

Appendix 1: Problems, strategies and effects (intended and unintended) for each district in Ghana, Tanzania and Uganda

Country	District	Problem identified	HR/HS strategies selected	Effects	Unintended effects
Ghana	Akwapim North	High dropout rate (40%) in EPI performance on the new vaccines (Rotarix and Pneumococcal) for the first half year of `2012	<ol style="list-style-type: none"> 1. Intensify monitoring and supervision 2. Intensify EPI defaulters tracing at health facilities levels 3. Collaboration with stakeholders in community mobilization for EPI services 4. Use of workplans 	<ul style="list-style-type: none"> • Increase in Rotarix vaccination coverage from 38% in 2012 to 78% in 2014 • Increase in Pneumococcal vaccination coverage from 35% in 2012 to 79% in 2014 • Decrease in client drop-out rate for Rotarix vaccination from 26% in 2012 to 9% in 2014 • Decrease in client drop-out rate for Pneumococcal vaccination from 33% in 2012 to 0% in 2014 • Perceptions of improved attendance at Child Welfare Clinics and reduced defaulter rate due to regular home visits and health talks. 	<ul style="list-style-type: none"> • Monthly data validation improved the data management of DHMT, even though it was time consuming • Increasing number of supervision visits increased DHMTs fuel budget
	Kwahu West	Poor implementation of new vaccine vaccination schedule leading to high dropout rate of pneumococcal (46.9%) and rotarix (19.1%) vaccination in the municipality.	<ol style="list-style-type: none"> 1. Improve data management at all levels 2. Improve supportive supervision to sub-district as planned 3. Reward (Certificate and material) best performing facilities (drop rate of PCV & Rota 10% & below) 	<ul style="list-style-type: none"> • Increase in Rotarix vaccination coverage from 63% in 2012 to 88% in 2014 • Increase in Pneumococcal vaccination coverage from 50% in 2012 to 92% in 2014 • Decrease in client drop-out rate for Rotarix vaccination from 18% in 2012 to 0% in 2014 • Decrease in client drop-out rate for Pneumococcal vaccination from 38% to 3% • DHMT perceptions: <ul style="list-style-type: none"> ○ reward system has motivated staff and improved performance ○ monitoring and supervision, and the use of attendance register checked the activities of health staff ○ data validation at sub-district level had improved data quality 	<ul style="list-style-type: none"> • Improved performances in service delivery such as management of EPI logistics had a ripple effect on the management of other logistics like HIV and RDT test kits • Paying particular attention to vaccine wastages shifted focus from other service delivery areas
	Upper Manya Krobo	Low coverage of ANC services leading to poor birth outcome (high still-birth rate, high low birth-weight and birth complications leading to	<ol style="list-style-type: none"> 1. Retention 2. Use temporary staffing measures 3. Attendance monitoring 4. Regular open appraisal 5. Regular supportive 	<ul style="list-style-type: none"> • Increase in antenatal coverage from 74% in 2012 to 79% in 2013 and reduce to 72% in 2014 • Perceptions that staff attachment to the district hospital has enhanced CHOs confidence in ANC service delivery; staff performance regarding ANC services and referrals have improved and ANC coverage has increased 	<ul style="list-style-type: none"> • Attachment to the hospital maternity wards, though useful, affected routine CHOs services • Introduction of event register at facility level

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		maternal deaths).	supervision 6. Use of work plans 7. Team meetings 8. Introduce robust award system 9. Enforce code of conduct and disciplinary procedure 10. Use information systems 11. Enhance pregnant women participation in ANC services 12. Capacity building		created tension between some staff and in-charges <ul style="list-style-type: none"> Bundles implementation facilitated more interaction between DHMT and facilities in-charges which enabled prompt resolution of operational challenges
Tanzania	Iringa Urban	Low coverage and quality of Care and Treatment Centres	1. Additional recruitment 2. Regular supportive supervision 3. Training and development 4. Improving skills mix 5. Introduce individual incentive 6. Ensure Medicines, Medical equipment and Diagnostic supplies available 7. Establish new CTC 8. Existing CTCs renovated	<ul style="list-style-type: none"> Perceptions that quality and coverage of CTC improved significantly; and there were improved skills of health staff which has led to better quality health services Increase in total number of patients receiving treatment (ARVs) from 12'884 in 2013 to 14'893 in 2014 	<ul style="list-style-type: none"> CHMT members want to improve other service health areas in in the district, using the same approach
	Mufindi	High prevalence of HIV in Mufindi district	1. Availability of skilled staff 2. Competence building 3. Health Commodities and materials 4. Provide Health services 5. Make HIV/AIDS materials available 6. Provide Direction	Perceptions that: <ul style="list-style-type: none"> Awareness, willingness and demand for service increased considerably There was improved drug availability and improved services which increased number of patients Reproductive health services prevented sexually transmitted infections Reproductive health services increased activities in the 	<ul style="list-style-type: none"> Some PMCTC and CTC services have been reorganized and provided in one common place Shortage of drugs and lack of working equipment in some facilities due to increased demand for

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				centres, making staff too busy (and slight decrease in quality) which was then alleviated by extra-duty allowances	<p>service</p> <ul style="list-style-type: none"> • CHMT has recognized the importance of strategy development as part of its annual work plan • Problem tree analysis and documentation approaches have extended beyond project towards overall council planning process
	Kilolo	Delayed early booking for antenatal care services in district by 45.3%	<ol style="list-style-type: none"> 1. Recruitment of RCH staff 2. Provision of quality RCH services 3. Create community awareness 4. Use of other sources of fund to improve availability of medicines, equipment and medical supplies 5. To increase number of HFs providing RCH services 6. To expand outreach services 	<p>Perceptions:</p> <ul style="list-style-type: none"> • Recruitments improved staff availability in facilities and led to: a. reduced workloads leading to improved performance b. even workload distribution among staff c. improved service quality d. reduced waiting time for clients • Improved staff skills and competences through training • Introduction of incentives to retain staff working in remote areas • The overall problem of delayed booking has decreased since bundles started 	<ul style="list-style-type: none"> • Created a teamwork spirit among staff at both CHMT and HF levels • The project raised awareness of village officials to enact some laws to make communities observe early booking rules
Uganda	Kabarole	<ul style="list-style-type: none"> • Leadership and management of team leaders • Strengthening of support supervision • Enhancing health workers' commitment • Improving working environment 	<ol style="list-style-type: none"> 1. Increase number of supervisors 2. Engage Health Unit Management Committee (HUMC) in supervision 3. Develop the appraisal system 	<p>Perceptions about supervision</p> <ul style="list-style-type: none"> • Number of supervisors has increased: new supervisors identified, trained and mentored • Number of visits has increased • Perceived positive impact: improved staff attendance; more clients using facilities; better record keeping <p>Perceptions about appraisal</p> <ul style="list-style-type: none"> • Proportion of staff receiving appraisals had increased; done routinely not just for promotion 	<ul style="list-style-type: none"> • Improved proposal writing skills: successfully obtained funding for implementing strategies • Lobbying local businesses and partners to support strategies • Visited other districts or

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				Perceptions about attendance monitoring <ul style="list-style-type: none"> Attendance registers introduced; supervision team review attendance Staff attendance has improved Perceptions about induction <ul style="list-style-type: none"> Induction for new staff funded by local Bank Perceptions about HUMC <ul style="list-style-type: none"> 70 HUMC members trained Take active role in supporting the facility, and help manager and staff to problem solve 	districts visited them to learn about the problem analysis and selection of bundles approach <ul style="list-style-type: none"> Identified need for good quality data for monitoring effectiveness of interventions
	Jinja	<ul style="list-style-type: none"> Ineffective use of the traditional control mechanisms Low staff motivation Inadequate supportive supervision Staff training that is not guided by available opportunities in the district 	<ol style="list-style-type: none"> Strengthen supportive supervision Strengthen appraisal system 	Perceptions about supervision <ul style="list-style-type: none"> Modified supervision tools to Jinja context Regular quarterly visits made No longer fault finding; supervisor and staff work together to find solutions Leave copy of action points at facility so that staff act and for follow up Perceptions about appraisal <ul style="list-style-type: none"> Appraisal process improved: setting targets with appraises; forms are available Quality of appraisal still require improvement Increased number of staff receiving appraisals Perceptions about attendance monitoring <ul style="list-style-type: none"> Attendance register introduced to facilities has helped to monitor and reduce absenteeism 	<ul style="list-style-type: none"> MoH is piloting the new quality improvement framework in Jinja Provide mentorship to teams outside the district There is a perception of empowerment among DHMT members
	Luwero	<ul style="list-style-type: none"> Lack of professionalism Poor communication Inadequate capacity building Medicines/equipment/supplies Inadequate supportive supervision 	<ol style="list-style-type: none"> Ensure regular appraisal Ensure regular supportive supervision Monitor staff attendance 	Perceptions about supervision <ul style="list-style-type: none"> Improved supervision process: schedules for supervision, regular visits, action points made and followed up; spend longer at facilities; work with staff to identify challenges; friendlier approach Resulted in improved record keeping Pool resources to improve efficiency of supervision Perceptions about appraisal <ul style="list-style-type: none"> Done routinely and on time 	None reported

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				<ul style="list-style-type: none"> • Identify develop plans to address challenges • Staff take appraisal seriously now – perform better after appraisal Perceptions about attendance monitoring <ul style="list-style-type: none"> • Use of duty rosters and attendance books increased staff presence and reduced late coming at facilities • Resulted in more clients using facilities, more outpatient and inpatient services provided 	