



Ministry of Health

Office of the Honourable Commissioner

Our Ref: SMOH/PRS/766/82

Your ref:

Date: 26/03/2025

CIRCULAR LETTER:

**Permanent Secretary, Ministry of Health
Permanent Secretary, Hospitals Management Board,
Executive Secretary, Osun State Health Insurance Scheme,
Executive Secretary, Osun State Drug & Medical Supplies Management Agency,
Executive Secretary, State Primary Health Care Development Agency,
Executive Secretary, Osun State Agency for Control of AIDS,
General Manager, Osun Emergency Medical Services and Ambulance System,
Chief Medical Director, Uniosun Teaching Hospital.**

MANDATORY USE OF STATE-ADOPTED GUIDELINES FOR THE DEVELOPMENT OF CONSOLIDATED HEALTH WORKPLANS (ANNUAL OPERATIONAL PLAN)

The Osun State Ministry of Health remains steadfast in its commitment to ensuring efficient planning and budgeting processes that harmonize with national and state fiscal policies. In this endeavour to augment coordination, transparency, and accountability within the health sector planning framework, all agencies and departments are hereby mandated to adhere strictly to the State-adopted guidelines (attached for your reference) in preparing and developing their respective consolidated Health Workplans (Annual Operational Plans - AOP).

2. All plans must adhere to the following requirements:

- **Utilize the Health Sector Strategic Blueprint (HSSB):** Ensure that all planning processes are aligned with the priorities, objectives, and key interventions outlined in the State's Health Sector Strategic Blueprint, as adapted from the national Health Sector Strategic Blueprint, to achieve sustainable health sector improvements.
- **Ensure alignment with the Chart of Accounts:** Strict adherence to the approved State Chart of Accounts is mandatory for all expenditure classifications. This ensures seamless budget tracking, comprehensive financial reporting, and effective fund management.

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- **Adhere to the established health interventions:** Programmatic planning and budgeting should be structured in accordance with the defined health interventions and strategic priorities outlined in the Sector-wide Approach (SWAp) framework.
- **Account for Recurring Expenses of Frontline Workers:** All agencies must explicitly include the recurrent costs associated with frontline health workers, such as salaries, benefits, and recruitment plans, to ensure proper financial planning and workforce sustainability.
- **Promote Harmonization and Enhance Efficiency:** Agencies are expected to collaborate and consolidate their efforts to avoid duplication of interventions, ensuring efficient resource allocation and improved service delivery.

3. To ensure compliance, all workplans must henceforth be integrated into a single, consolidated annual operational plan, effective from the 2026 workplan. Any deviation from these guidelines may result in the non-approval of plans and subsequent withholding of funds.

4. Please treat this directive as an urgent matter and ensure its complete implementation within your respective agencies. The Ministry of Health remains available to provide any necessary technical support or clarification.

5. Please accept my sincere best wishes.



Barr Jola Akintola
HON. COMMISSIONER FOR HEALTH
Osun State Ministry of Health

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ROADMAP FOR STATES ANNUAL OPERATIONAL PLAN AND ANNUAL HEALTH FACILITY PLAN DEVELOPMENT

S/ N	Activity	Responsible Entity	Timeline
State Level Activities			
1	SMOH Top Management Committee (HCH, PSH, Directors, Heads of Agencies) to Conduct a 2-day meeting to: <ul style="list-style-type: none"> Identify priorities from the HSSB, key state-specific priorities, and level of implementation (MDA, facility, or community) at the state level Validate with health leadership as the 2025 health agenda for the state SMOH to conduct 1 day (third day) engagement on the state health agenda with IPs and direct them to engage with the MDAs they are supporting for alignment	HCH (with support of SMOH DHPRS, State SWAp Coordinator, and State TA) State DHPRS	
2	<ul style="list-style-type: none"> MDAs (Departments and Agencies) to engage Development Partners on key priorities to define the scope of implementation of their work and key state responsibilities <i>Heads of Departments and Agencies to sign off on aligned areas</i> 	Heads of Department/Agency, State TA	
3	SMOH to Conduct 3 day workshop to build capacity of Planning cell heads and key program officers of Departments and Agencies on operational planning.	SMOH DHPRS, Planning Officer, State TA	
4	Departments and Agencies to commence operational planning by populating AOP template (preloaded with the state's 2025 health priorities) with operational activities, timelines, responsible persons, cost inputs. <i>Note: PHC Board AOP to include annual health facility business/improvement plan</i>	Planning cell heads of SMOH Departments and Agencies	
5	SMOH to Conduct 5-day AOP harmonization/finalization workshop (involving Chief executives, planning cell heads and key program officers of Departments and Agencies; and Development Partners)	SMOH DHPRS, Planning Officer, State TA	

6	SMOH Top Management Committee to review and approve AOP	HCH	
LGA Level Activities			
7	PHC Board to train LGA officers on the AOP process and LGA-facility level planning	PHC Board DHPRS, State TA	
8	LGAs to conduct 3-day sessions to carryout situational analysis to determine facility needs, and then develop annual business/improvement plan linked to AOP priorities.	LGA team	
9	PHC Board to collate the Health Facility plans and incorporate into their AOP to be brought to the State AOP harmonization/finalization workshop	PHC Board DHPRS	

