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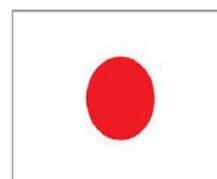
# AWP HANDBOOK

## For Level 2&3 Health Facilities

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Draft

*A guide on developing AWP*  
July 2019 Version  
Edition1



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### **AWP Handbook For Level 2&3 Health Facilities**

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## ABBREVIATION

|         |  |
|---------|--|
| APR     | Annual Performance Review                          |
| ARV     | Anti-retroviral drug                               |
| AWP     | Annual Work Plan                                   |
| CEC     | County Executive Committee                         |
| CHC     | Community Health Committee                         |
| CHMT    | County Health Management Team                      |
| CHRIO   | County Health Records and Information Officer      |
| CU      | Community Unit                                     |
| CHV     | Community Health Volunteer                         |
| DANIDA  | Danish International Development Agency            |
| FY      | Financial Year                                     |
| HF      | Health Facility                                    |
| JICA    | Japan International Cooperation Agency             |
| LLITNs  | Long lasting insecticide treated nets              |
| MCH     | Maternal and Child Health                          |
| MDA     | Mass drug administration                           |
| M&E     | Monitoring and Evaluation                          |
| MOH     | Ministry of Health (of Kenya)                      |
| MTEF    | Medium Term Expenditure Framework                  |
| OCCADEP | Organizational County Capacity Development Project |
| RH      | Reproductive Health                                |
| SCHMT   | Sub-County Health Management Team                  |
| SCHRIO  | Sub-County Health Records and Information Officer  |
| TB      | Tuberculosis                                       |
| UHC     | Universal Health Coverage                          |
| WRA     | Women of reproductive age                          |

# 1

## Introduction

### Purpose of the AWP Handbook and Target

This handbook guides Health Facilities (HFs) to understand

- What is AWP
- AWP process and timeline
- How to develop AWP and How to fill in data on the AWP template

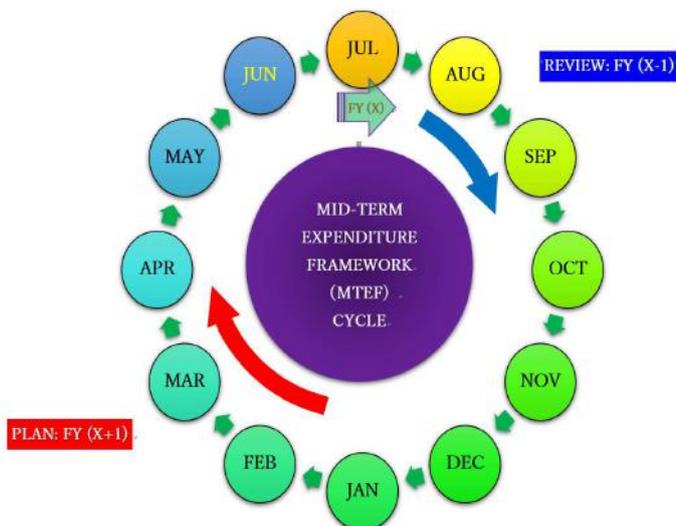
This handbook was developed for

- Health Facility in-charge and Its Management Team for level 2 & 3
- CHMT and SCHMT members who guide HFs

### What is AWP?

Annual Work Plan (AWP) is a document to operationalize the aspirations set in the County Health Sector Strategic Plan (CHSSP) and Universal Health Coverage (UHC). It sets out health sector priorities, targets, programmes, activities and annual resource allocation for the coming year. As an **operational document**, AWP guides County Health Management Team (CHMT), Sub-County Health Management Team (SCHMT), and Health Facilities (HFs) on what they are planning to achieve within a year. The purpose of this handbook is to guide the “level 2-3 HFs” on how to develop their AWP.

Planning, Budgeting, and Performance Review Cycle



**FY (X-1)** : 1<sup>st</sup> July to 30<sup>th</sup> June of the previous financial year  
**FY (x)** : 1<sup>st</sup> July to 30<sup>th</sup> June of the current financial year  
**FY (X+1)** : 1<sup>st</sup> July to 30<sup>th</sup> June of the next financial year

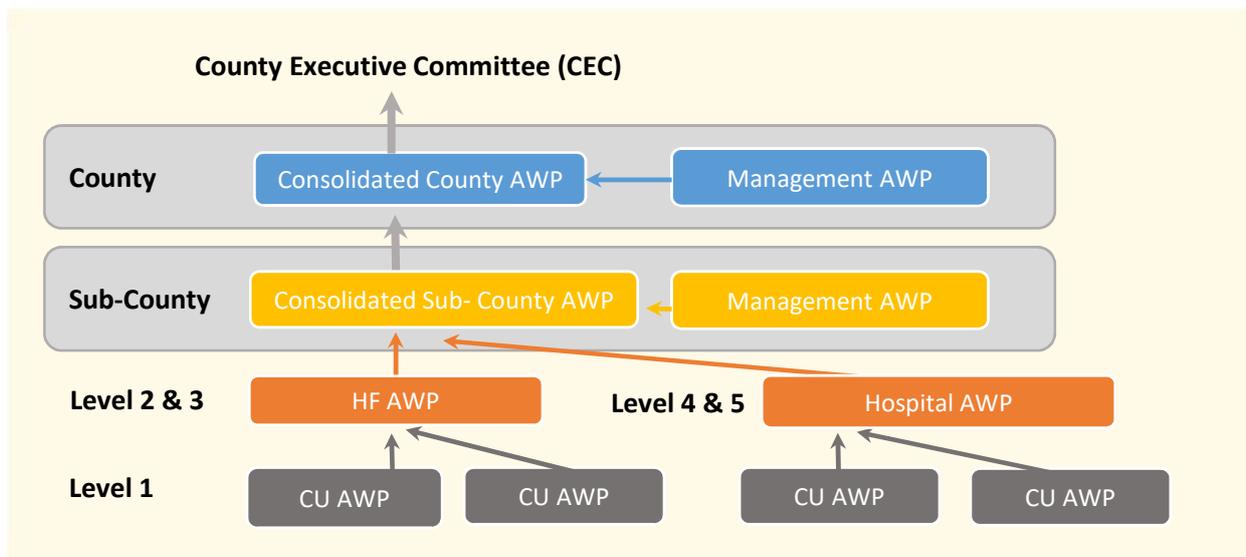
The figure on the left shows the Planning, Budgeting, and Performance Review Cycle to be followed by County Department of Health (CDOH), ranging from CU, HF, Hospital, Sub-County and County levels.

Level 2-3 HF is expected to develop AWP for FY(X+1), i.e. for the next fiscal year, in February, which will be integrated to County AWP by early April, and will notify County Budget (AWP process in red arrow).

After implementation of AWP, all levels of CDOH is expected to review performance of their AWP after the fiscal year ends in June. Level 2-3 HF is also expected to conduct this Annual Performance Review (APR) every year around August, which will be integrated to County APR by September (APR process in blue arrow).

## The AWP Development Process and Timeline

The diagram below shows the AWP development process. The AWP planning starts from the Community Units (CUs). The CHEW and the Community Health Committee (CHC) members identify the challenges, set priorities and propose possible interventions in CU's AWP. The CU's AWP is then integrated into the AWP of the linked HF before it is submitted to the Sub-county. At the SCHMT level, SCHMT prepares Management AWP. "Management AWP", Level 2-3 HF AWP and Hospital AWP(Level4-5) are integrated in the "Consolidated Sub-County AWP" and this is submitted to CHMT. Then, the CHMT integrates all the Sub-County SCHMTs' AWP and CHMT's Management AWP. CHMT submits "Consolidated County AWP" to County Executive Committee (CEC).



The table below shows the ideal time schedule of AWP development. In February, HF is expected to develop AWP after the sensitization workshop by CHMT.

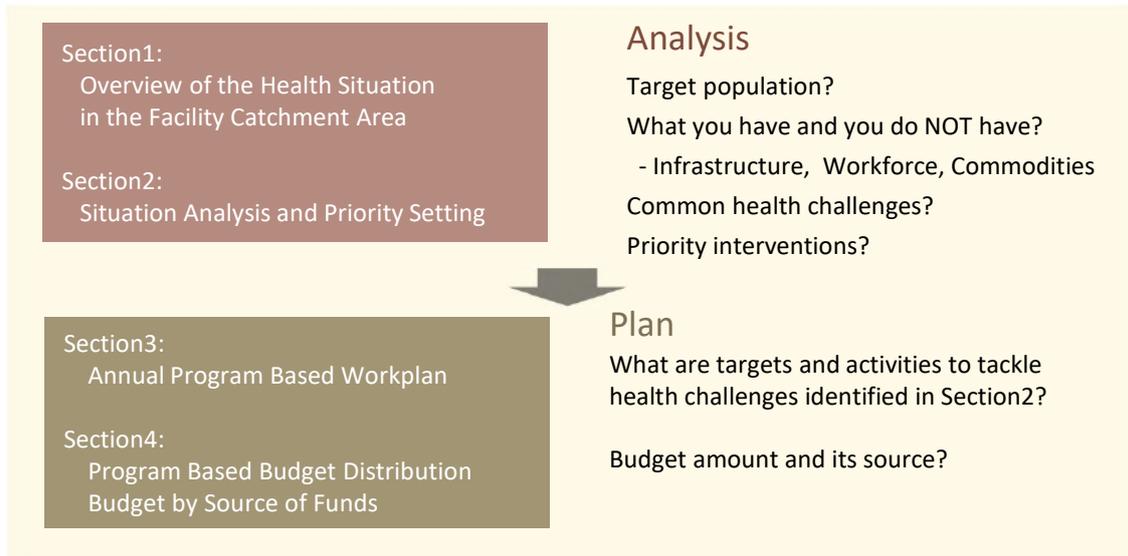
|          | County  | Sub-county   | Health Facility/Hospital   | Community Unit               |
|----------|---|--|--|------------------------------|
| January  | Plan AWP formulation process  |  |  |                              |
| February |   | Develop Management AWP   | AWP template sensitization workshop by CHMT<br>Develop AWP and submit to SCHMT | Develop AWP and submit to HF |
| March    | Develop AWP, integrating Sub-county AWP and Management AWP<br>AWP Stakeholder Forum | Develop AWP, integrating HF AWP, hospital AWP (level4&5), and Management AWP |  |                              |
| April    | Finalize AWP and submit to CEC  |  |  |                              |

# 2

## How to develop AWP ?

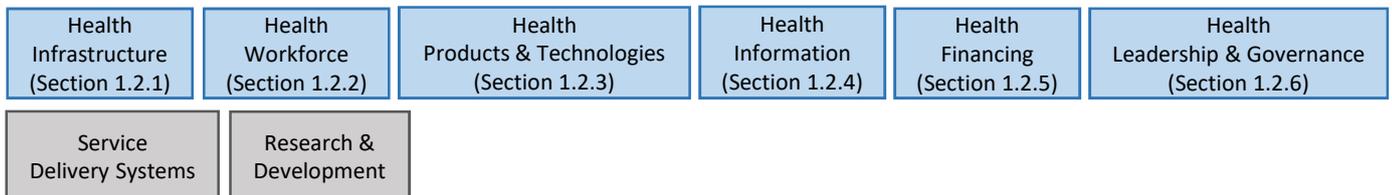
### AWP contents

AWP consists of four sections. First two sections are for analysis to clarify the target population of HF catchment areas, current situation of infrastructure, workforce and commodities. The last two sections is for planning of activities and budget of FY(X+1).



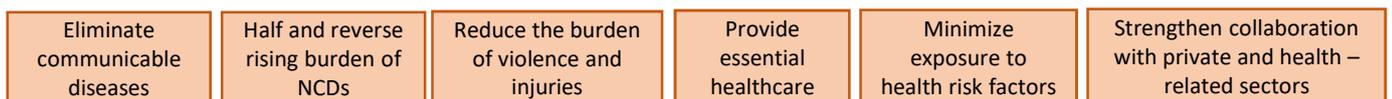
The AWP addresses the policy orientation and the policy objectives as follows.

#### Policy Orientations



Policy orientations in the Kenya Health Policy (2014-2030) show investment areas, which will lead to the attainment of the policy objectives. There are eight orientations. In the Section 1 of AWP, six out of the eight orientations above are used to analyze the health situation at the level 2-3 HF. The other two orientations are “Service Delivery Systems” and “Research & Development”.

#### Policy Objectives (Outcome)



Policy objectives are objectives of the Kenya Health Policy, relating to Health and related services. There are six policy objectives as below. In Section 2 and 3.1 of AWP, those objectives are used to analyze the current health problems and set priority interventions & targets.

## Data and Information required for development of AWP

AWP shall be formulated based on the data and information, which should be ready before starting the formulation.

- a. MOH Reports (see below)
- b. County Data and Information and National Guidelines from CHMT and SCHMT (see below)
- c. Budget ceiling (see below)
- d. APR Report of FY(X-1) (If HF developed)
- e. CU AWP of FY(X+1) linked to the HF

### a. MOH Reports

At the health facility level, there are three types of data tools; Daily data collection tool, collation tool and monthly data aggregation tool. In the AWP development process, monthly aggregation tool will help HF fill in data, especially in the table of “2.1 Major health problems observed in the facility catchment area” and “3.1 annual performance targets”.

Use monthly Summary tool



| Daily data collection tool   | Collation tool  | Monthly summary tool (Aggregation tool)   |
|--|---|---|
| <ul style="list-style-type: none"> <li>Out patient card</li> <li>(MOH 204 A) Outpatient register</li> <li>(MOH 204 B) Outpatient register</li> </ul>   | <ul style="list-style-type: none"> <li>(MOH 701A) &lt;5 years tally sheet</li> <li>(MOH 701B) &gt;5years tally sheet</li> </ul> | <ul style="list-style-type: none"> <li>(MOH 705 A) Out Patient Under 5yr Summary</li> <li>(MOH 705 B) Out Patient Over 5yr Summary</li> </ul>                                   |
| <ul style="list-style-type: none"> <li>Mother child booklet</li> <li>(MOH 510) Immunization Register</li> </ul>  | <ul style="list-style-type: none"> <li>(MOH 702) Immunization and Vitamin “A” tally sheet</li> </ul>                            | <ul style="list-style-type: none"> <li>(MOH 710) Integrated Immunization and Logistics Summary</li> </ul>   |
| <ul style="list-style-type: none"> <li>Mother child booklet</li> <li>(MOH 405) Antenatal register</li> <li>(MOH 333) Maternity register</li> <li>(MOH 406) Postnatal register</li> <li>(MOH365) Sexual Gender Based Violence register</li> </ul> | <ul style="list-style-type: none"> <li>No collation tools but summaries is available in all those registers.</li> </ul>         | <ul style="list-style-type: none"> <li>(MOH 711) Integrated RH, MCH, Social Work &amp; Rehab Summary</li> </ul>   |
| <ul style="list-style-type: none"> <li>(MOH 512) Daily Activity (Family Planning) Register</li> </ul>  | <ul style="list-style-type: none"> <li>No collation tools but summaries is available in all those registers.</li> </ul>         | <ul style="list-style-type: none"> <li>(MOH 711) Integrated RH, MCH, Social Work &amp; Rehab Summary</li> <li>Service delivery point FP commodity consumption report</li> </ul> |
| <ul style="list-style-type: none"> <li>(MOH 209) Radiology Register</li> <li>(MOH 240) Laboratory Register</li> <li>(MOH204 A &amp; B) Outpatient register</li> <li>Other registers (MOH511, 405, 406, 512,301,333)</li> </ul>                   | <ul style="list-style-type: none"> <li>No specific data collation tools</li> </ul>  | <ul style="list-style-type: none"> <li>(MOH 717) Workload Summary</li> </ul>  |
| <ul style="list-style-type: none"> <li>(MOH 301) Inpatient register</li> <li>(MOH 268) Diagnostic Disease Index</li> </ul>   | <ul style="list-style-type: none"> <li>No specific data collation tools</li> </ul>  | <ul style="list-style-type: none"> <li>(MOH 718) In-patient morbidity and mortality summary sheet</li> </ul>  |
| Services summaries used as source  | <ul style="list-style-type: none"> <li>No specific data collation tools</li> </ul>  | <ul style="list-style-type: none"> <li>(MOH105) Service delivery report or</li> <li>AWP Service Delivery Report</li> </ul>  |
| <ul style="list-style-type: none"> <li>ART cohort</li> <li>TB register</li> <li>(MOH403) ANC register</li> <li>(MOH362) HTS register</li> </ul>  | <ul style="list-style-type: none"> <li>Daily activity register</li> </ul>   | <ul style="list-style-type: none"> <li>(MOH731) National AIDS &amp; STI Control Program- NASCOP Comprehensive HIV/AIDS reporting form</li> </ul>                                |

(MOH,2014-15)

## b. Data and Information from CHMT/SCHMT

### CHMT and SCHMT



CHMT and SCHMT need to share data and information below with HF.

| Data CHMT and SCHMT prepare |   |
|-----------------------------|---|
| CHMT                        | Section 1.2.5 Previous Financial Year Public Health Expenditure <ul style="list-style-type: none"> <li>Amount allocated</li> </ul> Section 3.2 Annual Program Based Service Delivery Workplan <ul style="list-style-type: none"> <li>Budget Ceiling <b>(See c. below)</b></li> </ul> Section 4 Budget Distribution <ul style="list-style-type: none"> <li>Budget Ceiling <b>(See c. below)</b></li> </ul>   |
| CHMT & SCHMT                | Section 1.1.1 Population Breakdown and Description <ul style="list-style-type: none"> <li>Proportion of population of all aged groups</li> <li>Total population in the county</li> <li>Total number of households</li> <li>Percentage of population segment estimates</li> </ul> Section 1.2.3 Health Commodities Supplies and Products <ul style="list-style-type: none"> <li>Budget allocation (ksh) for commodities, supplies and products in last FY</li> </ul> |

### National Guideline



If the MOH updates the national guidelines below, CHMT and SCHMT need to share the latest guidelines.

| Data from National Guidelines   |  |
|---|--|
| Health Infrastructure Norms and Standards (MOH,2017)  | Section 1.2.1 Availability of Tracer Health Infrastructure <ul style="list-style-type: none"> <li>Required number of infrastructure</li> </ul> |
| Human Resources For Health Norms and Standards Guidelines For The Health Sector (MOH, 2014) | Section 1.2.2 Availability of Health Workforce <ul style="list-style-type: none"> <li>Total number of required health workforce</li> </ul>     |

## c. Budget Ceiling

Confirm the budget ceiling with SCHMT or CHMT, before starting the development of AWP. If you cannot get the ceiling amount, use your approved budget amount of FY(X), since budget amount at the HF level does not change so much every year.

### Who develops Level 2-3 HF AWP?

- Health Facility staff develops AWP as a team.
- Health Facility in Charge should trigger the development process and be responsible for finalization.
- HF needs to get Consensus/Inputs from HF committee.



## Common rules to develop AWP

- If you do not need to fill in data, write "N/A(Not Applicable)", and if you could not get data, write "data is not available". "0(zero)" is not accepted in those cases. "0 (zero)" and "N/A" are different.
- If there is negative gap, use minus mark "-" and if there is surplus gap, use plus mark "+".

Good



### 1.2. Health Sector Investments Status in the Facility

#### 1.2.1. Availability of Tracer Health Infrastructure

|   | Level of care                       | Infrastructure   | Available | Required | Gap/Surplus |
|---|-------------------------------------|--|-----------|----------|-------------|
| 1 | Level III - Primary care facilities | Total number of facilities / departments                       | 1         |          |             |
|   |                                     | Total bed capacity   |           |          |             |
|   |                                     | Total functional maternity units                               |           |          |             |
|   |                                     | Functioning basic laboratory services: rapid tests, microscopy |           | N/A      |             |
|   |                                     | Number of ambulances linked to facility                        |           |          |             |
| 2 | Level II - Primary care facilities  | Total number of facilities / departments                       | 1         |          |             |
|   |                                     | Number of operational delivery rooms                           | 09        | 14       | -5          |
|   |                                     | Number of ambulances linked to facilities                      | 0         | 1        | -1          |
|   |                                     | Total functional community units                               | 0         | 1        | -1          |
| 3 | Level I - Community units           | Number of functional units                                     | 0         | 1        | -1          |
|   |                                     | Number of motorbikes linked to community units                 | 0         | 01       | -1          |

- Align numbers to the right. This helps people easy to read and grasp the number quickly and avoid possible mistakes when calculation.
- Use commas for every three digits.

### 4.1 Budget Summary by Program and Sub-Program Area

Good



| Program  | Sub-program  | Total Budget  |
|--|--|---|
| 1  | Curative and rehabilitative health services                  |   |
|  | Primary facility services<br>Hospital services               | 0   |
| 2  | Preventive and promotive health services                     |   |
|  | Reproductive Maternal Neonatal Child Health (RMNCH) Services |   |
|  | Immunization services  | 40,000  |
|  | Nutrition services   | 80,000  |
|  | Disease surveillance and control                             | 60,000  |
|  | HIV control interventions                                    | 12,000  |
|  | TB control interventions                                     | 12,000  |
|  | Malaria control interventions                                | 10,000  |
|  | Neglected tropical diseases control                          | 12,000  |
|  | Non-communicable disease control                             | 1,820,000   |
|  | Environmental health, water and sanitation interventions     | 60,000  |
|  | School health interventions                                  | 160,000   |
|  | Community health - Level I interventions                     | 588,000   |
|  | 3  | General administration, planning, management support and coordination |
| Health workers and human resource management               |  | 9,312,000   |
| Construction and maintenance of buildings                  |  | 7,180,000   |
| Procurement of medicine, medical and other supplies        |  | 3,913,000   |
| Procurement and maintenance of medical and other equipment |  | 1,964,000   |
| Management and coordination of health services             |  | 470,000   |

Bad



### 4.1 Budget Summary by Program and Sub-Program Area

| Program  | Sub-program  | Total Budget  |
|--|--|---|
| 1  | Curative and rehabilitative health services                  |   |
|  | Primary facility services<br>Hospital services               |   |
| 2  | Preventive and promotive health services                     |   |
|  | Reproductive Maternal Neonatal Child Health (RMNCH) Services | 50,000  |
|  | Immunization services  | 70,000  |
|  | Nutrition services   | 50,000  |
|  | Disease surveillance and control                             | 150,000   |
|  | HIV control interventions                                    | 50,000  |
|  | TB control interventions                                     | 50,000  |
|  | Malaria control interventions                                | 100,000   |
|  | Neglected tropical diseases control                          |   |
|  | Non-communicable disease control                             |   |
|  | Environmental health, water and sanitation interventions     | 1,200,000   |
|  | School health interventions                                  | 50,000  |
|  | Community health - Level I interventions                     | 80,000  |
|  | 3  | General administration, planning, management support and coordination |
| Health workers and human resource management               |  | 236,580   |
| Construction and maintenance of buildings                  |  | 500,000   |
| Procurement of medicine, medical and other supplies        |  | 500,000   |
| Procurement and maintenance of medical and other equipment |  | 170,000   |
| Management and coordination of health services             |  | 12,000  |

There are commas in every three digits, but numbers are not aligned to the right. Comparing with the example on the left, it is difficult to grasp the number and compare the number immediately.

## Section 1

# Overview of the Health Situation in the Facility Catchment Area

## 1.1 Facility Catchment Population and Demographics

### 1.1.1 Population Breakdown and Description

Get data from 1) SCHRIO 2) Kenya National Bureau of Statistics office at the sub-county level  
3) Estimated population based on reports from CUs or Village  
Population data is the one of FY (X).

|    | Description                                | Population segment estimates | Facility catchment area projected population |
|----|--|------------------------------|--|
| 1  | Total population <b>in the county</b>      |                              | <b>A</b>                                     |
| 2  | Total number of households                 |                              |  |
| 3  | Children under one year (12 months)        | 3.71%                        |  |
| 4  | Children under five years (60 months)      | 16.9%                        |  |
| 5  | Under fifteen year population              | 42.3%                        |  |
| 6  | Women of child bearing age (15 – 49 Years) |                              |  |
| 7  | Estimated number of pregnant women         | 3.84%                        |  |
| 8  | Estimated number of deliveries             | 3.84%                        |  |
| 9  | Estimated live births                      | 3.79%                        |  |
| 10 | Total number of adolescents (15-24)        |                              |  |
| 11 | Adults (25-59)                             |                              |  |
| 12 | Elderly (60+)                              |                              |  |

Obtain estimated proportion of county or sub-county level population from CHRIO or SCHRIO. CHMT decides which proportion HF's use before starting the AWP formulation process.

\*Figures in the original template is national data.

Calculate the number of population by yourselves.  
**A (Total population) × B**



For any query on the population and its percentage, communicate with CHRIO or SCHRIO.

## EXAMPLE

|    | Description                                | Population segment estimates | Facility catchment area projected population |
|----|--|------------------------------|--|
| 1  | Total population in the county             |                              | 5,350  |
| 2  | Total number of households                 |                              | 908  |
| 3  | Children under one year (12 months)        | 2.2 %                        | 117  |
| 4  | Children under five years (60 months)      | 10.9 %                       | 583  |
| 5  | Under fifteen year population              | 33.1 %                       | 1,770  |
| 6  | Women of child bearing age (15 – 49 Years) | 26.9 %                       | 1,439  |
| 7  | Estimated number of pregnant women         | 2.38%                        | 127  |
| 8  | Estimated number of deliveries             | 2.38%                        | 127  |
| 9  | Estimated live births                      | 2.37%                        | 126  |
| 10 | Total number of adolescents (15-24)        | 18.1%                        | 968  |
| 11 | Adults (25-59)                             | 41.3%                        | 2,209  |
| 12 | Elderly (60+)                              | 7.5%                         | 401  |

$$= 5,350 \times 2.2\%$$

$$= 5,350 \times 10.9\%$$

$$= 5,350 \times 33.1\%$$

$$= 5,350 \times 26.9\%$$

You need to follow the percentage shared by your county or sub-county government.

To be precise, percentage and number of indicators 7 to 9 is not to be the same, considering stillbirth & miscarriage & multi birth cases. However, the number of live births serves as a proxy for the number of pregnant women in many cases.

### 1.1.2 Facility Catchment Population

\*Delete “new” from the original template. “Total number of outpatients” is required to calculate “Outpatient utilization per person”.

This 12 months is for July to June of the previous financial year, FY(X-1)

|   | Facility catchment Area<br>(A) | Population at beginning of FY<br>(B) | Number of <del>new</del> * outpatients<br>(past 12 months)<br>(C) | Outpatient utilization per person<br>(D = C/B X 100) |
|---|--------------------------------|--------------------------------------|---|--|
| 1 |                                |                                      |   |  |
| 2 |                                |                                      |   |  |
|   | <b>Totals</b>                  |                                      |   |  |

This total number of population is the number of population of FY (X-1) .

Write the total number of outpatient services, which is available in MOH 717 “Monthly Workload Report for Hospitals” and you just add up the numbers for 12months.

It is more important to see the total percentage of outpatient utilization per person, rather than calculating the percentage of outpatient utilization per person by village or CUs.

### EXAMPLE

|   | Facility catchment Area<br>(A) | Population at beginning of FY<br>(B) | Number of <del>new</del> outpatients<br>(past 12 months)<br>(C) | Outpatient utilization per person<br>(D = C/B X 100) |
|---|--------------------------------|--------------------------------------|---|--|
| 1 | Kipsegi Dispensary             | 5,350                                | 4,595   | 85.9%  |
| 2 |                                |                                      |   |  |
| 3 |                                |                                      |   |  |
| 4 |                                |                                      |   |  |
|   | <b>Totals</b>                  | <b>5,350</b>                         | <b>4,595</b>  | <b>85.9%</b>   |

Outpatient utilization per person per year is NOT a coverage indicator because the population in need is not well defined. However, LOW RATES are indicative of poor availability , accessibility and quality of services.

## 1.2 Health Sector Investments Status in the Facility

### 1.2.1 Availability of Tracer Health Infrastructure

This is about government HF in your HF catchment area. Thus, this “total number of facilities” do not include either private health facilities or faith-based facilities.

- 1 Health Centre for 30,000 people
- 1 Dispensary for 10,000 people
- 1 Health Centre or Dispensary locates within 5km of every household
- 1 CU for 5,000 people

|   | Level of care                       | Infrastructure   | Available <b>A</b> | Required <b>B</b>                           | Gap/<br>Surplus |
|---|-------------------------------------|--|--------------------|---|-----------------|
| 1 | Level III - Primary care facilities | Total number of facilities                                     |                    | <i>Total population ÷ 30,000 (Round up)</i> | <b>A-B</b>      |
|   |                                     | Total bed capacity   |                    | 16  |                 |
|   |                                     | Total functional maternity units                               |                    | 1   |                 |
|   |                                     | Functioning basic laboratory services: rapid tests, microscopy |                    | 1   |                 |
|   |                                     | Number of ambulances linked to facility                        |                    | 1   |                 |
| 2 | Level II – Primary care facilities  | Total number of facilities                                     |                    | <i>Total population ÷ 10,000 (Round up)</i> |                 |
|   |                                     | Number of <del>operational</del> * delivery rooms              |                    | 1   |                 |
|   |                                     | Number of ambulances linked to facilities                      |                    | 0   |                 |
|   |                                     | Total functional community units                               |                    | <i>Total population ÷ 5,000 (Round up)</i>  |                 |
| 3 | Level I – Community units           | Number of functional units                                     |                    | <i>Total population ÷ 5,000 (Round up)</i>  |                 |
|   |                                     | Number of motorbikes linked to community units                 |                    | <i>2 (Bicycle 1 Motor cycle 1)</i>          |                 |

\* Delete “operational” from the template, since there is no operational delivery room at the level 2. Write the number of functional delivery rooms.

Update available numbers of Annual Performance Review Report (APR). If APR is not available, please count actual number of infrastructures.

Required number from “Health Infrastructure Norms and Standards” (MOH,2017)

Indicate (-) for negative gap; (+) for surplus.

## EXAMPLE

### For Level 3

Estimated population : 18,611 people

|   | Level of care                             | Infrastructure   | Available | Required                    | Gap/<br>Surplus |
|---|---|--|-----------|-----------------------------|-----------------|
| 1 | Level III -<br>Primary care<br>facilities | Total number of facilities                                     | 1         | 0.62→1<br>(18,611 ÷ 30,000) | 0               |
|   |   | Total bed capacity   | 7         | 16                          | -9              |
|   |   | Total functional maternity units                               | 1         | 1                           | 0               |
|   |   | Functioning basic laboratory services: rapid tests, microscopy | 1         | 1                           | 0               |
|   |   | Number of ambulances linked to facility                        | 0         | 1                           | -1              |
| 2 | Level II –<br>Primary care<br>facilities  | Total number of facilities                                     |           |                             |                 |
|   |   | Number of operational delivery rooms                           |           | N/A                         |                 |
|   |   | Number of ambulances linked to facilities                      |           |                             |                 |
|   |   | Total functional community units                               |           |                             |                 |
| 3 | Level I –<br>Community<br>units           | Number of functional units                                     | 2         | 3.72→4<br>18,611 ÷ 5,000    | -2              |
|   |   | Number of motorbikes linked to community units                 | 2         | 2                           | 0               |

### For Level 2

Assumed total number of population : 5,350 people

|   | Level of care                             | Infrastructure   | Available | Required                   | Gap/<br>Surplus |
|---|---|--|-----------|----------------------------|-----------------|
| 1 | Level III -<br>Primary care<br>facilities | Total number of facilities                                     |           |                            |                 |
|   |   | Total bed capacity   |           |                            |                 |
|   |   | Total functional maternity units                               |           | N/A                        |                 |
|   |   | Functioning basic laboratory services: rapid tests, microscopy |           |                            |                 |
|   |   | Number of ambulances linked to facility                        |           |                            |                 |
| 2 | Level II –<br>Primary care<br>facilities  | Total number of facilities                                     | 1         | 0.53→1<br>(5,350 ÷ 10,000) | 0               |
|   |   | Number of operational delivery rooms                           | 1         | 1                          | 0               |
|   |   | Number of ambulances linked to facilities                      | 0         | 0                          | 0               |
|   |   | Total functional community units                               | 1         | 1.07→2<br>(5,350 ÷ 5,000)  | 0               |
| 3 | Level I –<br>Community<br>units           | Number of functional units                                     | 1         | 1.07→2<br>(5,350 ÷ 5,000)  | 0               |
|   |   | Number of motorbikes linked to community units                 | 0         | 2                          | -2              |

## 1.2.2 Availability of Health Workforce

Count the actual number of health workforce available at your HF.

Indicate (-) for negative gap ;  
(+) for surplus.

|   | Staff cadres         | Total number available | Total number required | Gap/Surplus |
|---|----------------------|------------------------|-----------------------|-------------|
| 1 | Consultants          |                        |                       |             |
| 2 | Medical officers     | A                      | B                     | A-B         |
| 3 | Dentists             |                        |                       |             |
| 4 | Dental technologists |                        |                       |             |

Data from "Human Resources For Health Norms and Standards Guidelines For The Health Sector" (MOH, 2014)

### EXAMPLE

#### For Level 3

Level 3 HF uses data in the highlighted area as they are. This number can be updated if there is any update on the national guideline above.

|    | Staff cadres                          | Total number available | Total number required | Gap/Surplus |
|----|---------------------------------------|------------------------|-----------------------|-------------|
| 1  | Consultants                           | 0                      | 0                     | 0           |
| 2  | Medical officers                      | 2                      | 2                     | 0           |
| 3  | Dentists (Dental Officer)             | 0                      | 1                     | -1          |
| 4  | Dental technologists                  | 0                      | 2                     | -2          |
| 5  | Public health officers                | 1                      | 2                     | -1          |
| 6  | Pharmacists                           | 2                      | 1                     | + 1         |
| 7  | Pharmacy technologists                | 2                      | 4                     | -2          |
| 8  | Laboratory technologists              | 3                      | 10                    | -7          |
| 9  | Orthopedic technologists              | 0                      | 0                     | 0           |
| 10 | Nutritionists                         | 0                      | 2                     | -2          |
| 11 | Radiographers                         | 2                      | 2                     | 0           |
| 12 | Physiotherapists                      | 0                      | 3                     | -3          |
| 13 | Occupational therapists               | 1                      | 3                     | -2          |
| 14 | Plaster technicians                   | 2                      | 2                     | 0           |
| 15 | Health records & information officers | 4                      | 4                     | 0           |
| 16 | Medical engineering technologists     | 0                      | 0                     | 0           |
| 17 | Medical engineering technicians       | 0                      | 2                     | -2          |
| 18 | Mortuary attendants                   | 0                      | 0                     | 0           |
| 19 | Drivers                               | 1                      | 2                     | -1          |
| 20 | Accountants                           | 0                      | 1                     | -1          |
| 21 | Administrators                        | 1                      | 1                     | 0           |
| 22 | Clinical officers (specialists)       | 0                      | 1                     | -1          |
| 23 | Clinical officers (general)           | 4                      | 6                     | -2          |
| 24 | Nursing staff (KRCHNs)                | 10                     | 8                     | +2          |
| 25 | Nursing staff (KECHN)                 | 10                     | 12                    | -2          |
| 26 | Laboratory technicians                | 5                      | 10                    | -5          |
| 27 | Community oral health officers        | 0                      | 4                     | -4          |
| 28 | Secretarial staff/clerks              | 0                      | 2                     | -2          |
| 29 | Attendants/nurse aids                 | 0                      | 2                     | -2          |
| 30 | Cooks                                 | 2                      | 2                     | 0           |
| 31 | Cleaners                              | 4                      | 3                     | +1          |

|    |  |   |                       |                             |
|----|--|---|-----------------------|-----------------------------|
| 32 | Security   | 1 | 2                     | -1                          |
| 33 | Community health extension workers (PHT's, social workers, etc.) | 0 | 2 per CU              | Depends on the number of CU |
| 34 | Community health workers (Community health volunteers)           | 1 | 10 per CU             | Depends on the number of CU |
| 35 | Casual workers/staff   | 1 | Data is not available | N/A                         |
| 36 | Other (specify)  |   |                       |                             |

## For Level 2

Level 2 HF uses data in the highlighted area as they are. This number can be updated if there is any update on the national guideline.

|    | Staff cadres   | Total number available | Total number required | Gap/Surplus                 |
|----|--|------------------------|-----------------------|-----------------------------|
| 1  | Consultants  | 0                      | 0                     | 0                           |
| 2  | Medical officers   | 0                      | 0                     | 0                           |
| 3  | Dentists   | 0                      | 0                     | 0                           |
| 4  | Dental technologists   | 0                      | 0                     | 0                           |
| 5  | Public health officers   | 0                      | 1                     | -1                          |
| 6  | Pharmacists  | 0                      | 0                     | 0                           |
| 7  | Pharmacy technologists   | 1                      | 1                     | 0                           |
| 8  | Laboratory technologists   | 1                      | 2                     | -1                          |
| 9  | Orthopedic technologists   | 0                      | 0                     | 0                           |
| 10 | Nutritionists  | 0                      | 0                     | 0                           |
| 11 | Radiographers  | 0                      | 0                     | 0                           |
| 12 | Physiotherapists   | 0                      | 1                     | -1                          |
| 13 | Occupational therapists  | 0                      | 2                     | -2                          |
| 14 | Plaster technicians  | 0                      | 0                     | 0                           |
| 15 | Health records & information officers                            | 0                      | 1                     | -1                          |
| 16 | Medical engineering technologists                                | 0                      | 0                     | 0                           |
| 17 | Medical engineering technicians                                  | 0                      | 0                     | 0                           |
| 18 | Mortuary attendants  | 0                      | 0                     | 0                           |
| 19 | Drivers  | 0                      | 0                     | 0                           |
| 20 | Accountants  | 0                      | 0                     | 0                           |
| 21 | Administrators   | 0                      | 0                     | 0                           |
| 22 | Clinical officers (specialists)                                  | 0                      | 0                     | 0                           |
| 23 | Clinical officers (general)                                      | 1                      | 2                     | -1                          |
| 24 | Nursing staff (KRCHNs)   | 1                      | 2                     | -1                          |
| 25 | Nursing staff (KECHN)  | 2                      | 4                     | -2                          |
| 26 | Laboratory technicians   | 0                      | 2                     | -2                          |
| 27 | Community oral health officers                                   | 0                      | 2                     | -2                          |
| 28 | Secretarial staff/clerks   | 0                      | 1                     | -1                          |
| 29 | Attendants/nurse aids  | 0                      | 0                     | 0                           |
| 30 | Cooks  | 0                      | 0                     | 0                           |
| 31 | Cleaners   | 1                      | 1                     | 0                           |
| 32 | Security   | 0                      | 1                     | -1                          |
| 33 | Community health extension workers (PHT's, social workers, etc.) | 0                      | 2 per CU              | Depends on the number of CU |
| 34 | Community health workers (Community health volunteers)           | 1                      | 10 per CU             | Depends on the number of CU |
| 35 | Casual workers/staff   | 1                      | Data is not available | N/A                         |
| 36 | Other (specify)  |                        |                       |                             |

### 1.2.3 Health Commodities, Supplies and Products

Information and data on health commodities, supplies and products are at the county and sub-county level. Therefore, HF needs to get the below data from designated CHMT or SCHMT members. Information source is different according to CHMT and SCHMT. Where you do not get the desired data, write "data is not available".

| Commodities  | Allocation (Ksh)<br>in last FY | Actual<br>requirements | Gap/Surplus |
|--|--------------------------------|------------------------|-------------|
| Pharmaceuticals supplies<br> <b>County or Sub-county Pharmacist</b>   |                                |                        |             |
| Non-pharmaceutical supplies<br> <b>County Commodity Nurse or<br/>Sub-county Nursing Officer</b>   | <b>A</b>                       | <b>B</b>               | <b>A-B</b>  |
| Medical equipment and technologies<br> <b>County Commodity Nurse or<br/>Sub-county Nursing Officer</b>  |                                |                        |             |
| Environmental/Public health supplies<br> <b>County Commodity Nurse or<br/>Sub-county Nursing Officer or<br/>County/Sub-County Public Health Officer</b> |                                |                        |             |
| Other medical supplies (oxygen, etc.)<br> <b>County Commodity Nurse or<br/>Sub-county Nursing Officer</b>   |                                |                        |             |
| Patient food<br> <b>County Administrator or<br/>County Nutritionist</b>   |                                |                        |             |
| Fuel and lubricants ← For ambulance<br> <b>County Administrator or<br/>County Transport Officer</b>   |                                |                        |             |
| Other fuels: cooking gas, charcoal, firewood<br> <b>County Administrator</b><br>↑ For both patients and staff   |                                |                        |             |
| <b>Total</b>   |                                |                        |             |

Get data from the managers written in red color. The information source might be different according to county or sub-county.

Get information from HF's AWP for FY(X-1). If you do not have it, just write "data is not available".

Indicate (-) for negative gap; (+) for surplus.

### EXAMPLE

| Commodities                                  | Allocation (Ksh)<br>in last FY | Actual requirements | Gap/Surplus     |
|--|--------------------------------|---------------------|-----------------|
| Pharmaceuticals supplies                     | 890,163                        | 1,000,000           | -109,837        |
| Non-pharmaceutical supplies                  | 220,000                        | 300,000             | -80,000         |
| Medical equipment and technologies           | 0                              | 100,000             | -100,000        |
| Environmental/Public health supplies         | 0                              | 20,000              | -20,000         |
| Other medical supplies (oxygen, etc.)        | 0                              | 10,000              | -10,000         |
| Patient food                                 | 0                              | 0                   | 0               |
| Fuel and lubricants                          | 0                              | 0                   | 0               |
| Other fuels: cooking gas, charcoal, firewood | 0                              | 12,000              | -12,000         |
| <b>Total</b>                                 | <b>1,110,163</b>               | <b>1,442,000</b>    | <b>-331,837</b> |

### 1.2.4 Health Management Information systems/Monitoring and Evaluation

“0” ~”4” is applicable.

If you prepared quarterly performance report and discussed it three times per year, please write “3”.

Household Register (MOH513) is to be filled by CHVs every six months and reported to CHEWs.

If your facility submit monthly report to sub-county at the monthly basis, please write “1”, if not, “0”.

|   | Reporting  | CU | Level II | Level III |
|---|--|----|----------|-----------|
| 1 | Number of Community units (linked to facility) with updated household registers      |    |          |           |
| 2 | Number of Community units providing monthly reports to facility                      |    |          |           |
| 3 | Facilities providing monthly reports   |    |          |           |
| 4 | Quarterly performance reports prepared and discussed by (level) management committee |    |          |           |

This is about Community Extension Workers Summary (MOH515).

This is about Facility Management Team at level 2-3 HF.

If your health facility is dispensary and health centre, please fill in the column of “Level II”, “Level III” respectively.

### EXAMPLE

#### For Level 3

|   | Reporting  | CU  | Level II | Level III |
|---|--|-----|----------|-----------|
| 1 | Community units (linked to facility) with updated household registers                | N/A | N/A      | 1         |
| 2 | Community units providing monthly reports to facility                                |     |          | 1         |
| 3 | Facilities providing monthly reports   |     |          | 1         |
| 4 | Quarterly performance reports prepared and discussed by (level) management committee |     |          | 1         |

#### For Level 2

|   | Reporting  | CU  | Level II | Level III |
|---|--|-----|----------|-----------|
| 1 | Community units (linked to facility) with updated household registers                | N/A | 1        | N/A       |
| 2 | Community units providing monthly reports to facility                                |     | 1        |           |
| 3 | Facilities providing monthly reports   |     | 1        |           |
| 4 | Quarterly performance reports prepared and discussed by (level) management committee |     | 4        |           |

### 1.2.5 Previous Financial Year Public Health Expenditure

DANIDA, Linda Mama and Health Sector Support Fund are to be recorded here under the “GoK (conditional grants)”.

|              | Item                | GoK/County Gov't (equitable allocation) | GoK (conditional grants) | User fees | Other gov't sources (CDF/WDF etc.) | Local donors/ Partners | Total |
|--------------|---------------------|---|--------------------------|-----------|------------------------------------|------------------------|-------|
| Level II/III | Amount allocated    |   |                          |           |                                    |                        |       |
|              | Amount received     |   |                          |           |                                    |                        |       |
|              | Expenditure         |   |                          |           |                                    |                        |       |
|              | Actual requirements |   |                          |           |                                    |                        |       |
|              | Gap/Surplus         |   |                          |           |                                    |                        |       |

Annotations:

- An arrow points to the **GoK (conditional grants)** column header.
- A box around **Amount allocated** points to a text box: "This is the amount which county approved to allocate. Get this data from the County budgets."
- A box around **Actual requirements** points to a text box: "This is the amount which HF requested in AWP for the previous year. If you do not have AWP for previous year, please write 'data is not available'."
- A box around **Gap/Surplus** points to a text box: "Amount received - Actual requirements"

Main budget source for HFs is DANIDA (GOK (conditional grants)). Get the allocated amount of DANIDA fund from CHMT



### EXAMPLE

|              | Item                | GoK/County Gov't (equitable allocation) | GoK (conditional grants) |            |         | User fees | Other gov't sources (CDF/WDF etc.) | Local donors/ Partners | Total   |
|--------------|---------------------|---|--------------------------|------------|---------|-----------|------------------------------------|------------------------|---------|
|              |                     |   | DANIDA                   | Linda Mama | HSSF    |           |                                    |                        |         |
| Level II/III | Amount allocated    | 0                                       | 148,000                  | 450,000    | 160,000 | 0         | 0                                  | 0                      | 758,000 |
|              | Amount received     | 0                                       | 148,000                  | 450,000    | 160,000 | 0         | 0                                  | 0                      | 758,000 |
|              | Expenditure         | 0                                       | 148,000                  | 450,000    | 160,000 | 0         | 0                                  | 0                      | 758,000 |
|              | Actual requirements | 0                                       | 200,000                  | 450,000    | 200,000 | 0         | 0                                  | 0                      | 850,000 |
|              | Gap/Surplus         | 0                                       | -52,000                  | 0          | -40,000 | 0         | 0                                  | 0                      | -92,000 |

## 1.2.6 Health Sector Management, Coordination, Leadership and Governance

Plans should include contingency plans for the continuity of essential building systems, such as electricity, water, ventilation, fire, and communication systems at the time of emergency. This plan is about disaster management and response plan. This is to be facilitated by CHMT to develop, together with Facility Management Team.

|   | Intervention  | Level II/III |  |
|---|---|--------------|--|
| 1 | Emergency contingency plans (including referral plans) available    |              | ← Yes or No                                    |
| 2 | Health service charter is available and is displayed                |              | ← Yes or No                                    |
| 3 | Outreaches carried out  |              | ← Number (0,1,2,3 . . .)                       |
| 4 | Drugs and therapeutic committee meetings held in past twelve months | N/A          | ← HFs do not have this committee. Write "N/A". |
| 5 | Mortality meetings held in past twelve months                       |              | ← Number (0,1,2,3 . . .)                       |
| 6 | Management committee meetings held in past twelve months            |              | ← Number (0,1,2,3 . . .)                       |
| 7 | Quarterly stakeholder meetings held in past twelve months           |              | ← Number (0,1,2,3 . . .)                       |
| 8 | Annual work plan available for past year                            |              | ← Yes or No                                    |
| 9 | Facility boards/committee meetings held in past twelve months       |              | ← Number (0,1,2,3 . . .)                       |

This committee is applicable for level 4&5 hospital. At the HF level, write "Yes or No" for **Facility Management team meeting (Staff meeting)**, and the number of the meeting held in the past twelve months

### EXAMPLE

|   | Intervention  | Level II/III |
|---|---|--------------|
| 1 | Emergency contingency plans (including referral plans) available    | No           |
| 2 | Health service charter is available and is displayed                | No           |
| 3 | Outreaches carried out  | 3            |
| 4 | Drugs and therapeutic committee meetings held in past twelve months | N/A          |
| 5 | Mortality meetings held in past twelve months                       | 0            |
| 6 | Management committee meetings held in past twelve months            | 4            |
| 7 | Quarterly stakeholder meetings held in past twelve months           | 3            |
| 8 | Annual work plan available for past year                            | Yes          |
| 9 | Facility boards/committee meetings held in past twelve months       | 3            |

## Section 2

### Situation analysis and priority setting

Section 2 is for analysis of the overall health situation and its key challenges, and setting priorities to address those identified challenges.

#### 2.1 Major Health Problems observed in the Facility catchment area

The aim of this 2.1 is to identify the most common health conditions, issues and challenges faced by children under 5 and over 5 as well as adults. This section proposes priorities to tackle in the next FY.

For quantitative data, sum up the total number on MOH705A, 705B and MOH711 of FY(X-1) respectively. In some category, such as “common health risk factors” and “collaboration with health-related sectors”, write the qualitative data “High”, “Moderate” and “Low”, based on your experience as a health professional. If you get the number, write both qualitative and quantitative data.

|  | Top ten most common health conditions/Issue/Challenges             |   |  |  |
|--|--|---|--|--|
|  | Under five years (aged 0-59months)                                 |   | Over five years (aged 60 months over)                              |  |
| Category                                 | Condition/Issue (In order of priority relevance to the sub-county) | Numbers/Prevalence Occurrence(quantitative or qualitative rating) | Condition/Issue (In order of priority relevance to the sub-county) | Numbers/Prevalence occurrence (quantitative or qualitative rating) |
| Linked to <b>communicable conditions</b> | <i>Upper Respiratory Tract Infections</i>                          |   | <i>Upper Respiratory Tract Infections</i>                          |  |
|  | <i>Malaria</i>   |   | <i>STD</i>   |  |
|  | <i>Worm infestations</i>   |   | <i>Malaria</i>   |  |
|  | <i>Disease of the skin</i>   |   | <i>Viral hepatitis</i>   |  |
|  | Others (specify)   |   | Others (specify)   |  |

In the original template, there are some examples of disease in italics. You can change disease names based on the reality of your catchment areas.

#### EXAMPLE

|  | Top ten most common health conditions/Issue/Challenges             |   |  |  |
|--|--|---|--|--|
|  | Under five years (aged 0-59months)                                 |   | Over five years (aged 60 months over)                              |  |
| Category                                 | Condition/Issue (In order of priority relevance to the sub-county) | Numbers/Prevalence Occurrence(quantitative or qualitative rating) | Condition/Issue (In order of priority relevance to the sub-county) | Numbers/Prevalence occurrence (quantitative or qualitative rating) |
| Linked to <b>communicable conditions</b> | <i>Upper Respiratory Tract Infections</i>                          | 930   | <i>Upper Respiratory Tract Infections</i>                          | 1,781  |
|  | <i>Malaria</i>   | 73  | <i>STD</i>   | 63   |
|  | <i>Skin disease</i>  | 53  | <i>Malaria</i>   | 50   |
|  | <i>Worm infestations</i>   | 45  | <i>Viral hepatitis</i>   | 22   |
|  | Others (specify)   |   | Others (specify)   |  |

## EXAMPLE

|  | Top ten most common health conditions/Issue/Challenges                   |   |  |   |
|--|--|---|--|---|
|  | Under five years (aged 0-59months)                                       |   | Over five years (aged 60 months over)                                    |   |
| Category   | Condition/Issue<br>(In order of priority<br>relevance to the sub-county) | Numbers/Prevalence<br>Occurrence(quantitative or qualitative<br>rating) | Condition/Issue<br>(In order of priority<br>relevance to the sub-county) | Numbers/Prevalence<br>occurrence<br>(quantitative or<br>qualitative rating) |
| Linked to the increasing burden of non-communicable conditions | <i>Asthma</i>  | 44  | <i>Hypertension</i>  | 93  |
|  | <i>Dental Disorder</i>   | 15  | <i>Asthma</i>  | 43  |
|  | <i>Undernutrition</i>  | 10  | <i>Dental disorders</i>  | 40  |
|  |  |   | <i>Diabetes</i>  | 8   |
|  |  |   |  |   |
|  | Others (specify)   |   | Others (specify)   |   |
| Linked to violence & injuries                                  | <i>Burns</i>   | 20  | <i>Burns</i>   | 43  |
|  | <i>Dog bites</i>   | 16  | <i>Road accidents</i>  | 11  |
|  | <i>Road accidents</i>  | 2   | <i>Gender based sexual violence</i>                                      | 5   |
|  |  |   | <i>Dog bites</i>   | 4   |
|  | Others (specify)   |   | Others (specify)   |   |
| Linked to essential medical services                           | <i>Immunization</i>  | 45  | <i>Referred cases due to complicated labor</i>                           | 3   |
|  | <i>Low birth weight</i>  | 10  | <i>PPH</i>   | 1   |
|  | <i>Still birth</i>   | 1   | <i>APH</i>   | 1   |
|  |  |   | <i>Others (specify)</i>  |   |

## EXAMPLE

| Category  | Top ten most common health conditions/Issue/Challenges             |   |  |  |
|---|--|---|--|--|
|   | Under five years (aged 0-59months)                                 |   | Over five years (aged 60 months over)                              |  |
|   | Condition/Issue (In order of priority relevance to the sub-county) | Numbers/Prevalence Occurrence(quantitative or qualitative rating) | Condition/Issue (In order of priority relevance to the sub-county) | Numbers/Prevalence occurrence (quantitative or qualitative rating) |
| Linked to common health risk factors                | Stunting, wasting, underweight                                     | Moderate / 45   | Obesity  | High   |
|   | Unsafe water   | High  | Smoking  | Low  |
|   |  |   | Low contraceptive utilization                                      | Moderate   |
| Linked to collaboration with health-related sectors | Lack of toilet or un usage of toilet                               | High  | Unemployment   | High   |
|   |  |   | Large population growth  | High   |
|   |  |   | Low female education   | High   |
|   | Others (specify)   |   |  |  |

“common health risk factors” and “collaboration with health related sectors” are mainly for sub-county and county level to analyze. At the level 2-3 health facility level, you may skip these areas, since you do not have data on “unsafe water”, “smoking”, “Low contraceptive utilization”, “unemployment” of your catchment area.

Otherwise, write “High”, “Moderate” and “Low” of prevalence as qualitative rating, based on your experience. If you get the number, write both qualitative and quantitative data.

## 2.2 Problem Analysis and Priority Setting

Based on the major health problem identified in Section 2.1, write the main contributing factors of those health issues in “key challenges ” and priority interventions to address those key challenges. To make AWP an operational document, **write “WHO (Your HF) ” does “What” to “Whom” in order to solve key challenges within your limited budget, workforce and investment.** You do not need to write challenges of all major health diseases identified in 2.1. Choose some diseases from the list of 2.1, which you (HF) can tackle.

| Area of health   | Key challenges*<br>Relate to access (demand side) to care and/or quality (supply side) of service delivery   | Priority interventions to address identified challenges (maximum of five per challenge – from list in Annex 1)   |
|--|--|--|
| Eliminate <b>communicable conditions</b>                                 | Fill this part based on the major health problems identified in 2.1. <ul style="list-style-type: none"> <li>What were your major health problems identified in 2.1?</li> <li>What are the key challenges of those health problems at the health facility level and community level?</li> </ul> | Consider your interventions which can minimize or eliminate the identified challenges. <ul style="list-style-type: none"> <li><b>WHAT</b> can you (HF) do to <b>WHOM</b> at your facility level, considering your budget ceiling, number of workforce and number of available investment?</li> </ul> |
| Halt and reverse increasing burden of <b>non-communicable conditions</b> |  |  |
| Reduce the burden of <b>violence &amp; injuries</b>                      |  |  |
| Provide <b>essential medical services</b>                                |  |  |
| Minimize exposure to <b>health risk factors</b>                          |  |  |
| Strengthen <b>collaboration with health-related sectors</b>              |  |  |

### EXAMPLE

Clarify “demand side” problem or “supply side” problem. This will help you get an idea of intervention.

Annex 1 is not available.

| Area of health                    | Key challenges*<br>Relate to access (demand side) to care and/or quality (supply side) of service delivery | Priority interventions to address identified challenges (maximum of five per challenge – from list in Annex 1)                         |
|-----------------------------------|--|--|
| Eliminate communicable conditions | <b>URTI:</b> Spreading of infection through poor hygiene practice (Demand side)                            | HF gives counselling to wash hands, and not to sneeze and cough toward others and share cups in order to stop the spread of infection. |
|                                   | <b>STI:</b> Hesitation to access to HFs (Demand side)  | HF allocates female health worker and female extension worker  |
|                                   | ditto  | HF gives training to female health workers and female extension workers on how to provide counselling.                                 |
|                                   | <b>Malaria:</b> Number of pregnant women with Malaria increased (Demand side)                              | HF procures and distributes insecticide-treated bed nets to pregnant women   |
|                                   | <b>Malaria:</b> Stock outs of anti-malarial drugs (Supply side)  | HF requests to sub-county government.  |

Clarify the linkage “disease”, “key challenges (causes)” and “interventions” in this table. Write one intervention in one row. This will help to prioritize the interventions in the next step.

## EXAMPLE

| Area of health  | Key challenges*<br>Relate to access (demand side) to care and/or quality (supply side) of service delivery              | Priority interventions to address identified challenges<br>(maximum of five per challenge – from list in Annex 1) |
|---|---|---|
| Halt and reverse increasing burden of non-communicable conditions | Dental disorder: Number of children who has dental disorder is high (Demand side)                                       | HF conducts education class at school on how to prevent dental issues.  |
|   | Dental disorder: Number of adults who has dental disorder is high. (Demand side)  | HF conducts medical camp or arrange dentists regular basis.   |
|   | Malnutrition < 5yrs: Lack of knowledge of timing of complementary breastfeeding and supplementary feeding (Demand side) | HF gives counseling to mothers with children <5 yrs on their feeding and how to prepare baby food.                |
| Reduce the burden of violence & injuries                          | Burn: It takes time for people to reach HF after they get burn. (Demand side)   | HF gives basic primary treatment of burn to CHWs.   |
|   | Bites by dogs: Inadequate kits to manage the injuries. (Supply side)  | HF purchases basic kits to manage injuries.   |
| Provide essential medical services                                | Low birth weight: No follow up after discharge from HF  | HF develop the follow up system in the HF catchment area. (CHV conducts home visit once a month)                  |
|   | Referral cases: Taking time to refer to referral hospital for emergency cases   | HF again confirms the referral and ambulance system with community and referral hospital.                         |
| Minimize exposure to health risk factors                          | Unsafe water: Drinking unboiled water   | HF gives counselling to use boiled water to family with children <5years and pregnant women.                      |
|   | Smoking: Lack of knowledge on the impact of smoking   | HF puts a poster on smoking on the wall of HF and school.   |
| Strengthen collaboration with health-related sectors              | Lack of toilet or low utilization of toilet: Lack of awareness on how the unusage of toilet affect our health.          | HF collaborate with school and promote children to use toilets.   |

## ⊗ Bad Example

| Area of health  | Key challenges*<br>Relate to access (demand side) to care and/or quality (supply side) of service delivery   | Priority interventions to address identified challenges<br>(maximum of five per challenge – from list in Annex 1)            |
|---|--|--|
| Eliminate communicable conditions                                 | Inadequate support for health promotion programs<br>↑ Not clear which disease's promotion.   | Increase support for health promotion activities<br>↑ Need to write more details about promotion activities                  |
|   | Inadequate youth friendly centres<br>↑ Not clear the link between "disease" and "key challenges"   | Provide youth friendly centres<br>↑ Can you build youth friendly centres within your limited budget?                         |
| Reduce the burden of violence & injuries                          | Rising of road traffic accidents especially among boda-boda riders   | Advocacy and sensitization of boda-boda riders on road safety<br>↑ Do you have workload and budget to do this?               |
|   | Inadequate infrastructure for managing the injuries  | Construction of new facilities and expansion of the existing ones.<br>↑ Can you construct new facilities within your budget? |
| Halt and reverse increasing burden of non-communicable conditions | Low awareness of diabetes, High Blood pressure and Cancer<br>↑ Avoid to write several problems in one line. This is not the same problem and those interventions are also different. | Promote the health checkup including BMI, Blood Pressure and Cancer screening.<br>↑ Can you do this at your HF level?        |

## Section 3

# Annual Program Based Work Plan

Section 3 is divided into two main parts. The first part outlines key indicators and annual targets, and the second part gives costed implementation plan. The first part of Section 3 is categorized into six policy objectives and the second part is budgeting on activities, which are identified in Section 2.2.

### 3.1 Annual Performance Targets

This AWP Handbook shows how to calculate eligible population based on the indicator manual.

Calculation of eligible population is difficult for HFs, because the population in need is not well defined at the HF level. HF can seek guidance from respective SCHRIOs.

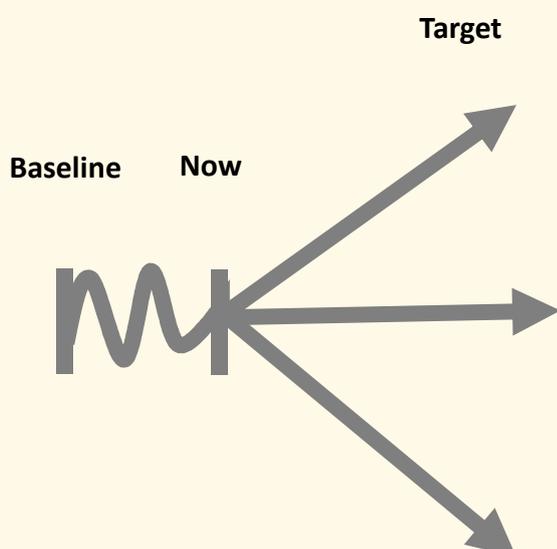
If you cannot fill in the eligible data, fill in the actual data from July to December of FY(X) to see the current achievement. This will help to set the target.

For some indicators (#16,19-21, 37-42), you do not need to fill in eligible population number.

| A | Eliminate communicable conditions   | Baseline (year X-1 performance) | Eligible population | Target (year X + 1) |
|---|---|---------------------------------|---------------------|---------------------|
| 1 | HIV+ pregnant mothers receiving preventive ARV's to reduce risk of mother to child transmission (PMTCT) |                                 |                     |                     |
| 2 | Number of pregnant women receiving TT2 plus immunization  |                                 |                     |                     |

Data source: Monthly report of HF for 12 months (1<sup>st</sup> July-30<sup>th</sup> June) of the last financial year, FY(X-1).

### Q How to set targets?



Consider your budget ceiling, workforce and infrastructure identified in Section 1, before you start to plan the targets.

#### Set target to a better level

- When the data is not well collected and the reality is worse, increase the target.
- When the trend of indicators is improving or not changing, set target to a better level to continue the improving trend or to see improving trend

#### Maintain current level\* or adjust the level slightly downward

- When the situation is getting worse, maintain the current value, or adjust it slightly downward to stop the worsening trend.

\* "Maintain the current level" does NOT mean that you do not need to do anything.

This table shows how to get the eligible population. For some indicators such as #2, 3, 5, 6, 22, 35 and 36, there are possibly two eligible population; Uptake denominator and Coverage denominator. Indicator with uptake denominator shows the achievement out of the population received health service, while indicator with coverage denominator shows the achievement out of the population category.

Please follow the instruction of CHMT, on which denominator (eligible population) is good for your county.

Data source: Monthly report of HF for **12months (1<sup>st</sup> July-30<sup>th</sup> June) of the last financial year, FY(X-1).**

| A  | Eliminate communicable conditions  | Baseline (year X-1 performance)  | Eligible population   | Target (year X + 1)  |
|----|--|--|---|--|
| 1  | HIV+ pregnant mothers receiving preventive ARV's to reduce risk of mother to child transmission (PMTCT)                          | MOH731 for 12months of FY(X-1)   | Estimated number of HIV infected pregnant women   | Consider your target based on baseline and eligible population/ achievement of FY(X) . |
| 2  | Number of pregnant women receiving TT2 plus immunization   | MOH710 for 12months of FY(X-1)   | (Uptake Denominator) Total number of pregnant women attending 1 <sup>st</sup> ANC visit during the period<br>Or<br>(Coverage Denominator) Estimated number of pregnant women for general population |  |
| 3  | Number of pregnant women receiving IPT2  | MOH711A for 12months of FY(X-1)  | (Uptake Denominator) Number of pregnant women attending 1 <sup>st</sup> ANC visit during the period<br>Or<br>(Coverage Denominator) Estimated number of pregnant women for general population       |  |
| 4  | Children under one year of age fully immunized   | MOH710 for 12months of FY(X-1)   | Total number of children under one year   |  |
| 5  | Children under one year of age distributed with long lasting insecticide treated nets (LLITNs) in endemic and epidemic districts | MOH711A for 12months of FY(X-1)  | (Uptake Denominator) Total number of children under 1 year administered DPT1<br>Or<br>(Coverage Denominator) Estimated number of children under one year  |  |
| 6  | Number of pregnant women distributed with LLITNs in endemic and epidemic districts   | MOH711A for 12months of FY(X-1)  | Total number of pregnant women attending 1 <sup>st</sup> ANC<br>Or<br>(Coverage Denominator) Estimated number of pregnant women for general population  |  |
| 7  | Number of people receiving MDA for schistosomiasis   | MOH105 for 12months of FY(X-1)<br>Or<br>AWP Service Delivery Report  | Total at-risk population living in the schistosomiasis endemic sub-counties.  |  |
| 8  | Number of TB patients completing treatment   | TB register for 12months of FY(X-1)<br>Or<br>MOH105 for 12months of FY(X-1)<br>Or<br>AWP Service Delivery Report | Total number of TB cases who were started on treatment during the same time period  |  |
| 9  | Number of TB Patients tested for HIV   | MOH731 for 12months of FY(X-1)   | Total number of TB patients started on treatment during reporting period  |  |
| 10 | Number of newly diagnosed TB cases   | MOH706 for 12months of FY(X-1)   | Estimated catchment population  |  |

Data source: Monthly report of HF for 12months (1<sup>st</sup> July-30<sup>th</sup> June) of the next financial year, FY(X+1).

| A  | Eliminate <b>communicable conditions</b>                                | Baseline<br>(year X-1 performance)         | Eligible population  | Target<br>(year X + 1)  |
|----|---|--|--|---|
| 11 | Number of eligible HIV clients on ARVs                                  | MOH731 for 12months of FY(X-1)             | Estimated number of persons with HIV infection   | Consider your target based on baseline and eligible population/achievement of FY(X) . |
| 12 | Number of children under the age of five treated for diarrhea           | MOH705A for 12months of FY(X-1)            | Total number of children presenting with diarrhea                                      |   |
| 13 | Number of school age children de-wormed                                 | MOH517 for 12months of FY(X-1)             | Total number of school children in the year within the catchment area: class register  |   |
| B  | Halt and reverse increase in <b>non-communicable conditions</b>         | Baseline<br>(year X-1 performance)         | Eligible population  | Target<br>(year X + 1)  |
| 14 | Number of adult OPD clients with BMI of more than 25                    | MOH705B for 12months of FY(X-1)            | Total number of adult OPD clients measured BMI (both new and re-visit)                 | Consider your target based on baseline and eligible population/achievement of FY(X) . |
| 15 | Number of women of reproductive age (WRA) screened for cervical cancer  | MOH711 for 12months of FY(X-1)             |  |   |
| 16 | Number of new outpatients with mental health conditions                 | (MOH705A+MOH705B) for 12months of FY(X-1)  |  |   |
| 17 | Number of new outpatients found with high blood pressure                | MOH705B for 12months of FY(X-1)            |  |   |
| C  | Reduce the burden of <b>violence and injuries</b>                       | Baseline<br>(year X-1 performance)         | Eligible population  | Target<br>(year X + 1)  |
| 18 | Number of new outpatient cases attributed to gender-based violence      | (MOH705A +MOH705B) for 12months of FY(X-1) | Population estimates from the recent completed census: Kenya Demographic Health Survey | Consider your target based on baseline and eligible population/achievement of FY(X) . |
| 19 | Number of new outpatient cases attributed to road traffic accidents     | (MOH705A +MOH705B) for 12months of FY(X-1) |  |   |
| 20 | Number of new outpatient cases attributed to other injuries             | (MOH705A+MOH705B) for 12months of FY(X-1)  |  |   |
| 21 | Number of patients with injury related conditions dying in the facility | (MOH705A+MOH705B) for 12months of FY(X-1)  |  |   |

| D  | Provide <b>essential health care</b>   | Baseline (year X-1 performance)                                     | Eligible population  | Target (year X + 1)  |
|----|--|---|--|--|
| 22 | Number of pregnant women attending at least four ANC visits  | MOH711A for 12months of FY(X-1)                                     | (Coverage Denominator) Estimated number of pregnant women<br>Or<br>(Uptake Denominator) Total number of pregnant women attending 1 <sup>st</sup> ANC visit during the period | Consider your target based on baseline and eligible population/ achievement of FY(X) . |
| 23 | Number of WRA receiving family planning commodity  | MOH711(D12, excluding vasectomy) for 12months of FY(X-1)            | Total number of women of child bearing age (15 – 49 Years)   |  |
| 24 | Number of pregnant women getting iron supplements  | MOH711A for 12months of FY(X-1)                                     | Total number of pregnant women attending ANC   |  |
| 25 | Number of deliveries conducted by skilled attendants in health facilities                                    | MOH711A for 12months of FY(X-1)                                     | Number of live births (“live birth” is used as a proxy for pregnant women. )   |  |
| 26 | Number of children under five dying in health facility   | MOH105for 12months of FY(X-1)<br>Or<br>AWP Service Delivery Report  | Number of live births  |  |
| 27 | Number of fresh still births in the facility   | MOH711A for 12months of FY(X-1)                                     | Total births (Live births + Still births)  |  |
| 28 | Number of facility maternal deaths   | MOH711A for 12months of FY(X-1)                                     | Number of live births (“live birth” is used as a proxy for pregnant women. )   |  |
| 29 | Number of surgical cold cases operated<br><i>*This indicator is for Level 3 &amp; 4 &amp; 5 HF's</i>         | MOH717 for 12months of FY(X-1)                                      |  |  |
| 30 | Number of persons with ill health referred to community units  | MOH705 A & B for 12months of FY(X-1)                                |  |  |
| 31 | Number of newborns with low birth weight (LBW – less than 2,500 grams)                                       | MOH711A for 12months of FY(X-1)                                     | Total number of live births  |  |
| 32 | Number of children under five years of age attending child welfare clinics for growth monitoring (new cases) | MOH711 for 12months of FY(X-1)                                      | Total number of children under five years old in the catchment area  |  |
| 33 | Number of households provided with health promotion messages   | MOH105 for 12months of FY(X-1)<br>Or<br>AWP Service Delivery Report | Actual number of households in the catchment area  |  |
| 34 | Number of clients tested for HIV   | MOH731 for 12months of FY (X-1)                                     | Not available in the indicator manual  |  |

| E  | <b>Strengthen collaboration with health related sectors</b>  | <b>Baseline (year X-1 performance)</b>      | <b>Eligible population</b>   | <b>Target (year X + 1)</b>  |
|----|--|---|--|---|
| 35 | Number of children under five years of age attending child welfare clinics who are underweight     | MOH711 for 12months of FY(X-1)              | (Uptake Denominator) Total number of children under 5 years weighted at CWC during the month.<br>Or<br>(Coverage Denominator) Total number of children under 5 years | Consider your target based on baseline and eligible population/achievement of FY(X) . |
| 36 | Number of children under five years of age attending child welfare clinics who are stunted         | MOH711 for 12months of FY(X-1)              | (Uptake Denominator) Total number of children under 5years who are measured<br>Or<br>(Coverage Denominator) Total number of children under 5 years                   |   |
| 37 | Number of households with functional toilets   | (MOH708 or MOH515) for 12months of FY(X-1)  | Total number of HH in the catchment area   |   |
| 38 | Number of households with hand washing facilities  | (MOH708 or MOH 515) for 12months of FY(X-1) | Total number of HH in the catchment area   |   |
| F  | <b>Access</b>  | <b>Baseline (year X-1 performance)</b>      | <b>Eligible population</b>   | <b>Target (year X + 1)</b>  |
| 39 | Number of new outpatients (male)   | MOH717 for 12months of FY(X-1)              |  | Consider your target based on baseline and eligible population/achievement of FY(X) . |
| 40 | Number of new outpatients (female)   | MOH717 for 12months of FY(X-1)              |  |   |
| 41 | Number of inpatients (admissions) under five years of age<br><i>*This indicator is for Level 3</i> | MOH717 for 12months of FY(X-1)              |  |   |
| 42 | Number of inpatient (admissions) over five years of age<br><i>*This indicator is for Level 3</i>   | MOH717 for 12months of FY(X-1)              |  |   |

### 3.2 Annual Program Based Service Delivery Workplan

This section is for planning budget. To achieve the target set in Section 3.1, plan the budget of activities you came up in Section 2.2 as priority interventions to address identified challenges. The activities have to be categorized in programs and sub-programs to form program based budgeting (PBB) as shown in the table below. It is recommended to use MTEF Management Tool, since it guides you well on PBB to produce budget in the form of Section 3.2 and then, automatically produces information required in the form of Section 4.

**Program 1: Curative and Rehabilitative Health Services**

**Program Outcome:** Effective and efficient curative and rehabilitative health care services to the county citizens

**Program Objective:** To provide effective and efficient curative and rehabilitative at all health service delivery units

| Key output   | Activities | Q1 | Q2 | Q3 | Q4 | Total amount | Source of funds |
|--|------------|----|----|----|----|--------------|-----------------|
| <b>Sub-Program 1: Primary Health Facility Services</b> |            |    |    |    |    |              |                 |
| Output:  |            |    |    |    |    |              |                 |
| Primary care treatment services                        |            |    |    |    |    |              |                 |
| Primary facility in-patient services                   |            |    |    |    |    |              |                 |
| <b>Sub-Program 1: Total</b>                            |            |    |    |    |    |              |                 |
| <b>Sub-Program 2: Hospital Level Services</b>          |            |    |    |    |    |              |                 |
| Output:  |            |    |    |    |    |              |                 |
| General outpatient services                            |            |    |    |    |    |              |                 |

⋮ (omitted)

**Program 2: Preventive and Promotive Health Services**

**Program Outcome:** Effective and efficient preventive and promotive health interventions within the county

**Program Objective:** To provide effective and efficient preventive and promotive health interventions across the county

| Key output   | Activities | Q1 | Q2 | Q3 | Q4 | Total amount | Source of funds |
|--|------------|----|----|----|----|--------------|-----------------|
| <b>Sub-Program 1: Reproductive Maternal Neonatal Child Health (RMNCH) Services</b> |            |    |    |    |    |              |                 |
| Staffing   |            |    |    |    |    |              |                 |
| Commodities and supplies   |            |    |    |    |    |              |                 |
| <b>Sub-Program 1: Total</b>  |            |    |    |    |    |              |                 |
| <b>Sub-Program 2: Immunization Services</b>  |            |    |    |    |    |              |                 |
| Staffing   |            |    |    |    |    |              |                 |

⋮ (omitted)

**Program 3: General Administration, Planning, Management Support and Coordination**

**Program Outcome:** Effective and efficient preventive and promotive health interventions within the county

**Program Objective:** To provide effective and efficient preventive and promotive health interventions across the county

| Key output   | Activities | Q1 | Q2 | Q3 | Q4 | Total amount | Source of funds |
|--|------------|----|----|----|----|--------------|-----------------|
| <b>Sub-Program 1: Health workers and Human Resource Management</b> |            |    |    |    |    |              |                 |
| Recruitment and deployment   |            |    |    |    |    |              |                 |

⋮ (omitted)

## Section 4

### Program Based Budget Distribution

This section is for program based budget distribution. Based on the budget you planned in Section 3.2, rearrange and summarize the budget by program and fund source.

#### 4.1 Budget Summary by Program and Sub-Program Area

This section seeks to analyze the budget along the programs and sub-programs. Use the total amount of sub-program from Section 3.2.

|  | Program   | Sub-program   | Total budget |
|--|---|---|--------------|
| 1  | Curative and rehabilitative health services                           | Primary facility services                                       |              |
|  |   | Hospital services   |              |
|  |   |   |              |
| 2  | Preventive and promotive health services                              | Reproductive Maternal Neonatal Child Health (RMNCH) Services    |              |
|  |   | Immunization services   |              |
|  |   | Nutrition services  |              |
|  |   | Disease surveillance and control                                |              |
|  |   | HIV control interventions                                       |              |
|  |   | TB control interventions  |              |
|  |   | Malaria control interventions                                   |              |
|  |   | Neglected tropical diseases control                             |              |
|  |   | Non-communicable disease control                                |              |
|  |   | Environmental health, water and sanitation interventions        |              |
|  |   | School health interventions                                     |              |
| Community health – Level I interventions |   |   |              |
| 3  | General administration, planning, management support and coordination | Health workers and human resource management                    |              |
|  |   | Construction and maintenance of buildings                       |              |
|  |   | Procurement of medicine, medical and other supplies             |              |
|  |   | Procurement and maintenance of medical and other equipment      |              |
|  |   | Management and coordination of health services                  |              |
|  |   | Health sector planning, budgeting and monitoring and evaluation |              |

## 4.2 Budget Summary by Program and Source of Funds

This section outlines the budget by source of funds. Add the budget amount by source of funds from Section 3.2.

|                      | Source of funds                              | Budget distribution                         |  |   |       |
|----------------------|--|---|--|---|-------|
|                      |  | Curative and rehabilitative health services | Preventive and promotive health services | General administration, planning, management support and coordination | Total |
| Public sources       | County government                            |   |  |   |       |
|                      | Central government (conditional grants)      |   |  |   |       |
|                      | User fees                                    |   |  |   |       |
|                      | Constituency development fund                |   |  |   |       |
|                      | Other (specify)                              |   |  |   |       |
|                      |  |   |  |   |       |
| Development partners | Africa Development Bank                      |   |  |   |       |
|                      | Clinton Foundation                           |   |  |   |       |
|                      | Danish Government (DANIDA)                   |   |  |   |       |
|                      | UK Government (DfID)                         |   |  |   |       |
|                      | European Commission                          |   |  |   |       |
|                      | German Government (GIZ)                      |   |  |   |       |
|                      | Italian Government                           |   |  |   |       |
|                      | Japanese Government (JICA)                   |   |  |   |       |
|                      | Netherlands Government                       |   |  |   |       |
|                      | UN agency (UNAIDS)                           |   |  |   |       |
|                      | UN agency (UNFPA)                            |   |  |   |       |
|                      | UN agency (UNICEF)                           |   |  |   |       |
|                      | UN agency (World Bank – WB)                  |   |  |   |       |
|                      | UN agency (WHO)                              |   |  |   |       |
|                      | US Government (USAID/APHIA)                  |   |  |   |       |
| Other (specify)      |  |   |  |   |       |
|                      |  |   |  |   |       |
| Community/ NGO       | NGO/CSO (specify)                            |   |  |   |       |
|                      | Kenya Episcopal Conference (KEC)             |   |  |   |       |
|                      | Christian Health Association of Kenya (CHAK) |   |  |   |       |
|                      | Supreme Council of Kenya Muslims (SUPKEM)    |   |  |   |       |
|                      | Other (specify)                              |   |  |   |       |
| <b>Total</b>         |  |   |  |   |       |

## Suggestions related to the template of the AWP for level 2-3 health facilities

In the processes of supporting to develop AWP and APRs in two partner counties of Kericho and Kirinyaga, OCCADEP faced various challenges especially in developing AWP for level 2-3 facilities. In the course of providing direct assistance to level 2-3 facilities, OCCADEP found that AWP template itself had many challenges.

In order to resolve these challenges, OCCADEP has consulted with CHRIOs and SCHRIOs in both partner counties and MOH officers. However, all challenges could not be responded due to the structure and formulation of the template. OCCADEP assumed that one of the reasons for this was that the template for level 2-3 facilities was not yet officially finalized and therefore it was not looked into carefully before its distribution. OCCADEP therefore suggests that the following 6 sections should be scrutinized, and necessary revisions be made by MOH during the finalization of the template for level 2-3 facilities.

\*Note that “HF” hereafter means level 2-3 Health facilities

### 1. Structure does not flow logically from situation analysis to planning and budgeting

Ideally, it is expected that HF analyzes the health situation of the HF catchment areas in Section 1 and 2, and based on the analysis, HF plans the interventions and its budget in Section 3 and 4. However, this structure does not flow well in the template. As a result, HF needs to fill in information and data, which is not required for planning and analysis. In addition, HF finds it difficult to understand why HF needs to fill in these data.

- Section 2.1 & Section 2.2) There is a gap between Section 2.1 and Section 2.2. In Section 2.1 HF are supposed to analyze “Common disease” by the age, less than 5 years and more than 5 years. In Section 2.2, HF needs to see the main causes of “common disease” identified in Section 2.1 and its interventions. However, the table in Section 2.2 does not allow HF to fill in based on the Section 2.1.
- Section 2.2 & Section 3.1) In Section 2.2, HF is supposed to write the interventions which HF can implement. However, in Section 3.1, there are pre-written indicators and its targets. Thus, HF cannot set indicators and its targets based on the interventions they planned.

### 2. Requiring information which is not available at HF

Some information and data required in the template are not available at level 2-3 HF or those data are not related to level 2-3 HF.

- Section 1.2.2) Not all cadres are captured in the list of staff cadres, such as HRIO technicians, Bachelor of Science Nursing Officers and Community Health Volunteers. Also, some cadres on the template are to be split, such as “secretarial staff/clerks”.
- Section 1.2.3) Procurement and its information on “Health Commodities, Supplies and Products” are centralized at CHMT and SCHMT levels. HF does not handle procurement of these items by themselves so they do not have the required information. Therefore, it is difficult for HF to get the information from CHMT and SCHMT, since the persons who have information are not the same.
- Section 1.2.6) “Drugs and therapeutic committee meeting” does not exist at level 2-3 HF. However, Section 1.2.6 asks if the level 2 HF held the committee meeting or not.
- Section 1.2.6) “Emergency Contingency plans” is not clear on what it means for level 2-3 HF.

### 3. Not clear on which level to fill in data for which columns/rows

- Section 1.2.1 & 1.2.4) There is a table to fill in data by Level 1 (CU), Level 2 and Level 3. However, it is unclear in which columns and rows Level 2 and 3 should fill in. It is better if there is an instruction mentioning that level 2 should fill in for level 2 and of linked CUs and the same for level 3.

#### **4. Requiring information which takes too much time of HF management team to obtain and analyze**

- Section 1.1.2) There is data to be collected from daily data collection tool for one year. This is not a realistic way to collect appropriate data. (e.g. Number of outpatients by CUs and villages.)
- Section 1.2.2) "Total number required" of "Availability of workforce" is stated in the National Norms and Standards, and the National Guideline. However, these documents were not available in many level 2-3 HFs. It takes time to fill in the "total number required" of health workforce. This type of data should already be filled in the template before distribution to level 2-3 HFs.
- Section 1.2.3 & 1.2.5) Data is not available at the level 2-3 HFs.
- Section 2.1) It takes too much time to count the number of patients of each disease for 12 months.
- Section 3.1) It takes too much time to calculate to get baseline data and eligible population for 42 indicators.

#### **5. Possible errors of the template**

- Section 1.1.2) To calculate "outpatient utilization per person", the template should use "number of outpatients", but the template makes HF to write "Number of new outpatients".
- Section 1.2.1) Level 2 HF is not supposed to have an operational delivery room, but the template asks level 2 HF to write "Number of operational delivery rooms".
- Section 1.2.1) Template asks to level 2 about "Total functional community units", but this question is missing for level 3 when level 3 is also supposed to have linked CUs.
- Section 2.2) Instruction in template says to review Annex 1 to write the interventions, but there is no Annex 1.

#### **6. Template does not consider the reality of level 2-3 HFs**

- Section 1.2.2) Target number of staff calculated from the Norms and Standards are overambitious in light of the county's reality.
- Section 1.2.2) Cadre to be filled by level 2-3 HF is to be highlighted beforehand.
- Section 1.2.5) Template should clearly outline the budget sources to be filled in.
- Section 3.2) The template makes HF to plan budget under Program 1 to 3 and sub-programs under them based on PBB. However, in reality, level 2-3 HF does not plan, budget, and procure pharmaceuticals, non-pharmaceuticals, laboratory items, and computers. They are centralized at the CHMT level and CHMT is responsible for budget allocation and those procurements.

