



Jigawa State Minisry of Health

Report of 2025 Annual Operational Plan (AOP) Development Process

FORWARD

The development of the Annual Operational Plan (AOP) is a critical process for aligning state health priorities with actionable strategies, timelines, and resource allocation. The success of recorded in following the chronological steps of developing the AOP as provided by the Federal Ministry of Health through the office of the Sector Wide Approach (SWAP) coordinator demonstrates the state's commitment to align itself with the new health sector strategic blueprint (HSSB).

This report details the activities and steps undertaken in developing the 2025 AOP, involving key stakeholders from the State Ministry of Health (SMOH), State Primary Health Care Development Agency, Jigawa State Contributory Health Management Agency, the Health Training Institutions, Development Partners, Local Government Areas (LGAs), Civil Society Organization and all other relevant Ministries and agency of government. Additionally, the SMOH was assigned three Development Partners (WHO, Lafia Program, and UNICEF) to provide technical assistance for the development of 2025 AOP and the implementation of other relevant SWAP programs in the state.

The AOP is the overall SMOH plan aimed to ensure a coordinated approach to achieving the state's health agenda and serves as a foundation for effective service delivery at the community, facility, and state levels. Also it aligns with 12-point agenda of the present admistration aimed to accelerate the attainment of universal health coverage and improvement of state's human capial development.

Lastly, we sincerely thank all the HRH stakeholders who have contributed their time, knowledge, and expertise to this endeavour. Your input has been invaluable in shaping a comprehensive and impactful policy that addresses the unique healthcare needs of Jigawa State.

We extend our heartfelt appreciation to all involved in developing this Human Resources for Health Policy. Your unwavering commitment and collective efforts have paved the way for a brighter future for the healthcare system in Jigawa State.

Sign

A handwritten signature in purple ink, appearing to read 'MAB', with a horizontal line extending to the left.

Dr. Muhammad Abdullahi Kainuwa
Honorable Commissioner
Ministry of Health
Jigawa State

AOP Development Activities

Step 1: Top Management Committee Meeting

The office of the Director Planning, Research and Statistics of the SMOH in collaboration with Development partners (Lafiya, WHO, and UNICEF) organized a 2-day activity as the first step in the development of the 2025 AOP from 9th to 10th September 2024. The meeting involves the top Management Committee of the SMOH, which comprises the Honourable Commissioner for Health (HCH), Permanent Secretary for Health (PSH), Directors, Heads of Agencies, and CSOs. The objectives of the meeting were to:

- Identify priorities from the Health Systems Strengthening Building Blocks (HSSB), state-specific priorities, and implementation levels (MDA, facility, or community).
- Validate these priorities with health leadership to finalize the state's 2025 health agenda.

Step 2: State Health Agenda Engagement with Implementation Partners

On the third day 11th September 2024, the SMOH TMC engaged with Implementation Partners (IPs) to align them with the state health agenda, and define the scope of implementation of their work and key state responsibilities. IPs were directed to collaborate with MDAs they support, ensuring their contributions align with the broader 2025 health priorities.

Step 3: Engagement between MDAs and Development Partners

Departments and Agencies (MDAs) engaged Development Partners for a 2-day meeting FROM 12th to 13th September to define the scope of their implementation responsibilities. These sessions clarified the roles of both MDAs and Development Partners, leading to mutual sign-off on aligned priority areas.

Step 4: Capacity Building Workshop for Sector Planning Cell Team Members

The office of the DPRS SMOH organized a 3-day workshop from 21st to 23rd September 2024 to strengthen the operational planning skills of planning cell heads and key program officers from MDAs. This capacity-building workshop focused on equipping participants with the requisite knowledge and skills on the AOP tools to effectively develop and manage operational plans based on the HSSB template and SWAP concept.

Step 5: Operational Planning by Departments and Agencies

Sequel to step 4 above the MDAs were given two weeks from 24th Sept. to 8th August to begin the operational planning process using a preloaded AOP template reflecting the state's 2025 health priorities. This step involved populating the template with operational activities, timelines, responsible persons, and cost inputs. Additionally, the PHC Board's AOP incorporated annual health facility business and improvement plans, thus giving the Board additional one week to completely develop its AOP.

Step 6: Training of LGA Officers

The PHC Board through the office of the Director Planning, Monitoring, and Evaluation (DPM&E) facilitated 1day training for LGA officers to familiarize them with the AOP process and LGA-level planning, this workshop was conducted on 4th October 2024. The training emphasized linking local plans with state priorities to ensure consistency across levels.

Step 7: LGAs' Situational Analysis and Business/Improvement Plan

LGAs conducted three-day situational analysis sessions to determine facility needs and develop corresponding annual business or improvement plans. These plans were directly linked to the state's AOP priorities and the workshop was conducted from 7th to 9th October 2024 at the 27 LGA headquarters of the state. This activity was funded by UNICEF

Step 8: AOP Harmonization and Finalization Workshop

The SMOH in collaboration with UNICEF who provided TA support conducted a 5-day workshop from 14th to 18th October 2024 to harmonize and finalize the sector 2025 AOP. This workshop involved chief executives, planning cell heads, key program officers, Development Partners, CSOs, representatives of traditional and religious leaders, Rep of the Ministry of Budget and Economic Planning, the Ministry of Local Government and Chieftaincy Affairs, Ministry of Finance, and State Assembly (Chairmen of Health and Appropriation Committee). Its primary goal was to consolidate inputs from all relevant stakeholders into a comprehensive state 2025 AOP. The activity was held in Hotel Seventeen Kaduna and witness the attendance of about 90 participants.

Step 9: PHC Board Integration and Finalization

The PHC Board reviewed and integrated health facility plans into their overall AOP, ensuring these were aligned with state-level priorities before submitting them to the harmonization workshop.

Step 10: AOP Review

The DPRS organized a 3-day meeting from 3rd to 4th December to review the harmonized 2025 AOP and ensure it aligned with the HOPE DLIs.

Step 10: AOP 2025 Validation and Approval by Top Management Committee

The final 2025 AOP was presented to the SMOH Top Management Committee on 23rd December 2024 for review and approval. This step ensured that the AOP met strategic and operational objectives, paving the way for implementation.

Summary of 2025 AOP

2025 AOP Budget and Financing

HSSB AOP PILLARS	Total Cost of AOP	Government's Commitment	Development Partners including Private Sector	AOP Funding Gap
Strategic Pillar One: Effective Governance	₦ 233,045,500	₦ 57,372,000	₦ 175,613,500	₦ 60,000
Strategic Pillar Two: Efficient, Equitable and Quality Health system	₦ 40,011,999,574	₦ 17,592,595,304	₦ 8,393,557,500	₦ 14,025,846,770
Strategic Pillar Three: Unlocking Value Chains	₦ 1,029,967,950	₦ 114,537,750	₦ 262,042,200	₦ 653,388,000
Strategic Pillar Four: Health Security	₦ 2,652,543,000	₦ 2,638,997,000	₦ 5,947,000	₦ 7,599,000
Enabler 1: Data Digitization	₦ 1,410,625,608	₦ 200,889,603	₦ 604,101,400	₦ 605,634,605
Enabler 2: Financing	-	-	-	-
Enabler 3: Culture and Talent	₦ 2,354,000	₦ 2,354,000	-	-
Total	₦ 45,340,535,632	₦ 20,606,745,657	₦ 9,441,261,600	₦ 15,292,528,375
	% Distribution	45.4%	20.8%	33.7%
		100.0%		

AOP Cost by HSSB Pillars per Implementation Status

HSSB AOP PILLARS & Enablers	Total Cost of AOP	New-Project/Activity	On-going Project/Activity
Strategic Pillar One: Effective Governance	₦ 233,045,500	₦ 72,203,000	₦ 160,842,500
Strategic Pillar Two: Efficient, Equitable and Quality Health system	₦ 40,011,999,574	₦ 27,848,533,270	₦ 12,163,466,304
Strategic Pillar Three: Unlocking Value Chains	₦ 1,029,967,950	₦ 808,094,950	₦ 221,873,000
Strategic Pillar Four: Health Security	₦ 2,652,543,000	₦ 2,626,791,000	₦ 25,752,000
Enabler 1: Data Digitization	₦ 1,410,625,608	₦ 686,775,000	₦ 723,850,608
Enabler 2: Financing	-	-	-
Enabler 3: Culture and Talent	₦ 2,354,000	₦ 354,000	₦ 2,000,000
Total	₦ 45,340,535,632	₦ 32,042,751,220	₦ 13,297,784,412
	% Distribution	70.7%	29.3%
		100.0%	

AOP Cost by HSSB Priority Initiatives per Implementation Status

PI	HSSB AOP Priority Initiatives	Total Cost of AOP	New-Project/Activity	On-going Project/Activity
1	Strengthen NCH as a coordinating and accountability mechanism across the health system	₦ -	₦ -	₦ -
2	Comprehensive and intentional communication strategy for stakeholder engagement and advocacy	₦ 14,829,000	₦ 13,704,000	₦ 1,125,000
3	Improve regulation and regulatory processes for health workers, healthcare facilities and pharmaceutical products	₦ 18,962,000	₦ 15,141,000	₦ 3,821,000
4	A Sector Wide Action Plan (SWAp) to defragment health system programming and funding	₦ 140,495,000	₦ 30,678,000	₦ 109,817,000
5	Increase collaboration with internal and external stakeholders for better delivery and performance management	₦ 58,759,500	₦ 12,680,000	₦ 46,079,500
6	Drive multi-sectoral coordination to put in place and facilitate the implementation of appropriate policies and Programs that drive health promotion behaviours (e.g., to disincentivize unhealthy behaviours)	₦ 803,582,500	₦ 444,322,000	₦ 359,260,500
7	Accelerate inter-sectorial social welfare through coordination of efforts of the social action fund	₦ 3,522,000	₦ -	₦ 3,522,000
8	Accelerate immunization programs for priority antigens (e.g., DPT3, Polio, Measles, Yellow Fever) with a focus on decreasing zero dose children	₦ 2,436,039,500	₦ 659,284,500	₦ 1,776,755,000
9	Slow down the growth rate of NCD Prevalence	₦ 333,039,000	₦ 333,039,000	₦ -
10	Reduce the incidence of HIV, tuberculosis, malaria, and Neglected Tropical Diseases (NTDs)	₦ 4,436,620,150	₦ 426,574,000	₦ 4,010,046,150
11	Revitalize tertiary and quaternary care hospitals to improve access to specialized care	₦ 10,000,000	₦ -	₦ 10,000,000
12	Improve Reproductive, Maternal, Newborn, Child health, Adolescent and Nutrition	₦ 27,528,244,596	₦ 24,472,110,596	₦ 3,056,134,000
13	Revitalize BHCPF to drive SWAP, to increase access to quality health care for all citizens and to increase enrolment in health insurance	₦ 1,070,917,804	₦ 613,812,954	₦ 457,104,850
14	Expand financial protection to all citizens through health insurance expansion and other innovative financing mechanisms	₦ 2,484,314,524	₦ 762,234,720	₦ 1,722,079,804
15	Increase availability and quality of HRH	₦ 905,719,500	₦ 137,155,500	₦ 768,564,000
16	Re-Position Nigeria at the forefront of emerging R&D innovation, starting with local clinical trials and translational science	₦ 38,907,000	₦ 26,401,000	₦ 12,506,000
17	Stimulate local production of health products (e.g., drug substance, fill and finish for vaccines, malaria bed-nets, and therapeutic foods)	₦ 8,708,700	₦ 4,826,200	₦ 3,882,500
18	Build sustain offtake agreement with development partners for locally produced products required in Nigeria	₦ -	₦ -	₦ -
19	Streamline existing supply chains to remove complexity	₦ 982,352,250	₦ 776,867,750	₦ 205,484,500
20	Improve Public Health Emergencies prevention, detection, preparedness and response including pandemics to strengthen health security	₦ 2,619,845,000	₦ 2,594,093,000	₦ 25,752,000
21	Establish a One Health approach for threat detection and response, incorporating climate-linked threats	₦ 32,698,000	₦ 32,698,000	₦ -
22	Strengthen health data collection, reporting and usage – starting with the core indicators	₦ 720,092,500	₦ 90,805,000	₦ 629,287,500
23	Establish and integrate "single source of truth" data system that is digitized, interoperable, and accurate	₦ 690,533,108	₦ 595,970,000	₦ 94,563,108
24	Improve oversight and monitoring of budgeting process to increase budget utilization	₦ -	₦ -	₦ -
25	Regular and effective skills and performance appraisal of top leadership	₦ -	₦ -	₦ -
26	Transformation within F/SMoH – towards a values and performance driven culture	₦ 2,210,000	₦ 210,000	₦ 2,000,000
27	Top-talent learning program to develop well-rounded for public health leaders	₦ 144,000	₦ 144,000	₦ -
	Total	₦ 45,340,535,632	₦ 32,042,751,220	₦ 13,297,784,412
	% Distribution		70.7%	29.3%
			100.0%	

AOP Cost by HSSB Pillars per Level of Implementation

HSSB AOP PILLARS & Enablers	Total Cost of AOP	National level	Federal level	State & FCT level	Local Government level	Community/Ward level	Workplaces (formal/informal)	Health Training Institutions	Tertiary Facilities	Secondary Health Facilities	Primary Health Facilities	Private Facilities
Strategic Pillar One: Effective Governance	233,045,500	-	-	200,474,000	30,845,500	-	-	-	-	-	-	1,726,000
Strategic Pillar Two: Efficient, Equitable and Quality Health system	40,011,999,574	-	939,000	31,474,781,274	3,241,024,000	3,567,213,500	800,000	780,492,500	-	616,690,000	330,059,300	-
Strategic Pillar Three: Unlocking Value Chains	1,029,967,950	-	-	903,508,950	8,450,000	-	-	-	-	31,915,000	86,094,000	-
Strategic Pillar Four: Health Security	2,652,543,000	-	-	2,470,353,000	-	-	-	-	-	182,190,000	-	-
Enabler 1: Data Digitization	1,410,625,608	-	-	1,065,717,608	344,428,000	-	-	-	-	-	-	-
Enabler 2: Financing	-	-	-	-	-	-	-	-	-	-	-	-
Enabler 3: Culture and Talent	2,354,000	-	-	2,354,000	-	-	-	-	-	-	-	-
Total	45,340,535,632	-	939,000	36,117,188,832	3,624,747,500	3,567,213,500	800,000	780,492,500	-	830,795,000	416,153,300	1,726,000
% Distribution		0.0%	0.0%	79.7%	8.0%	7.9%	0.0%	1.7%	0.0%	1.8%	0.9%	0.0%

Conclusion

The AOP development process underscores the importance of stakeholder engagement, capacity building, and harmonized planning. By aligning local, facility, and state-level priorities, the AOP provides a roadmap for achieving the state's health goals.

Moving forward, continuous collaboration among stakeholders and periodic reviews of the AOP will be essential to maintaining alignment with evolving health priorities. The structured approach detailed here serves as a model for future planning cycles, fostering efficiency and accountability in health sector operations.