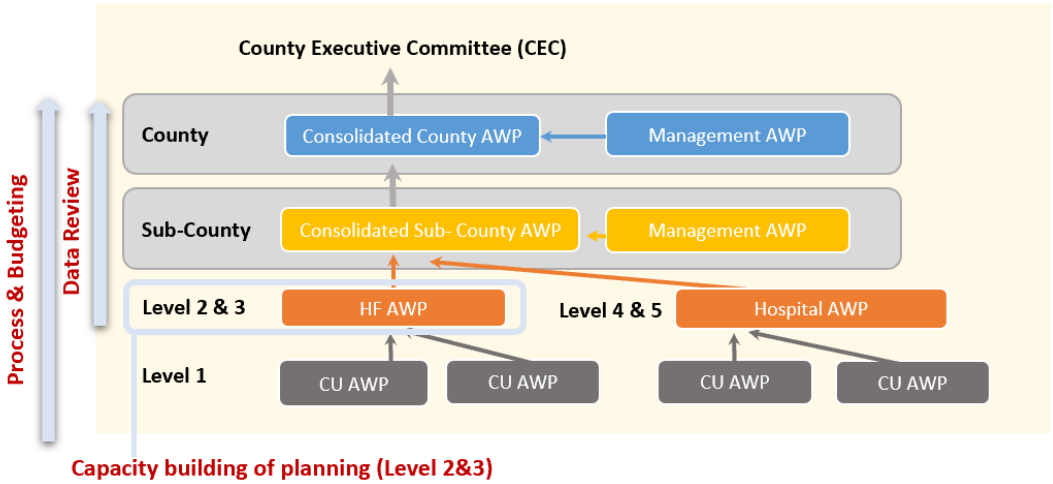
Annual Work Plan (AWP)

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.

AWP development process and OCCADEP supporting three areas



The AWP planning starts from the Community Units (CUs). The Community Health Extension Workers (CHEWs) 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 AWPs and Hospital AWPs (Level 4-5) are consolidated in the "Consolidated Sub-County AWP" and this is submitted to CHMT. Then, the CHMT consolidates all the Sub-County AWPs and CHMT's Management AWP. CHMT submits "Consolidated County AWP" to County Executive Committee (CEC).

In the process above, OCCADEP * focused on the three main areas from 2018 to 2019; development process of AWPs from CU to county level, budgeting, data review and capacity building of planning at the level2 & 3 health facility level.

What OCCADEP developed

In the process above, OCCADEP focused its support from 2018 to 2019 on: **(i) development process of AWPs from CU to county level & budgeting; (ii) data review, and (iii) capacity building of planning at the level 2 & 3 health facility level** and developed following tools together with partner counties of Kericho and Kirinyaga.

MTEF Process

- MTEF Cycle Calendar
- Planning, Budgeting and Performance Review Guide for the Health Sector (MTEF Process Guide)

MTEF & PBB Budgeting

- MTEF Management Tool & MTEF Management Data Aggregation Tool

Planning

- AWP Handbook for level 2-3 Health Facilities

*Organizational County Capacity Development Project for the Management of Devolved Health Systems in Kenya

Good practices and lessons learned

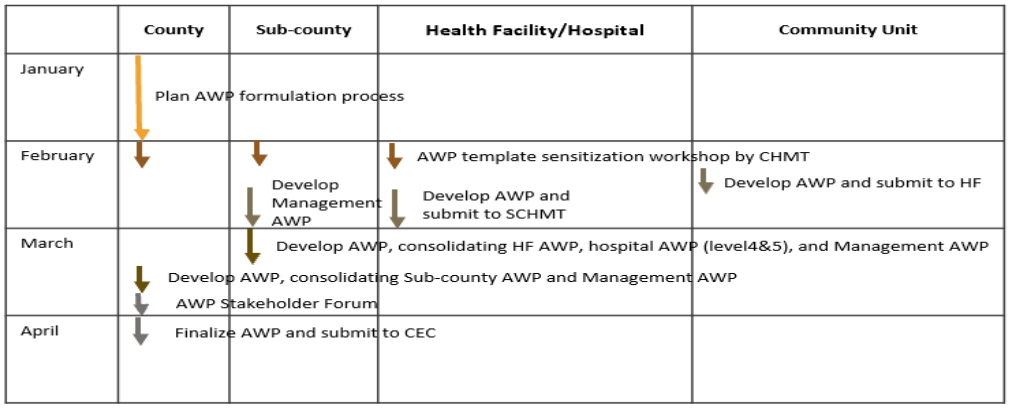
Some good practices and lessons learned are identified in the OCCADEP supported areas as summarized in the table below. Through the support of OCCADEP, the AWP is expected to be:

- More realistic with budget ceilings and guidelines given in advance
- Used as an implementation tracking tool based on program-based budget (PBB), with the use of MTEF Management Tool
- Owned by HFs with the detailed guidance given by CHMT/SCHMT especially to level 2-3 with the Handbook

Before OCCADEP	After OCCADEP	Observation
・No preparation meeting by CHMT and SCHMTs in how to go about the AWP development Process.	・Kirinyaga prepared for the AWP well before the development process. Carefully studied the template ・Designed a 3 months schedule for developing the AWP from community level to county level ・Confirmed ceilings for each level.	・The plan was made in good time. ・The activities were well organized because of the "Standardized health activity list" ・Level 2-3 were given good instruction (Before, not much emphasis was given to level 2-3).
・The costing of the budget was not well done especially for section 3.2.	・MTEF Management Tool was utilized in order to have an accurate PBB.	・It is now to the ownership of CDOH on how to track the finances of each spending unit for the AWP 2019/20.
・Level 2-3 AWPs were merely a "wish list".	・Kirinyaga considered ceiling to develop a realistic AWP for level 2-3.	・Made the budget more realistic.
・No budget guideline for level 2-3.	・Kirinyaga gave instruction to HFs to allocate half of DANIDA fund to the HF maintenance and the other half to service delivery.	・The Budget Guideline facilitated the HFs to prioritize their activities within the budget.
・AWP of all levels were not standardized and was difficult to consolidate.	・"Standardized health activity list" was developed for all level of CDOH in Kirinyaga. Later, Kericho thought the idea useful and developed their standardized activity list.	・CHMT who developed a list learned which level is in charge of which activity under CDOH. ・The "list" facilitated the developing of AWP since the HFs did not have to think which activities to be done from scratch and avoid using different terms for the same activities. ・The "Standardized health activity list" helped CHMT and SCHMT consolidate and budget the activities for AWP.

AWP development Timeline

The right table shows the ideal time schedule of AWP development. In February, HFs are expected to develop their AWPs after the sensitization workshop by CHMT.



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