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ZAMFARA STATE MINISTRY OF HEALTH

ANNUAL OPERATIONAL PLAN



Supported by:





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ZAMFARA STATE MINISTRY OF HEALTH



FOREWORD

The Zamfara State Government, through the second Strategic Health Development Plan (SHDP II), envisions a healthy and productive state where all individuals have unhindered access to quality care. The government is committed to ensuring universal access to comprehensive, appropriate, affordable, efficient, equitable, and qualitative essential healthcare services by strengthening the state health system.

In alignment with the resolution to prioritize the health and well-being of the people of Zamfara State, the government has embraced several initiatives of the Federal Ministry of Health. Among these is the development of the health sector's strategic plan, which forms the basis for the Annual Operational Plan (AOP) for 2025. Lessons learned from the 2024 review have been incorporated to enhance the 2025 health sector AOP.

The Zamfara State Ministry of Health has formulated the 2025 Annual Operational Plan, focusing on the five national strategic pillars and fifteen priority areas. Technical partners and planning team members ensured due diligence during the development process, ensuring evidence-based activities aligned with the state health objectives and identified priorities.

This comprehensive plan encompasses 543 activities with a total projected cost of **₦ 65,371,454,078**. It is our hope that all stakeholders, including our valued international partners, will adopt this plan and execute their roles with utmost dedication, transparency, and accountability. Together, we anticipate significant improvements in performance and health outcomes over the next 12 months.

Dr Nafisa Muhammad Maradun
Honourable Commissioner,
Ministry of Health



ACKNOWLEDGMENTS

The successful development of the Zamfara State 2025 Health Sector Operational Plan is the result of the dedicated efforts of various institutions, individuals, and technical partners. We extend our deepest appreciation to the following contributors, State Primary Health Care Board (SPHCDA), Zamfara State Contributory Healthcare Management Agency (ZAMCHEMA). And Hospital Services Management Board (HSMB), Drugs and Medical Consumable Management Agency (DMCMA), Health training Institutions (HTI's) , Ahmad Sani Yariman Bakura Specialist Hospital Gusau (ASYBSH), Ministries of Budget and Planning ,the House of Assembly are other relevant stakeholders that fully participated. Our technical partners, notably WHO, UNICEF, contributed immensely to the realization of this plan.

It is my pleasure to acknowledge the stakeholders' contributions in this regard; therefore, first and foremost, our gratitude goes to the Executive Governor of Zamfara State, His Excellency Dr. Dauda Lawan Dare, for his commitment to the health and well-being of the people of Zamfara State. We are also grateful to the Chairman of the House of Assembly Committee on Health for dedicating a representative to this course. We are also grateful to the leadership of State Ministry of Health, headed by the Honorable Commissioner and The Permanent Secretary, Mal Bashir Siraju, for encouraging the processes and unmeasured support they rendered towards actualizing the 2025 AOP development. The presence, participation, leadership, and support provided by the directors and program managers of the Ministry of Health and its agencies is highly commendable and much appreciated. My sincere gratitude also goes to the heads of agencies under the supervision of the Ministry of Health for their support and participation. The presence and guidance of key staff from the Ministry of Budget and Economic Planning in inspiring and encouraging the participants are highly appreciated. Indeed, words would not be enough to express appreciation for the commitment, dedication, and efforts put in by the Department of Planning Research and Statistics staff and the entire ministry staff towards the successful conduct of the exercise is noted and appreciated, please.

The development process of the 2025 AOP would not have been possible without our development partners' (WHO, UNICEF, SOLINA, ACASUS, IRC, NEW



INCENTIVES, SIGHT SAVERS, HSCL, SFH,) financial and technical support. They worked hard tirelessly to ensure the success of the process.

Finally, we appreciate all those individuals, too numerous to be mentioned, who, in one way or the other, contributed to the success of this exercise. May Allah (SWT) reward you most abundantly.


Aminu D Umar
Director, Department of Planning Research & Statistics
Ministry of Health, Zamfara State.





EXECUTIVE SUMMARY

This document presents the Zamfara State Ministry of Health 2025 Annual Operational Plan (AOP) derived from the Health Sector Strategy Blue Print (HSSB). The plan was developed using a highly participatory approach which involved engagements with departments and agencies in the sector and cumulated a workshop. The workshop was convened as a platform for consensus on programmed/planned and costed interventions by each MDA with an emphasis on its linkage and contribution to the health component of the government's development agenda (THEMES Agenda). The listed documents below were the key outputs/deliverables of the meeting. Tools used for the process were provided by the Federal Ministry of Health and the consultants. The tools are i- mandate mapping/performance results matrix, ii- SWAP AOP template, iii- SWOT Analysis Matrix, AOP planning and costing template and the narrative report template.

To establish the basis for 2025 AOP, a review of the 2024 AOP was conducted using the SWOT analysis methodology. The analysis examined factors that enabled or hindered implementation. Recommendations to sustain gains, strengthen weaknesses, utilize opportunities and counter threats were provided. Consequently, recommendations were aligned with strategic objectives and interventions followed by prioritization. Selected interventions for 2025 AOP was prioritized using these criteria; effectiveness, magnitude and relevance, cost and financial sustainability, fairness and equity and political support.

Following the situational analysis and prioritization, the 2025 AOP was developed. The 2025 AOP of the HSSB strategic framework has 4 pillars, 3 enablers, 18 strategic priorities, 18 objectives, 27 priority initiatives and 262 interventions: each Pillar and Enabler area has a goal, strategic objective, key interventions and actions required to achieve defined targets for the priority area. It aligns with the strategic health priorities identified in the HSSB strategic framework which is made up of:

- **Effective Governance:** stakeholder's participations - regulation - cross financial coordination
- **Efficient equitable and quality health systems :** drive health promotion in a multi sectoral way- prevention through PHCs and community



- ✚ **Unlocking value change promote clinical research** - stimulate local production - shape market to ensure sustainable local demand
- ✚ **Health security**- improve ability to detect, prevent and respond to public health threats, build climate resilient for health system.
- ✚ **Data and digitalization** for data based decision making,
- ✚ **Financing** - increase effectiveness of spending and it's alignment with strategic priorities
- ✚ **Culture and talent** : strengthen skills, capabilities and values, drive PMS in the SMOH

The 2025 ZSMOH AOP has five hundred and Fourty Three (543) programmed for implementation, majority of whom are continued activities from 2024 . ₦ 65,371,454,078 billion. The financing arrangement indicates that ₦ 40,185,559,173 commitment will be expended by the State Government which amounts to 61.5% of the total cost, while ₦ 25,185,894,905 amount will be provided by development partners/private sector (38.5%).

Table 1: Zamfara State 2025 AOP Budget and Financing

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 | ₦ 1,020,692,000 | ₦ 1,020,692,000 | ₦ - | ₦ - |
| Strategic Pillar Two: Efficient, Equitable and Quality Health system | ₦ 54,354,420,828 | ₦ 34,014,733,923 | ₦ 20,339,686,905 | ₦ - |
| Strategic Pillar Three: Unlocking Value Chains | ₦ 8,138,156,750 | ₦ 4,003,862,750 | ₦ 4,134,294,000 | ₦ - |
| Strategic Pillar Four: Health Security | ₦ 1,704,804,500 | ₦ 992,890,500 | ₦ 711,914,000 | ₦ - |
| Enabler 1: Data Digitization | ₦ 10,160,000 | ₦ 10,160,000 | ₦ - | ₦ - |
| Enabler 2: Financing | ₦ 69,940,000 | ₦ 69,940,000 | ₦ - | ₦ - |
| Enabler 3: Culture and Talent | ₦ 73,280,000 | ₦ 73,280,000 | ₦ - | ₦ - |
| Total | ₦ 65,371,454,078 | ₦ 40,185,559,173 | ₦ 25,185,894,905 | ₦ - |



| | | | |
|-----------------------|--------------|--------------|-------------|
| % Distribution | 61.5% | 38.5% | 0.0% |
| 100.0% | | | |

The 2025 ZSMOH Annual Operational Plan (AOP) encompasses a total of 543 programs slated for implementation, the majority of which are carryover activities from 2024. The total financial requirement for these programs amounts to **₦65,371,454,078 billion**.

The financing arrangement indicates that 61.5% of the total cost, equivalent to **₦40,185,559,173**, will be funded by the State Government. The remaining 38.5%, amounting to **₦25,185,894,905**, will be provided through contributions from development partners and the private sector.

Table 2: 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 | ₦ 1,020,692,000 | ₦ 33,680,000 | ₦ 987,012,000 |
| Strategic Pillar Two:Efficient, Equitable and Quality Health system | ₦ 54,354,420,828 | ₦ 19,874,525,977 | ₦ 33,873,866,851 |
| Strategic Pillar Three: Unlocking Value Chains | ₦ 8,138,156,750 | ₦ 595,954,000 | ₦ 7,182,202,750 |
| Strategic Pillar Four: Health Security | ₦ 1,704,804,500 | ₦ 1,036,862,500 | ₦ 667,942,000 |
| Enabler 1: Data Digitization | ₦ 10,160,000 | ₦ 6,000,000 | ₦ 4,160,000 |
| Enabler 2: Financing | ₦ 69,940,000 | ₦ 44,740,000 | ₦ 25,200,000 |
| Enabler 3: Culture and Talent | ₦ 73,280,000 | ₦ 52,256,000 | ₦ 21,024,000 |
| Total | ₦ 65,371,454,078 | ₦ 21,644,018,477 | ₦42,761,407,601 |
| | % Distribution | 33.1% | 65.4% |



98.5%

Table 3: 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 | ₦ 875,280,000 | ₦ - | ₦ 875,280,000 |
| 3 | Improve regulation and regulatory processes for health workers, healthcare facilities and pharmaceutical products | ₦ - | ₦ - | ₦ - |
| 4 | A Sector Wide Action Plan (SWAp) to defragment health system programming and funding | ₦ 145,412,000 | ₦ 33,680,000 | ₦ 111,732,000 |
| 5 | Increase collaboration with internal and external stakeholders for better delivery and performance management | ₦ - | ₦ - | ₦ - |
| 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) | ₦ 792,173,750 | ₦ 108,287,000 | ₦ 762,278,750 |
| 7 | Accelerate inter-sectorial social welfare through coordination of efforts of the social action fund | ₦ 1,990,000 | ₦ - | ₦ 1,990,000 |



| | | | | |
|----|---|------------------|------------------|------------------|
| 8 | Accelerate immunization programs for priority antigens (e.g., DPT3, Polio, Measles, Yellow Fever) with a focus on decreasing zero dose children | ₦ 4,193,466,750 | ₦ 209,147,250 | ₦ 3,310,009,500 |
| 9 | Slow down the growth rate of NCD Prevalence | ₦ 39,810,000 | ₦ 39,810,000 | ₦ - |
| 10 | Reduce the incidence of HIV, tuberculosis, malaria, and Neglected Tropical Diseases (NTDs) | ₦ 2,326,992,050 | ₦ 212,279,000 | ₦ 2,114,713,050 |
| 11 | Revitalize tertiary and quaternary care hospitals to improve access to specialized care | ₦ 190,495,500 | ₦ 189,055,500 | ₦ - |
| 12 | Improve Reproductive, Maternal, Newborn, Child health, Adolescent and Nutrition | ₦ 25,729,330,981 | ₦ 11,685,828,750 | ₦ 14,043,502,231 |
| 13 | Revitalize BHCPF to drive SWAP, to increase access to quality health care for all citizens and to increase enrolment in health insurance | ₦ 1,696,869,870 | ₦ 141,138,150 | ₦ 1,555,731,720 |
| 14 | Expand financial protection to all citizens through health insurance expansion and other innovative financing mechanisms | ₦ 19,142,500 | ₦ 7,072,500 | ₦ 3,400,000 |
| 15 | Increase availability and quality of HRH | ₦ 19,364,149,427 | ₦ 7,281,907,827 | ₦ 12,082,241,600 |
| 16 | Re-Position Nigeria at the forefront of emerging R&D innovation, starting with local clinical trials and translational science | ₦ 335,418,000 | ₦ 69,724,000 | ₦ 265,694,000 |



| | | | | |
|----|---|---------------------------|---------------------------|---------------------------|
| 17 | Stimulate local production of health products (e.g., drug substance, fill and finish for vaccines, malaria bed-nets, and therapeutical foods) | ₦ - | ₦ - | ₦ - |
| 18 | Build sustain offtake agreement with development partners for locally produced products required in Nigeria | ₦ 31,500,000 | ₦ - | ₦ 31,500,000 |
| 19 | Streamline existing supply chains to remove complexity | ₦ 7,771,238,750 | ₦ 526,230,000 | ₦ 6,885,008,750 |
| 20 | Improve Public Health Emergencies prevention, detection, preparedness and response including pandemics to strengthen health security | ₦ 1,703,094,500 | ₦ 1,036,862,500 | ₦ 666,232,000 |
| 21 | Establish a One Health approach for threat detection and response, incorporating climate-linked threats | ₦ 1,710,000 | ₦ - | ₦ 1,710,000 |
| 22 | Strengthen health data collection, reporting and usage – starting with the core indicators | ₦ 10,160,000 | ₦ 6,000,000 | ₦ 4,160,000 |
| 23 | Establish and integrate "single source of truth" data system that is digitized, interoperable, and accurate | ₦ - | ₦ - | ₦ - |
| 24 | Improve oversight and monitoring of budgeting process to increase budget utilization | ₦ 69,940,000 | ₦ 44,740,000 | ₦ 25,200,000 |
| 25 | Regular and effective skills and performance appraisal of top leadership | ₦ - | ₦ - | ₦ - |



| | | | | |
|----|--|------------------|------------------|------------------|
| 26 | Transformation within F/SMoH – towards a values and performance driven culture | ₦ 73,280,000 | ₦ 52,256,000 | ₦ 21,024,000 |
| 27 | Top-talent learning program to develop well-rounded for public health leaders | ₦ - | ₦ - | ₦ - |
| | Total | ₦ 65,371,454,078 | ₦ 21,644,018,477 | ₦ 42,761,407,601 |
| | | % Distribution | 33.1% | 65.4% |
| | | | 98.5% | |

Table AOP Cost by HSSB Pillars per Level of Implementation

| State & FCT level | Total Cost of AOP | HSSB AOP PILLARS & Enablers | | |
|-------------------|-------------------|---|--|--|
| | ₦ 997,172,000 | Strategic Pillar One:Effective Governance | | |
| | ₦ 25,480,827,269 | Strategic Pillar Two:Efficient, Equitable and Quality Health system | | |
| | ₦ 7,705,215,750 | Strategic Pillar Three: Unlocking Value Chains | | |
| | ₦ 1,668,322,000 | Strategic Pillar Four: Health Security | | |
| | ₦ 10,160,000 | Enabler 1: Data Digitization | | |
| | ₦ 60,000 | Enabler 2: Financing | | |
| | ₦ 39,634. | Enabler 3: Culture and Talent | | |
| | ₦ 35,971, | Total | | |
| | 55.00% | % Distribution | | |



| Health Training Institutions | Workplaces (formal/informal) | Community/Ward level | | Local Government level | |
|------------------------------|------------------------------|----------------------|-------|------------------------|--------------|
| | | ₦ | - | ₦ | 23,520,000 |
| ₦ 4,438,739,569 | ₦ 11,925,002,100 | ₦ 2,175,821,150 | ₦ - | ₦ 1,888,629,250 | ₦ - |
| ₦ - | ₦ - | ₦ - | ₦ - | ₦ 12,087,000 | ₦ 20,954,000 |
| ₦ - | ₦ - | ₦ - | ₦ - | ₦ - | ₦ 36,480,000 |
| ₦ - | ₦ - | ₦ - | ₦ - | ₦ - | ₦ - |
| ₦ 17,446,000 | ₦ 11,941,202,100 | ₦ 16,200,000 | ₦ - | ₦ - | ₦ - |
| ₦ 4,456,185,569 | 6.80% | 18.30% | 3.30% | 3.00% | 3.00% |



| Primary Health Facilities | Secondary Health Facilities | |
|---------------------------|-----------------------------|--|
| ₦ - | ₦ - | |
| ₦ 8,439,943,990 | ₦ 14,887,000 | |
| ₦ - | ₦ 39,900,000 | |
| ₦ - | ₦ - | |
| ₦ - | ₦ - | |
| ₦ - | ₦ - | |
| ₦ - | ₦ - | |
| ₦ 8,439,943,990 | ₦ 54,787,000 | |
| 12.90% | 0.10% | |



**ACRONYMS AND ABBREVIATIONS**

| ACRONYMS | DISCRIPTION |
|----------|--|
| ANC | Ante Natal Care |
| AOP | Annual Operational Plan |
| ART | Anti-Retroviral Treatment |
| CBOs | Community-Based Organizations |
| CHEWs | Community Health Extension Workers |
| CHOs | Community Health Officers |
| CMAM | Community Management of Acute Malnutrition |
| CMD | Chief Medical Director |
| CSO | Civil Society Organizations |
| DAHR | Director Admin and Human Resource |
| DAGS | Director Admin and General Services |
| DDC&I | Director Disease Control & Immunization |
| DCFH | Director Community & Family Health |
| DHIS | District Health Information System |
| DHIS | Director Health Inspectorate Services |
| DMS | Director of Medical Services |
| DNS | Director Nursing Services |
| DSNO | Disease Surveillance and Notification Officers |
| DPRS | Director Planning Research and Statistic |
| DPS | Director Pharmaceutical Services |
| DQA | Data Quality Assurance |



| | |
|----------|---|
| DRF | Drugs Revolving Funds |
| ES | Executive Secretary |
| ETS | Emergency Transport Scheme |
| FHI | Family Health International |
| FMC | Facility Management Committee |
| FMC | Federal Medical Centre |
| GF | Global Funds |
| GHSC-PSM | Global Health Supply Chain – Procurement and Supply Management |
| HCT | HIV Counseling and Testing |
| HF | Health Facility |
| HSSB | Health Sector Strategic Blue Print |
| HTI | Health Training Institutions |
| HSCL | Health System Consult Limited |
| HIV/AIDS | Human Immune Deficiency Virus/Acquired Immune Deficiency Syndrome |
| HSMB | Hospital Services Management Board |
| HMIS | Health Management Information System |
| HWM | Health Workforce Management |
| ICT | Information and Communication Technology |
| IEC | Information Education and Communication |
| IPs | Implementing Partners |
| IRC | International Rescue Committee |
| ISS | Integrated Support Supervision |
| JCHEW | Junior Community Health Extension Worker |
| | |



| | |
|--------|--|
| | |
| LGA | Local Government Area |
| LGHA | Local Government Health Authority |
| LLINs | Long-Lasting Insecticides Treated Nets |
| LMCU | Logistic Management Coordination Unit |
| M & E | Monitoring and Evaluation |
| MCH | Maternal and Child Health |
| MDAs | Ministries Department and Agencies |
| SDGs | Sustainable Development Goals |
| SFH | Society for Family Health |
| MNCH | Maternal Newborn and Child Health |
| MoV | Means of Verification |
| MPCDSR | Maternal Perinatal and Child Death Surveillance Response |
| NCDS | Nigeria Centre for Disease Control |
| NEDL | National Essential Drugs List |
| NHMIS | National Health Management Information System |
| OCA | Organizational Capacity Assessment |
| PBF | Performance-Based Financing |
| PHCB | Primary Health Care Board |
| PHC | Primary Health Care |
| PHCUOR | Primary Health Care Under One Roof |
| PMTCT | Prevention of Mother to Child Transmission |
| PPMCH | Partnership for Promotion of Maternal and Child Health |



| | |
|----------|--|
| PPMVs | Proprietary and Patent Medicine Vendors |
| PPP | Public Private Partnership |
| PSM | Procurement and Supply Management |
| SMEP | State Malaria Elimination Programme |
| SMC | Seasonal Malaria Chemoprevention |
| SMOF | State Ministry of Finance |
| SPHCB | State Primary Health Care Board |
| SSHDP | State Strategic Health Development Plan |
| TBAs | Traditional Birth Attendants |
| TBL | Tuberculosis and Leprosy |
| ToT | Training of Trainers |
| TWG | Technical Working Group |
| UNICEF | United Nations Children Funds |
| USAID | United States Agency for International Development |
| VDC | Village Development Committee |
| WDC | Ward Development Committee |
| WHO | World Health Organization |
| WISH | Women Integrated Services for Health |
| ZMSACA | Zamfara State Agency for the Control of AIDS |
| ZAMCHEMA | Zamfara Contributory Health Care Management Agency |
| | |



INTRODUCTION

STATE PROFILE

Zamfara State, located in the North-west geopolitical zone of Nigeria, was created or carved out of the former Sokoto state on October 1st, 1996 with Gusau as its capital; and is one of the 36 states that make up the Federal Republic of Nigeria. The state is located in the hinterland of the northwestern part of Nigeria. It covers a land area of 38,418 square kilometers representing about 4% of the landmass of Nigeria. It is situated towards the extreme northwest portion of Nigeria, covers the area extending between longitude 7°2' E around Tsafe towards its Northeastern boundary and latitude 11°24' N around Dansadau towards the southern boundary to Latitude 12°40'N around Shinkafi towards its North-Eastern border. The state is bordered in the North by Sokoto State, West and South by Katsina and the Kaduna States respectively.



The State is made up of 14 Local Government Areas (LGAs) divided into three Senatorial Zones and 147 political wards. They are namely [Anka](#), [Bakura](#), [Birnin-](#)



Magaji, Bukkuyum, Bungudu, Chafe (Tsafe), Gummi, Gusau, Kauran-Namoda, Maradun, Maru, Shinkafi, Talata-Mafara and Zurmi. The state is populated with the Hausa and Fulani ethnic groups. Other Nigerian tribes such as Igbo, Yoruba, Nupe, Igala, Idoma, Ebira, Urhobo, and Tiv also live in the state. Being a part of the Sokoto Caliphate, the state is predominantly Muslim and an important seat of Islamic learning in Nigeria. Gusau the state capital is an important commercial center with a heterogeneous population of people from all over Nigeria.

Key Maternal and Child Health Indicators

Table 4: Service Availability Based on HFs

| Categories | Total Target HFs | | | | |
|---|------------------|----------|----------|-----------------|------|
| | Actual | Expected | Variance | Achieved Target | Gap% |
| Number Hfs providing ANC services | 352 | 500 | 148 | 70% | 30% |
| Number Hfs providing Delivery services | 225 | 428 | 203 | 53% | 47% |
| Number Hfs providing FP services | 378 | 500 | 122 | 76% | 24% |
| Number Hfs providing RI services | 672 | 727 | 55 | 92% | 8% |
| Number Hfs providing RBM services | 680 | 727 | 47 | 94% | 6% |
| Number Hfs providing HTS services | 71 | 400 | 329 | 18% | 82% |
| Number Hfs providing ART services | 13 | 24 | 11 | 54% | 46% |
| Number Hfs providing PMTCT services | 54 | 500 | 446 | 11% | 89% |
| Number Hfs providing TB (DOTS) services | 422 | 727 | 305 | 58% | 42% |
| Number Hfs providing Nutrition services | 35 | 147 | 112 | 24% | 76% |



Objectives of the Annual Health Operational Plan

The main objective of an Annual Health Operational Plan (AHOP) is to provide a roadmap for achieving specific health goals and objectives within a given year. It outlines the activities, strategies, and resources needed to implement and monitor health programs, ultimately improving public health outcomes and strengthening health systems

Key Objectives of an AHOP:

- i. To improve the overall capacity of the health system, including resource management, service delivery, and data collection.
- ii. Improving public health outcomes
- iii. To help prioritize resources and allocate funds effectively, ensuring that the most impactful interventions are implemented.
- iv. To improve access to maternal health services, strengthen healthcare delivery systems, and address social determinants of health
- v. To track progress, assess the effectiveness of interventions, and make necessary adjustments.

KEY EXPECTED RESULTS OF THE AHOP

The key expected results of a Health Annual Operational Plan (AOP) include improved healthcare service delivery, increased health outcomes, and enhanced operational efficiency. AOPs are designed to align departmental activities with overall health goals, and provide a structured framework for planning, budgeting, resource allocation, and performance evaluation.:.

- i. Improved Healthcare Service Delivery
- ii. To reduce the prevalence and incidence of diseases, improve maternal and child health, and enhance overall health status in the community.
- iii. Promote efficient resource allocation, track progress towards goals, and ensure accountability, leading to better use of financial and human resources within the health system.
- iv. Ensure that all operational activities are aligned with the broader strategic goals and objectives of the health sector, providing a clear roadmap for achieving desired outcomes.



METHODOLOGY

The state Ministry of Health organized the 2025 AOP process with support from WHO, and UNICEF. Developing the AOP was based on the National Health Sector Strategic Blueprint (HSSB). The step-by-step methodology according to Sector Wide Approach (SWAp) policy ensures a participatory, transparent, and well-aligned process for developing a robust Zamfara State 2025 Annual Operational Plan. The development process commenced by High-level priority identification by Top Management committee from HSSB followed by engagement with IPs and present the state health agenda to ensure alignment with the MDAs for clarification and define scope of work concerning state priorities.

A three-day capacity building for planning cell heads and key program officers from MDAs was conducted to enhance skills and understanding of operational planning tool and also equip them to translate state priorities into actionable plan, alongside the local government area situational analysis and develop annual business or improvement plans aligned with 10 priorities given by SWAp from HSSB champion by SPHCDA. Bottom-up planning inputs ensure facility-level needs are integrated into the state AOP. joint five- day workshop was also carried out where key stakeholders such as chief Executives, planning cell heads, program officers from MDAs, and Development Partners sat together to submit, harmonize inputs from various levels and finalize the state AOP and costs.

SMOH Top Management Committee reviews, validate and approves the finalized AOP, which becomes an official documents guiding Zamfara state health sector implementation in 2025. The AOP process identified priorities by assessing progress, using all available evidence and interventions, and considering the available resources using the SWOT analysis. In this way, interventions were identified, and sub-activities developed based on the health needs in Zamfara State and reflected all health service delivery by all MDAs, units, and programs in the state.



SITUATION ANALYSIS

Zamfara State Health Sector

The Ministry of Health and its Parastatals are entrusted with the mandate to safeguard and enhance the health and well-being of Zamfara State residents. Their mission is to ensure access to high-quality healthcare services while eliminating catastrophic financial burdens and other barriers. This mandate operates on the principle that a healthy population is instrumental in driving economic growth, as individuals are able to dedicate productive hours to meaningful and impactful work.

ZSMOH VISION

A friendly institution that re-assures the healthy and gives hope to the sick

ZSMOH MISSION

To enhance the quality of life and wellbeing through the provision of accessible, sustainable, effective and affordable healthcare services to all citizen

GOAL OF ZSMOH

The overall development goal of the state Ministry of Health is to guarantee a healthy and productive populace by ensuring Zamfara populace have universal access to comprehensive, appropriate, affordable, efficient, equitable, and quality essential health care through a strengthened health system

HEALTH SYSTEM AND HEALTH STATUS

The overarching development objective of Zamfara State is to reduce poverty and enhance the well-being of its population by ensuring the provision of quality and affordable healthcare services. The state's health policy is specifically designed to address maternal and childhood morbidity and mortality by improving access to healthcare, ensuring the availability of services, increasing demand for healthcare, and promoting appropriate maternal and child care practices.

The policy also aims to strengthen the state health system to deliver effective, efficient, high-quality, accessible, and affordable healthcare services for the people of Zamfara. These efforts are aligned with achieving the health-related Sustainable Development Goals (SDGs). Addressing the prevailing low health status of Zamfara residents remains a core priority of the policy.



At the primary health care level, the state has demonstrated its desire to pursue the concept of Primary Health care Under One Roof (PHCUOR), which suggests that the administration, management, monitoring, and evaluation of primary health care be centralized under an agency - Zamfara State Primary Health Care Board (SPHCB). The sector has developed its 2025 AOP aligned to the strategic plan, thus guaranteeing that proposed interventions are linked to the health needs of the Zamfara people taking cognizance of the vulnerable and the underserved groups.

To further leverage the government leadership role towards creating the much-desired enabling policy and legislative environment to sustain the delivery of quality health services, the Zamfara State Government established the following agencies: Zamfara State Agency for the Control of AIDS (ZAMSACA), State Primary Healthcare Board (ZSPHCB), Zamfara State Contributory Healthcare Management Agency (ZAMCHEMA) and Zamfara State Drugs and Medical Consumables, Management Agency (DMCA) backed by law.

The institutional arrangement for the involvement of civil society in the policy process of governance is good but growing. The coordination of development assistance is yet another critical stewardship responsibility that requires improved commitment by the key stakeholder of the sector.

Here is a table of key health indicators for Zamfara State based on the Nigeria Demographic and Health Survey (NDHS) 2024:

Table 5: Summary of Health Indicators for Zamfara State

| S/N | Indicators | State | NWS | Source of Data | Year |
|-----|--------------------------------|-------|------|----------------|---------|
| 1. | Contraceptive Prevalence Rate | 20.0 | 10.3 | NDHS | 2023/24 |
| 2. | Unmet need for family planning | 17.3 | 20.3 | NDHS | 2023/24 |
| 3. | Neonatal mortality | 42 | 48 | NDHS | 2023/24 |
| 4. | Infant mortality | 60 | 76 | NDHS | 2023/24 |
| 5. | Child mortality | 62 | 69 | NDHS | 2023/24 |



| | | | | | |
|-----|--|------|------|------|---------|
| 6. | Under-5 mortality | 119 | 140 | NDHS | 2023/24 |
| 7. | Percentage receiving antenatal care from a skilled provider | 24.8 | 49.0 | NDHS | 2023/24 |
| 8. | Percentage delivered by a skilled provider | 13.2 | 25.6 | NDHS | 2023/24 |
| 9. | Percent-age delivered in a health facility | 15.3 | 21.9 | NDHS | 2023/24 |
| 10. | percentage of children whose births are registered | 29.1 | 36.5 | NDHS | 2023/24 |
| 11. | BCG | 20.8 | 50.2 | NDHS | 2023/24 |
| 12. | OPV1 | 24.4 | 49.1 | NDHS | 2023/24 |
| 13. | OPV3 | 13.8 | 37.0 | NDHS | 2023/24 |
| 14. | Penta 1 | 17.4 | 46.1 | NDHS | 2023/24 |
| 15. | Penta 3 | 12.2 | 39.6 | NDHS | 2023/24 |
| 16. | Fully vaccinated (basic antigens) | 9.6 | 31.6 | NDHS | 2023/24 |
| 17. | Stunting | 39.2 | 27.8 | NDHS | 2023/24 |
| 18. | Percentage of households with at least one ITN | 89.7 | 81.1 | NDHS | 2023/24 |
| 19. | Percentage of households with at least one ITN1 for every two persons who stayed in the household last night | 40.3 | 36.7 | NDHS | 2023/24 |



| | | | | | |
|-----|--|------|------|------|---------|
| 20. | Percentage who slept under an ITN1 last night (u5) | 64.8 | 52.2 | NDHS | 2023/24 |
| 21. | % Children under age 5 in households with at least one ITN | 70.9 | 62.3 | NDHS | 2023/24 |
| 22. | Percentage who received one or more doses of SP/Fansidar | 37.1 | 54.8 | NDHS | 2023/24 |
| 23. | Percentage who received two or more doses of SP/Fansidar | 9.7 | 41.3 | NDHS | 2023/24 |
| 24. | Percentage who received three or more doses of SP/Fansidar | 1.3 | 25.6 | NDHS | 2023/24 |
| 25. | | | | | |

These indicators highlight the health situation in Zamfara State, providing insights for policy planning and interventions.

ZAMFARA STATE MINISTRY OF HEALTH



Figure 2: Zamfara State Health Budget Allocation Trend

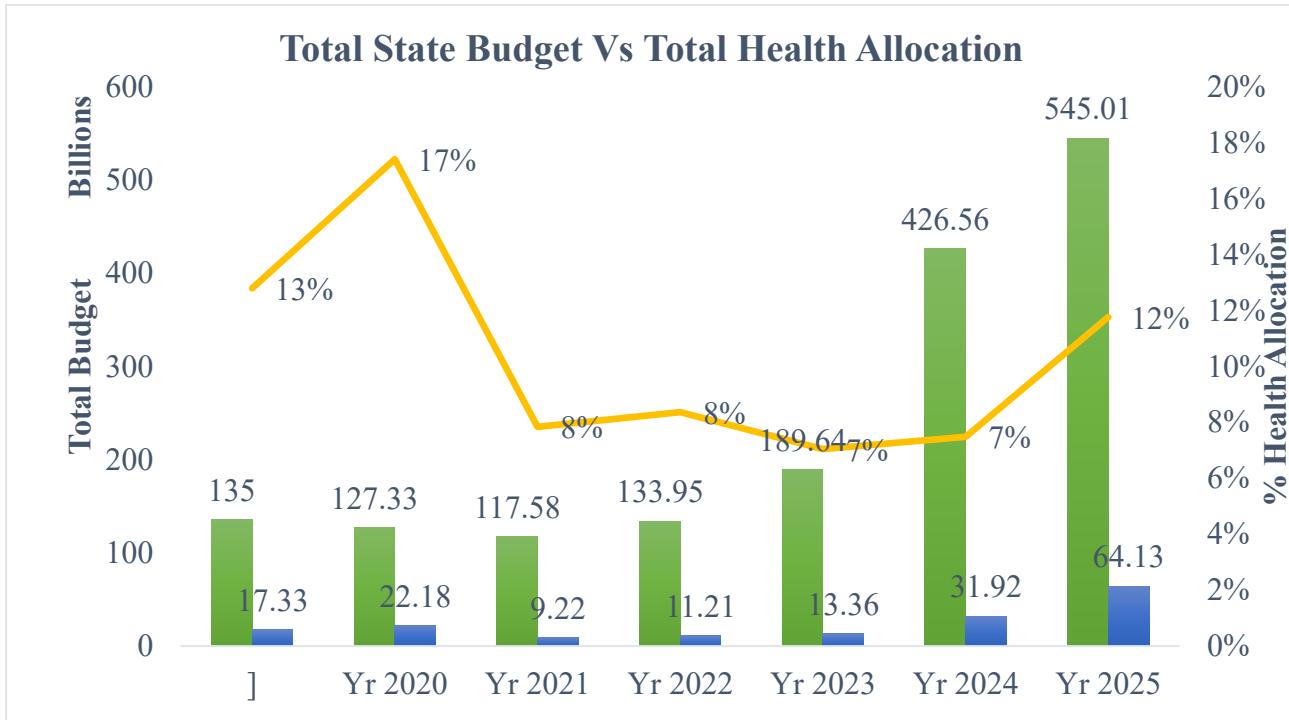


Figure 3: Zamfara State Health Budget Allocation & Expenditure Trend

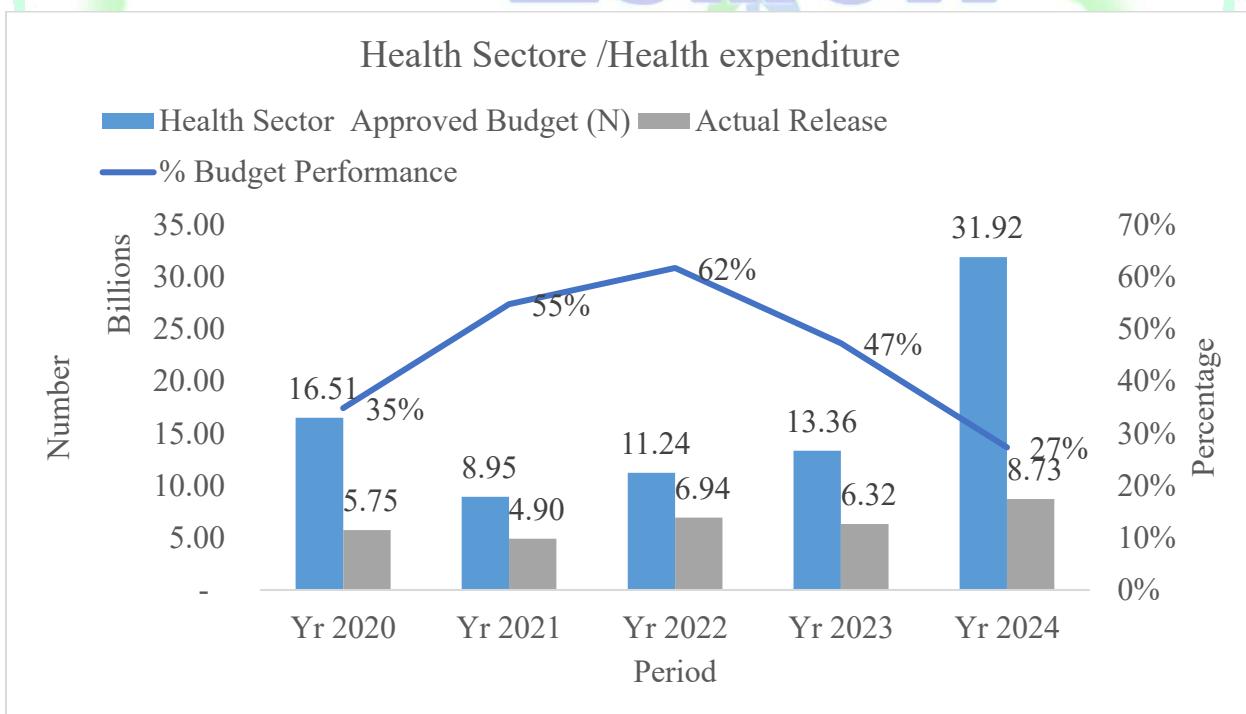




Table 6: List of MDAs and their core functions

| S/ N | MDA | FUNCTIONS |
|---------|---------------------------|--|
| 1 | Ministry of Health | <ul style="list-style-type: none">● Supervise the implementation of National and State policy on preventive, curative and management of healthcare delivery activities;● Monitor the activities of all healthcare service delivery facilities, including traditional and private medical practitioners, to ensure that they comply with National and State health policies;● Sensitizing and educating the general public on preventive care, coping/living with the sick/infected and general hygiene;● Provision and maintenance of Health infrastructures in the state;● Collaborate with relevant stakeholders, such as PMI-S, United Nations Children Education Fund (UNICEF) and other MDAs, such as Environment and Water Resources, to improve healthcare delivery in the state;● Development and implementation of strategies for Health Sector Reform, including promotion of public-private partnership in health.● Development of capacity for generation and utilization of evidence-based data and information for health policy, strategy and plan development/implementation (Health Management Information System).● Procurement of medical equipment's, drugs, consumables and other supplies for health facilities;● Establish a sustainable drug management system, promote essential drug policy and discourage use of counterfeit, spurious and substandard drugs including institutionalization of a drug quality assurance across the entire drug chain. |



| S/ N | MDA | FUNCTIONS |
|---------|---|---|
| 2 | Hospital services Management Board | <ul style="list-style-type: none">● Provide information and advice to the state Ministry of Health to facilitate the development of realistic state policies, plan and develop strategies for the execution of the general health policies and programs.● Maintenance of the Health Services throughout the state within the framework of state and National Health policies.● Provide comprehensive statistics of the performance of the state in delivering health care in conformity with the federal requirements.● Submit request for funds to the state Ministry of Health in accordance with soundly based plans and resolve competing claims in relation to agreed priorities.● Review continually method of funding Health care and make suggestion to state ministry of health for new or alternative sources of Finance. |
| 3 | COLLEGE OF HEALTH SCIENCES AND TECHNOLOGY, TSAFE | <ul style="list-style-type: none">● To provide course of study, training and research in health sciences technology, leading to attainment of certificates as may be approved by the Academic Board.● To provide avenue for continuing Education in Health, Medical and Paramedical fields.● To provide avenue for curriculum development in Medical and paramedical fields. |
| 4 | COLLEGE OF NURSING SCIENCES, GUSAU | <ul style="list-style-type: none">● To provide course of study, training and research in nursing, midwifery and other health related disciplines leading to the award of Degree, Higher National Diploma, National Diploma and Certificate courses;● To provide avenue for continuing education in health sciences and related fields;● To provide avenue for health and nursing curriculum development. |



| S/ N | MDA | FUNCTIONS |
|---------|---|--|
| 5 | AHMAD SANI YARIMAN BAKURA SPECIALI ST HOSPITAL GUSAU | <ul style="list-style-type: none">● To provide specialized and affordable tertiary health care and other health services in all field in compliance with the guidelines set up by approved regulatory bodies in Nigeria.● To provide residency training, nursing and midwifery training, post nursing and midwifery training, Internship training, continuing medical education etc whenever it is appropriate to do so.● To undertake research in all fields of Medical and Health Care Services● To do such activities it consider necessary or incidental to its functions under its law. |
| 6 | ZAMCHE MA | <ul style="list-style-type: none">● The effective implementation of the policies and procedures of the scheme.● Issuing appropriate regulations and guidelines as approved by the Board to maintain the viability of the Scheme.● Managing the State Contributory Healthcare Scheme.● Registering the National Health Insurance Scheme (NHIS), accredited Third Party Administrators, accredited Health Care Facilities and other relevant institutions .● Approving format of contracts for the third Party Administration and all health care providers● Determining, after due consideration, provider Payment Mechanisms due to health care providers.● Carrying out public awareness and education on the establishment and management of the scheme.● Advising relevant bodies on inter- relationship of the Agency with other social security services● Coordinating research and statistics● Establishing quality assurance for all stakeholders● Collecting, collating, analyzing and reporting monthly and quarterly financial returns from relevant stakeholders . |



| S/ N | MDA | FUNCTIONS |
|---------|--------|---|
| | | <ul style="list-style-type: none"> ● Exchanging information and data with the National Health Insurance Scheme, State Health Management Information System, relevant financial institutions, development partners, Non- Government Organization and other relevant bodies ● Ensuring manpower development in the Agency ● Ensuring implement of minimum benefit package as defined under the National Health Act 2014 ● Carrying out such other activities as are necessary or expedient for the purpose of achieving the objectives of the Agency. |
| 7 | KFW&CH | <ul style="list-style-type: none"> ● provision of clinical services ● Treatment/medication ● Prevention, control and early intervention. ● Rehabilitation and recovery. ● Clinical support systems. ● Creating supportive environments. ● Human resources management and leadership ● Staff development, training and education. |

Table 7: List of Departments and their core functions

Funding/Financing of ZSMOH

Health sector financing in Nigeria is done through different sources and mechanisms hence Zamfara State is not an exception. Over the years, the state government has demonstrated commitments towards achieving Universal Health Coverage (UCH). This has not gone un-noticed by donors and other development partners across the globe. As a result, the health sector in the state is receiving varying categories of resources from partners.



Below is the 2024 list of activities resource providers for the health sector in the state.

| S/ N | Name of Partner/Donor | Type Of Partner | Thematic Areas of Intervention |
|---------|--|-----------------------|---|
| 1. | Bill & Melinda Gates Foundation (BMGF) | Donor | Family Planning, Nutrition, Immunization, Maternal & Child Health, Adolescent Health, Universal Health Coverage |
| 2. | Global Fund (GF) | Donor | Malaria, HIV Diagnosis, Treatment and Care; PMTCT (Family and TBA), EID, TB Case Finding and Diagnosis, HIV Testing Services, PMTCT, ART services; Tuberculosis; HIV Integration; Drug-Resistant Tuberculosis |
| 3. | United Nations Children Fund (UNICEF) | Donor | Maternal and Child Health; Infant and Maternal Mortality |
| 4. | United Nations Population Fund (UNFPA) | Donor | Maternal Health, Adolescent Sexual and Reproductive Health, Family Planning |
| 5. | Save The Children International (SCI) | Implementing Agency | Maternal and Child Health; Reproductive Health; Immunization |
| 6. | Tuberculosis & Leprosy (TBL) | Implementing Agency | Tuberculosis, Leprosy, HIV/AIDS ART |
| 7. | World Health Organization (WHO) | Donor | Global Health, Public Health response |



| S/ N | Name of Partner/Donor | Type Of Partner | Thematic Areas of Intervention |
|---------|--|------------------------|---|
| 8. | Association of Reproductive & Family Health (ARFH) | Implementing Agency | Reproductive Health, Mother & Child Health, Family Planning |
| 9. | Society For Family Health (SFH) | Implementing Agency | Family Planning, Immunization |
| 10. | Health Systems Consult Limited (HSCL) | Implementing Agency | Development and refining of policies, plans and processes; Organizational Development |
| 11. | Global Health Supply Chain Program Procurement and Supply Management (GHSC - PSM) | Implementing Agency | Family Planning; HIV/AIDS |
| 12. | Marie Stopes International - Nigeria (MSI) | Implementing Agency | Family Planning; Maternal and Child Health |
| 13. | Private Sector Health Alliance of Nigeria (PSHAN) | Implementing Agency | Advocacy |
| 14. | African Field Epidemiological Network (AFENET) | Implementing Agency | Immunization, Health System Strengthening |
| 15. | Nutrition Society Of Nigeria Zamfara Chapter | Implementing Agency | School health and nutrition |



| S/ N | Name of Partner/Donor | Type Of Partner | Thematic Areas of Intervention |
|---------|---|-----------------------|--|
| 16. | Presidential Malaria Initiative for State (PMI-S) | Implementing Agency | Malaria Case Management, Health System Strengthening, |
| 17. | Health System Consult Limited (HSLC) | Implementing Agency | Pharmaceutical Care Services, Support to improve HIV/AIDS Pharmaceutical Services at supported health facilities |
| 18. | Pro Health International | Implementing Agency | HIV/AIDS Infection, Prevention and Control |
| 19. | Medecins Sans Frontieres (Doctors Without Border) MSF-Spain | Implementing Agency | Nutrition, Maternal Health, Oral Health , Disease Survelence , Health Promotion, GBV |
| 20. | Nigerian Red Cross Society | Implementing Agency | AFP Surveillance, Malaria, SIAs, Measles and cholera out break |
| 21. | VOLUNTARY AID INITIATIVE (VAI) | Implementing Agency | HIV/AIDS Demand creation |
| 22. | Solidarity Intertional | Implementing Agency | Nutrition, Humanitarian Support |
| 23. | International Rescue Committee | Implementing Agency | Nutrition, Diseases Outbreak, & Malaria |
| 24. | Sight Saver International | Implementing Agency | Neglected Tropical Diseases, Eye care, |
| 25. | Jesuit Refugee Service | Implementing Agency | Health, Nutrition, Humanitarian Support |
| 26. | FINDEF | Implementing Agency | Health, Nutrition |



| S/ N | Name of Partner/Donor | Type Of Partner | Thematic Areas of Intervention |
|---------|--|------------------------|----------------------------------|
| 27. | Care Best Initiative | Implementing Agency | Health, Nutriton |
| 28. | Andreno Paul Foundatton | Implementing Agency | Health |
| 29. | Albarka Health Spring Foundation | Implementing Agency | Nutrition , Health Promotion |
| 30. | Global Village Health Care Initiative for Africa | Implementing Agency | Health |
| 31. | African Mental Health Awareness & Care Initiatives | Implementing Agency | Demand Creation on Mental Health |
| 32. | Lonibu Health Development Foundation | Implementing Agency | Health Awareness |
| 33. | Protection Without Boarders League | Implementing Agency | Nutrition |
| 34. | Chigari Foundation | Implementing Agency | Immunization Demand Creation |
| 35. | | | |
| 36. | | | |
| 37. | | | |
| 38. | | | |



THE 2025 HEALTH SECTOR PRIORITIES AND PROGRAM FRAMEWORK

The 2025 Health Sector Annual Operational Plan (AOP) builds on the achievements of the 2024 AOP and serves as a strategic framework for Zamfara State. It guides the identification and implementation of evidence-based priority interventions aimed at improving health outcomes and advancing sustainable universal access to essential health services.

This AOP is aligned with the National Health Sector Strategic Blueprint and reflects the specific priorities and unique needs of Zamfara State's health sector. It is designed to be integrated into the state budget, with funding sourced from state allocations and contributions from development partners.

A key focus of the 2025 AOP is community-based primary healthcare, ensuring that every citizen of the state has access to at least a basic minimum level of healthcare at an affordable cost. To measure progress effectively, clear targets have been established, supported by SMART (Specific, Measurable, Achievable, Relevant, Time-bound) indicators for each intervention.

The 2025 AOP development process comprised of a 5-Day workshop that served as an avenue to arrive at a consensus with respect to programmed/planned and costed interventions by each MDA with priority given to their alignment and contribution to the health component of the government's development agenda. The key outputs/deliverables of the meeting are presented below:

I. Zamfara State 2025 Health Sector Annual Operational Plan Narrative Report

II. Zamfara State MDAs 2025 Health Sector Annual Operational Plan (Excel Matrix) SWAp AOP Tool

Two technical consultants provided technical assistance to the MDAs for the process: on the spot coaching/mentorship for Schedule officers of the ten Directorates in the Ministry of Health and the Health MDAs to develop their submission to the State Operational Plan.



Templates provided by the Federal Ministry of Health (FMoH) listed below were used for the AOP development:

- **Mandate Mapping/Performance Results Matrix:** developed to ensure officers align directorate/MDA activities to priority areas and broad interventions in the SSHDP II to forestall mix up hitherto experienced. The Revised template was further expanded to include baseline/achievements spanning from 2023-2025 in an attempt to examine the progress towards achievements of planned SSHDP II Implementation targets though most had to be determined as the inputs for baseline.
- **Revised Annual Operational Plan Review Template:** used to outline implementation summary: number of activities planned, implementation status and activities funded. It provides other informations such as overall percentage implementation, Factors challenging the operation plan implementation, distribution of operational plan activities by funding source and budget performance by funding source.
- **SWOT Analysis Tool:** used to analyze outputs/targets set in the AOP under review to establish basis for the 2025 AOP.
- **Revised 2024 AOP Planning and Costing Template:** an automated template from the Federal Ministry of Health that consists of priority setting sheets, planning sheet containing columns for assignation of levels of implementation, persons responsible, funding envelop and implementation duration, etc. Costing sheet and summary of cost were the other features of the template.
- **AOP Narrative Report Template:** provides tips to assist officers produce the narrative of 2025 AOP

Situational Analysis and Priority Setting

To develop assumptions that will guide the 2025 Annual Operational Plan (AOP), a comprehensive process was undertaken following mandate mapping and the review



of the 2024 AOP implementation. A SWOT analysis was employed to evaluate the performance of the 2024 plan across each strategic pillar.

This analysis provided critical insights, including the establishment of baselines and performance trends for each Key Performance Indicator (KPI) outlined in the new Health System Strengthening Blueprint (HSSB) performance monitoring framework. It also assessed the status of interventions implemented within the health sector during the review period, with particular attention to strategies and programs that demonstrated higher levels of success.

Furthermore, the analysis evaluated performance outcomes, identifying the relationship between financial investments, institutional and organizational capacities, and sectoral results. This process generated key findings and actionable recommendations to refine and implement AOP activities, with the aim of enhancing efficiency, effectiveness, cost-effectiveness, and equity in health sector interventions.

Priority Setting for 2025 AOP

The next phase in the development of the Annual Operational Plan (AOP) focused on prioritizing the recommendations derived from the SWOT analysis. The following criteria were utilized for priority setting:

- Effectiveness of the intervention**
- Impact potential**
- Cost and financial sustainability**
- Fairness and equity**
- Political support**

The 2025 AOP has been meticulously crafted to align with the state's health priorities, ensuring it reflects the political will and commitment of the government. The prioritization process was also guided by the strategic objectives of the THEMES agenda, maintaining a strong linkage to this framework while selecting interventions. This approach underscores the state's dedication to delivering on its healthcare mandate for 2025.



ZAMFARA STATE MINISTRY OF HEALTH

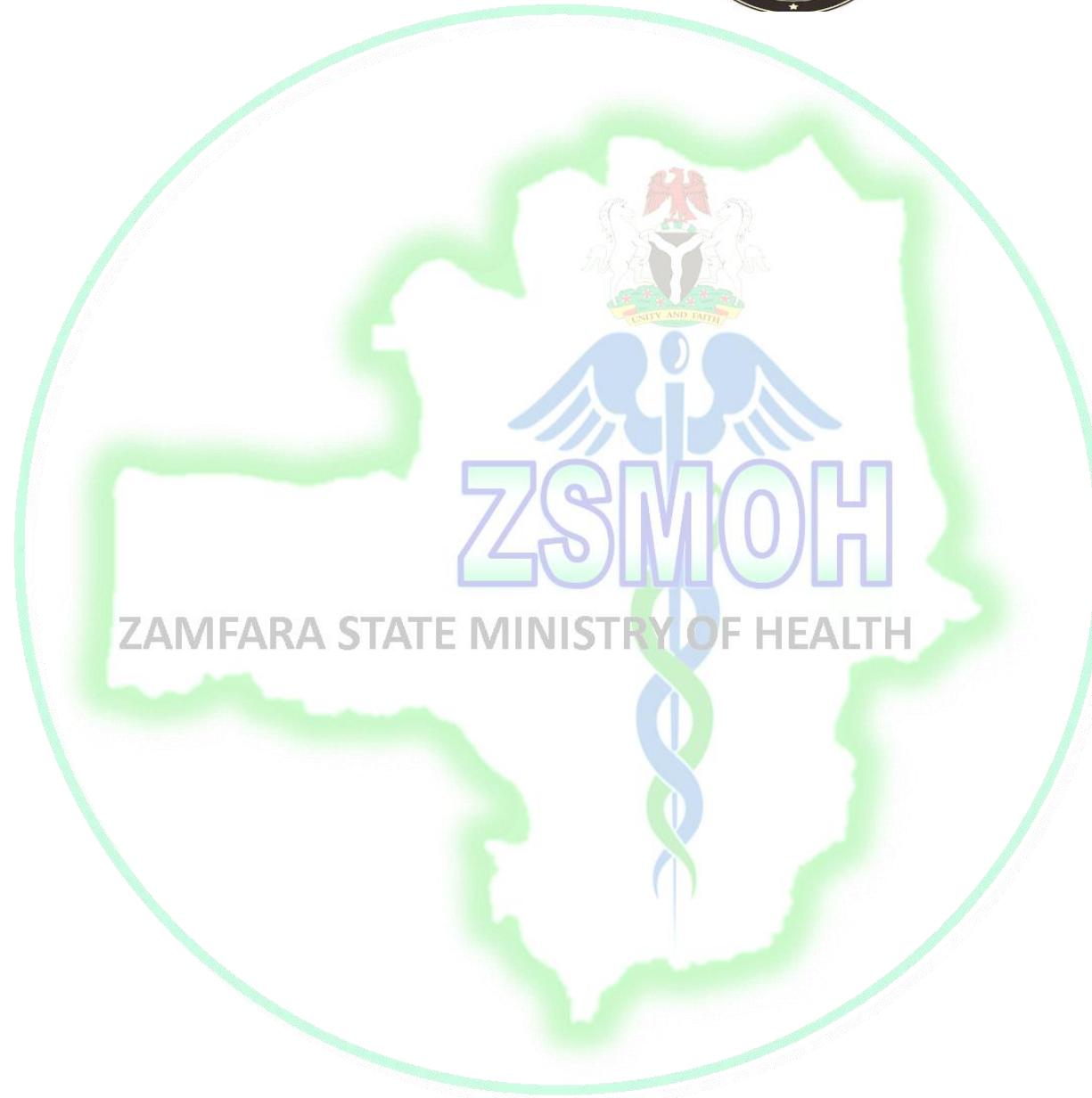
Advancing HealthCare System in Zamfara State



Table 8: Prioritized Swap Mapped activities under priority area

| National Priority Settings 2025 | | | | |
|--|----------------------|----------------------|---------------|--|
| NATIONAL PILLARS | Strategic Objectives | Priority Initiatives | Interventions | |
| Strategic Pillar One: Effective Governance | 4 | 5 | 22 | |
| Strategic Pillar Two: Efficient, Equitable and Quality Health system | 5 | 10 | 165 | |
| Strategic Pillar Three: Unlocking Value Chains | 4 | 4 | 24 | |
| Strategic Pillar Four: Health Security | 2 | 2 | 17 | |
| Enabler 1: Data Digitization | 1 | 2 | 12 | |
| Enabler 2: Financing | 1 | 2 | 12 | |
| Enabler 3: Culture and Talent | 1 | 2 | 10 | |
| Total | 18 | 27 | 262 | |

| Zamfara State Priority Settings for 2025 Health Sector SWAp AOP | | | | |
|--|----------------------|----------------------|---------------|--|
| | Strategic Objectives | Priority Initiatives | Interventions | |
| Strategic Pillar One: Effective Governance | 3 | 4 | 14 | |
| Strategic Pillar Two: Efficient, Equitable and Quality Health system | 5 | 10 | 141 | |
| Strategic Pillar Three: Unlocking Value Chains | 4 | 4 | 12 | |
| Strategic Pillar Four: Health Security | 2 | 2 | 13 | |
| Enabler 1: Data Digitization | 1 | 2 | 11 | |
| Enabler 2: Financing | 1 | 2 | 12 | |
| Enabler 3: Culture and Talent | 1 | 2 | 10 | |
| State Total | 17 | 26 | 213 | |



Management & Co-ordination Arrangements for 2025 Health Sector AOP

The oversight and regulatory functions in ensuring that the 2024 AOP is implemented as planned will be provided by the leadership and management of the ZSMOH. Directors overseeing various department will coordinate and supervised project implementation at all levels. Program Officers in charge of each thematic areas will be responsible for implementing activities according to timelines.

The HMIS/M&E team will monitor and evaluate performance and provide information for decision making. Scorecards, Social Media Handles, Bulletin, Quarterly reports and presentations will be utilized for disseminating information to stakeholders.

Stakeholders and partner Coordination meeting will be held quarterly for coordination, integration, harmonization and resource mobilization.

Monitoring and evaluation of the AOP 2025

The monitoring and evaluation (M&E) framework for the 2025 Annual Operational Plan (AOP) will be anchored on the Results and Accountability Framework. This approach is built on a consensus between development partners and the government regarding targets, selection of indicators, and systems for monitoring progress.

Key Features of the Framework

1. Health Management Information Systems (HMIS):

- In line with the HMIS Strategy, routine health information for M&E will be collected, processed, and disseminated at the district, central hospital, and national levels.
- The Ministry of Health (MoH) will produce quarterly and annual reports to capture performance.
- A comprehensive *State Health Sector Report* will be published, detailing the extent to which annual state health targets have been achieved.

2. Review and Feedback Mechanisms:



- The health sector will organize joint quarterly reviews at the Local Government Area (LGA) level, feeding into half-yearly State performance reviews.
- The State will conduct quarterly review meetings to evaluate progress, identify implementation bottlenecks, and strategize health plan adjustments.

3. Performance Indicators:

- A set of pre-determined indicators, already integrated into the routine Health Information System (HIS), will be used to measure sectoral performance.
- Additional data will be gathered through surveys, research, and evaluations to complement routine HIS data.

The strategy underscores a collaborative and data-driven approach to ensure accountability and sustained progress in achieving health sector goals.

AOP Spending Category by Priority Area intervention

Summary and Cost of the Planned Activities in priority intervention area

To facilitate efficient utilization of scarce available resources, prioritized activities were further streamlined according to level of importance and programmed under broad activities. Consequently, **Five Hundred and Fourty Three** (543) activities were identified, planned and costed as core priorities to deliver on health care in the state. The breakdown of the activities is presented in the table below.

| Strategic Pillars | Number of Operational Activities |
|--|----------------------------------|
| Strategic Pillar One: Effective Governance | 14 |
| Strategic Pillar Two: Efficient, Equitable and Quality Health system | 445 |
| Strategic Pillar Three: Unlocking Value Chains | 30 |
| Strategic Pillar Four: Health Security | 35 |
| Enabler 1: Data Digitization | 2 |



| | |
|--------------------------------------|-----|
| Enabler 2: Financing | 8 |
| Enabler 3: Culture and Talent | 9 |
| State Total | 543 |



IMPLEMENTATION FRAMEWORK FOR 2025

HEALTH SECTOR OPERATIONAL PLAN

IMPLEMENTATION FRAMEWORK

This framework defines the essential features and guiding principles for the implementation of the comprehensive operational plan for the health sector in Zamfara State for 2025. Its purpose is to optimize resources and foster synergy among the diverse players and stakeholders involved in the state healthcare delivery system.

LEADERSHIP AND COORDINATION

The Zamfara State Ministry of Health, under the guidance of the Honorable Commissioner of Health, will provide strategic leadership to the health sector. It will coordinate and harmonize efforts across all stakeholders, ensuring alignment and synergy to achieve targeted outcomes for the health sector's MDAs, units, and programs.

The oversight and regulatory functions in ensuring that the 2025 AOP is implemented as planned will be provided by the leadership and management of the ZSMOH. Directors overseeing various department will coordinate and supervised project implementation at all levels. Program Officers in charge of each thematic areas will be responsible for implementing activities according to timelines.

The HMIS/M&E team will monitor and evaluate performance and provide information for decision making. Scorecards, Social Media Handles, Bulletin, Quarterly reports and presentations will be utilized for disseminating information to stakeholders.

Stakeholders and partner Coordination meeting will be held quarterly for coordination, integration, harmonization and resource mobilization.

MONITORING AND EVALUATION PERFORMANCE MONITORING

Establishing a robust and sustainable mechanism for tracking and reporting on the implementation of planned activities and progress toward achieving output targets is critical. The monitoring and evaluation (M&E) unit within the health sector MDAs will play an active role in ensuring the successful implementation of these activities.



Key Framework Components

- Documentation of Lessons Learned:** Challenges, constraints, and success factors encountered during the implementation of the Annual Operational Plan (AOP) will be systematically documented as lessons learned. These insights aim to enhance the institutionalization process of the AOP.
- Performance Monitoring and Planning:** Information generated from monitoring the performance of the 2025 AOP outputs will serve as a foundation for planning the subsequent Annual Operational Plan. This ensures continuity and data-driven improvements in health sector planning.
- Institutional Capacity Development:** Strengthened institutional capacity within the State Ministry of Health (SMOH) and its agencies to manage and coordinate health information will pave the way for a functional M&E structure.

Monitoring and Evaluation Plan

The AOP's M&E plan will emphasize:

- Timely data collection, collation, analysis, and utilization to support decision-making processes.
- Incorporation of feedback mechanisms such as monthly, quarterly, and annual reporting to track progress and guide implementation adjustments.
- Annual review meetings organized by the SMOH to evaluate performance and address challenges.
- Quarterly LGA reviews to feed into the half yearly State performance review processes.

Areas for Improvement in Monitoring

The monitoring framework will focus on enhancing the following areas:

- Activity Implementation:** Ensure execution of activities and projects specifically covered by the annual operational plans.



2. **Resource Utilization:** Track financial and other resources allocated to health system improvement and ensure efficient utilization.
3. **Budgeting and Funding:** Evaluate the timeliness, adequacy, and effectiveness of the budgeting process and funding flow.
4. **Output Measurement:** Monitor outputs such as the distribution of consumables (e.g., drugs and chemicals), training of health workers, dissemination of policy manuals, and service coverage across health programs.
5. **Collaboration and Networking:** Strengthen collaboration among health MDAs, development partners, stakeholders, and beneficiaries to enhance involvement and ensure inclusivity in the AOP implementation process.

Approval processes for the 2025 Annual Operational Plan

The Zamfara State Ministry of Health (ZSMOH) Annual Operational Plan (AOP) 2025 will undergo a rigorous validation process by key stakeholders. This ensures that the plan accurately reflects the health care delivery priorities for 2025. Once validated, the AOP will be finalized and disseminated to all relevant stakeholders across the State.