) | 100% (1603) |
| Facility 7 | 5% (2246) | 59% (1325) | 86% (1140) |
| Facility 8 | 14% (4051) | 96% (3889) | 100% (3889) |

\* Data from Q2 2014 DHIS2; rounded down to 100%; average of available quarters from 2014 (12 months retention); % based off 100% of tested population receiving their results

Table (b) Kenya Site performance from 2014 (excluding Mathari Hospital)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility** | **Interventions** | **Cover-age popul-ation** | **Daily average of HIV clients** | **Annual # of HIV clients** | **% of HIV+ve among tested population\*** | **# started on ART in 2014** | **% still on treatment after 12mos. Starting treatment** |
| Kenya Facility 1 | Differentiated clinic days for children and for adults; task shifting; electronic medical records(EMR) and data tracking | - | 90 | - | 6.3% | 624 | 99% |
| Kenya Facility 2 | Task shifting and expert clients; Staff motivation; appointment booking system for clients | - | 250 | - | 7.6% | 579 | 81% |
| Kenya Facility 3 | Community outreach; sputum networks; Quality Improvement teams; staff motivation | - | 51 | - | 5.6% | 360 | 88% |
| Kenya Facility 4 | Onward clients referrals; defaulter follow-up teams of PLHIV; client-centered initiatives | 26,311 | 7 | - | 8.2% | 981 | 73% |
| Kenya Facility 5 | Target interventions for key populations; performance-based incentives for community health workers; integrated TB/HIV services; sputum networks improved transport efficiency of samples | 17,041 | 50 | - | 4.4% | 312 | 92% |
| Kenya Facility 6 | Integrated TB/HIV services; strong facility link to community services | 6,308 | 40 | - | 3.4% | 148 | 101% |
| Kenya Facility 7 | 6-month appointment spacing; TB registers; sputum networks; internal quality teams | 50,278 | 150 | - | 4.4% | 51 | 85% |
| Kenya Facility 8 | Sputum networks; task shifting; routine data collection, monitoring and analysis | 27,897 | 27 | - | 6.4% | 196 | 98% |
| Kenya Facility 9 | special clinic days and clinic integration; recognition of staff through awards/certificates; decentralization of TB services | 21,963 | 3 | - | 8.7% | 364 | 100% |
| Kenya Facility 10 | nutritional assessments; integration of HIV /TB clinic; staff motivation programs | 14,386 | 1 | - | 9.1% | 18 | 100% |
| Kenya Facility 11 | Client support follow-up and community linkages; networking with other sites; EMR system with data tracking | 8,197 | - | 9419 | 3% | 288 | 87% |
| Kenya Facility 12 | Community linkage using mentor mothers; intensified case finding , TB services integrated in ANC; best practice sharing with other sites | 54,519 | - | 4745 | 5% | 209 | 57% |
| Kenya Facility 13 | Strong community linkages; integrated TB/HIV care; home-based care through community health workers | 10,418 | - | 181 | 3% | 46 | 100% |
| Kenya Facility 14 | Referral desk run by PLHIV; special clinic days; HIV/TB integration; decentralization of services | 146, 822 | - | 12, 919 | 3% | 235 | 81% |
| Kenya Facility 15 | Staff motivation programs, home-based care and community outreach; special defaulter follow-ups | 24,316 | - | 77 | 1% | 57 | 91% |
| Kenya Facility 16 | Mentor mother programs for ANC; community sputum collection by community health workers; TB/HIV integration; PLHIV referral desk | 48,162 | - | 2446 | 3% | 354 | 80% |
| Kenya Facility 17 | Intensive TB case finding; Staff motivation programs; mentor mothers and special LTFU teams | 22,5975 | - | 8572 | 3% | 224 | 85% |

\*Estimated based on coverage population.

**Annex 3. Interview Guide for site management and clinical staff**

**1. General Information**

* 1. What is you background? How long have you been in this positions?
  2. What is the site catchment area?
  3. What are the services delivered (e.g., diseases treated, interventions offered, etc)
  4. How many employees are there? What is the mix of clinical staff?
  5. Which performance indicator are available?

1. **Site management**
   1. Does the site belong to a network of facilities? Can you describe the network and its governance?
   2. Who is responsible for HR management / budget planning and investment decisions / data handling?
   3. Do you regularly conduct staff meetings to share info or for decision making?
   4. Which services should we visit?
   5. Who should we interview? When are they available?

**Human Resource management**

* 1. Can you briefly describe the role of doctors, nurses and other health care workers?
  2. How are people usually recruited?
  3. What is the remuneration policy (e.g., variability, frequency and modality of wage rises)
  4. Does the facility offer trainings to staff? How often? Is it mandatory?
  5. What is the average turnover of staff? How quickly is staff replaced? How do you to improve motivation/retention?

1. **Linkage with communities**
   1. Are you currently working with other local players for service delivery (e.g., communities, NGOs)?
   2. With whom? What is their role (e.g., prevention / diagnostic / adherence improvement activities)?
   3. How do you ensure an appropriate linkage with these stakeholders (e.g., regular meetings, clear guidelines agreed upon upfront)?
   4. Did you face any challenge in engaging communities? How did you deal with them?
2. **Data and collection Use**
   1. What kind of data on clients are usually collected? Are they collected at individual client level?
   2. How are these data used? By whom?
   3. Is data quality satisfactory?
   4. Are there guidelines / restrictions in terms of software to use / data to collect?
3. **Perceived performance and examples of smart approaches**
   1. Do you think that this facility is performing better than other facilities in the region? Why?
   2. What are the achievements of this facility that you are proud of?
   3. What are the key challenges faced by the facility in delivering high quality of services (besides financial resources) (e.g., leakages along treatment cascade, access to the site, data quality,...)?
   4. Can you describe an example of a specific initiative undertook by the facility to overcome one of the challenges described? (see list of 7 smart approaches)
   5. Who had the initial idea?
   6. When did you implement it?
   7. How long did it take to be in place?
   8. Which difficulties did you face?
   9. Which results did you achieve?
   10. How much did it cost?
4. **Questions for Clinical staff (medical doctors, nurses, and other health workers)**
   1. Can you briefly describe your role and responsibilities?
   2. Could you give us an estimate breakdown of your day by activity (e.g., client care, triage, administration)?
   3. Are there tasks that you feel could be performed by someone else? By whom?
   4. How have you been recruited?
   5. How is your performance assessed? By whom? How frequently?
   6. Are you satisfied with what the facility is currently offering (e.g., trainings, initiatives to improve motivation / retention, remuneration policy, non-monetary incentives)
   7. Are all clients treated in the same way? (e.g., same wait line, same service providers etc.)
   8. How many different persons does a client see, how long does it take for the client?
   9. Does the facility offer any integrated services across disease (e.g., TB-HIV, distribution of LLINs for PMTCT pregnant women,...)
   10. What is working well / not so well in service delivery?
   11. What are the key challenges faced by the facility in delivering high quality of services (besides financial resources) (e.g., leakages along treatment cascade, access to the site, data quality,...)?
   12. Can you describe an example of a specific initiative undertook by the facility to overcome one of the challenges described? (see list of 7 smart approaches)
   13. Who had the initial idea? When did you implement it? How long did it take to be in place? Which difficulties did you face? Which results did you achieve? How much did it cost?
   14. What is your role in the work you do together with the facility (e.g., prevention / diagnostic / adherence improvement activities – within the facility or outreach activities)?
   15. Who are your main contacts at the facility?
   16. Are you / your organization getting a remuneration for this activity?
   17. How is appropriate coordination / alignment with the facility ensured (e.g., regular meetings, clear guidelines agreed upon upfront)?
   18. Did you face any challenges in implementing the initiative / program? How did you deal with them?
   19. What is working well / cold be improved (e.g., quality of interaction with facility, # of people targeted / reached, cost-effectiveness)
   20. What kind of data on clients are usually collected? Are they collected at individual client level?
   21. How frequently is data collected? (data clerk)
   22. How are these data used (i.e., for decision making)? By whom?
   23. Which data are requested at district national / level vs. which ones are only used at facility level?
   24. Is data quality satisfactory?
   25. Are there guidelines / restrictions in terms of software to use / data to collect?
5. **Questions for data clerk**

z. Which challenges do you perceive in data collection & use at the facility?

zz. What could be done to exploit more data collected or to improve the collection process?

**Annex 4. Enablers in facilities in Uganda and Kenya**

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| --- | --- | --- |
| **Type of Enabler** | **Facilities** | **Examples observed in facilities** |
| Knowledge Sharing Networks | Kombewa Hospital (Kenya) | Programmatic indicators are tracked for its 22 facilities with quarterly meetings to discuss & share practices among program officers and managers |
| Kasangati HC, Mukono HC, TC (Uganda) | Feedback is collected from staff |
| All sites, Uganda | Implemented SPARS-Supervision, Performance, and Recognition Strategy to strengthen medicine management basics |
| Effective Data Management | Kitebi Health Center, Uganda | Clients are documented in custom registers in order to target interventions to certain groups (i.e.-MSM, prisoners, truck drivers, etc.) |
| TASO sites, Uganda | Use of data templates at CDDP and CCLAD sites for report back to facilities on client information |
| All sites, Kenya | Performance review with quality improvement indicators |
| Human Resource Management | Coptic, Kenya | Held frequent staff meetings and obtained feedback from managers help identify solutions to recurring issues, i.e.- staff recognition |
| TASO & IDI (Uganda) | Used always on-time payments focus on punctuality and monetary transfers. |
| Wakiso Health Center (Uganda) | Accommodation at facilities provided for 6 health workers as long as part of department and cadre of staff |
| Kitebi Health Center (Uganda) | Income generating activities: kitchen garden is available and yield is given to staff for them to resell for additional revenue |
| Uganda (MoH), Kenya | Performance-based incentives such as allowance, gift, or employee of month award were given |
| TASO & IDI (Uganda),Kenya | Career development like study leaves and trainings were offered |
| Maseno Mission Hospital (Kenya) | Increased salaries of monitoring and evaluation division workers to match other facilities, increasing staff retention |
| Manyuanda and Tom Mboya Health Center (Kenya) | Accommodations for staff at facility and subsidized electricity for staff were offered |
| Coptic Hospital (Kenya) | Study leave offered |
| Mbita SCH (Kenya) | Linking staff allowance to indicators improved performance of CHWs significantly |
| Kiswa Health Center and Wakiso Health Center (Uganda) | Staff of the month and staff of the year awards given |
| Mathari Hospital (Kenya) | Awards for best managed clinics given |
| TASO and IDI facilities | 1 month onboarding program provided for new staff and incentives for senior staff to train newcomers were provided |
| IDI and TASO (Uganda) | Clean, staff-only toilets were provided |
| Wakiso Health Center (Uganda) | Tea and snack bites were offered for staff in the mornings |
| TASO Masaka (Uganda) | Friendly work environment implemented to encourage ‘family spirit’ |