



**OSUN STATE  
MINISTRY OF HEALTH**

OSUN HEALTH AOP 2025



**OSUN STATE  
MINISTRY OF HEALTH**

**2025**

**OSUN HEALTH  
SECTOR STRATEGIC  
BLUEPRINT ANNUAL  
OPERATIONAL PLAN**



**OSUN HEALTH  
SECTOR STRATEGIC  
BLUEPRINT ANNUAL  
OPERATIONAL PLAN**

**- Ensuring Healthy Lives  
And Well Being For All  
Residents In Osun State**

**OSUN STATE GOVERNMENT**

**MINISTRY OF HEALTH**

**HEALTH SECTOR STRATEGIC  
BLUEPRINT(HSSB) ANNUAL  
OPERATIONAL PLAN (AOP) FOR  
2025**



## Foreword

The Nigeria Health Sector Strategic Blueprint (HSSB) represents a transformative vision for our nation's healthcare landscape, embodying our collective commitment to achieving comprehensive, equitable, and high-quality healthcare for all Nigerians. This strategic document emerges from a profound understanding that robust healthcare is not merely a service but a fundamental human right and a critical driver of national development.

The objective of the 2023-2027 HSSB is to save lives, reduce both physical and financial suffering, and enhance the overall health of all Nigerians. It is structured on four pillars and three enablers.

:

1. Effective Governance
2. Efficient, Equitable and Quality Health System
3. Unlocking Value Chains
4. Health Security
5. Data and Digitization (Enabler)
6. Financing (Enabler)
7. Culture and Talents within MDAs (Enabler)

To stop the legacy of poor performance that has plagued the health sector for many years, the President approved the adoption of a Sector-Wide Approach (SWAp) as the guiding framework for the activities and projects in the HSSB.

Osun State necessitates an innovative and forward-thinking approach to healthcare delivery. The Health Strategic Blueprint (HSSB) 2025 Annual Operational Plan serves as the State comprehensive roadmap, meticulously developed to address identified challenges and anticipate future healthcare needs. This roadmap commenced with the Top Management Meeting to identify health sector priorities, followed by the Health Partners Engagement meeting to communicate the State Health Agenda to them for proper alignment. Members of the Planning Cell were selected from various agencies within the sector and trained on the AOP tools. These Planning Cell members were subsequently dispatched back to their respective agencies to prepare their MDA AOPs. LGA-level training was conducted to enhance the capacity of officers at the local level on the AOP tool. They were subsequently tasked with preparing and submitting the facility-level AOP for harmonization. Subsequently, both MDA and facility AOPs were harmonized and validated.

Key Strategic Imperatives of the Osun HSSB 2025 AOP are:

### 1. Universal Health Coverage

The AOP fundamentally reimagines healthcare access, aiming to provide comprehensive coverage for the entire state's population. By integrating technology, community engagement, and strategic financing mechanisms, we seek to eliminate geographical, economic, and social barriers to healthcare.

### 2. Infrastructure Transformation

The HSSB 2025 AOP proposes a modest plan to modernize healthcare facilities, adopt digital health technologies, and establish a resilient and adaptable healthcare ecosystem capable of responding to both routine and emergency health scenarios.

### 3. Human Capital Development

At the core of our strategic approach lies the comprehensive development of healthcare professionals. The AOP is committed to enhancing medical training programs, establishing

competitive compensation structures, and implementing continuous professional development initiatives.

#### 4. Preventive and Integrated Healthcare

The HSSB 2025 AOP emphasizes preventive healthcare, community health education, and holistic wellness approaches. This strategy addresses root causes of health challenges while promoting sustainable health behaviours.

#### 5. Technological Integration

Recognizing the transformative power of technology, we are, through the 2025 AOP, integrating advanced digital health solutions, including: Telemedicine platforms, electronic health records & mobile health applications

#### 7. Sustainable Financing

The AOP introduces innovative financing mechanisms, including:

- Enhanced health insurance models

#### 8. Pandemic and Emergency Preparedness

Lessons from recent global health challenges have been instrumental in designing robust emergency response frameworks, ensuring Osun State's healthcare system remains agile and responsive.

#### Collaborative Vision

The Osun HSSB 2025 AOP is not just a government initiative but a state commitment. Its success depends on collaborative efforts across governmental bodies, private sector entities, NGOs, healthcare professionals, and communities.

#### Conclusion

This HSSB 2025 Annual Operational Plan represents more than a policy document—it is a declaration of our aspiration for a healthier, more prosperous State. By comprehensively addressing healthcare challenges, we are investing in our most precious resource: our people, Osun residents.

As we embark on this transformative journey, we invite all stakeholders to participate, contribute, and share in the vision of a healthcare system that is equitable, efficient, and world-class.

Together, we will build a healthier future.



**Barr Jola Akintola**  
**Honorable Commissioner for Health**  
**State Ministry of Health**  
**Osun State**



## Acknowledgment

The Health Sector Strategic Blueprint 2025 Annual Operational Plan was developed collaboratively with key stakeholders, including ministries, departments, agencies, and health partners. These stakeholders include the State Ministry of Health (SMOH), the Hospitals Management Board (HMB), the State Primary Health Care Development Board (SPHCDB), the Osun State Emergency Medical Service and Ambulance System Agency (OSEMSAS), the Osun State Agency for the Control of AIDS (OSACA), the UNIOSUN Teaching Hospital, Osogbo (UNIOSUNTH), the Osun Health Insurance Agency (OSHIA), the Ministry of Economic Planning, Budget, and Development (MEPB&D), the National Primary Health Care Development Agency (NPHCDA), UNICEF, the World Health Organization (WHO), The Challenge Initiative, Marie Stopes International Organization of Nigeria (MSION), Management Sciences for Health (MSH), Civil Society Organizations (CSOs), and private sector organizations. The Osun State Ministry of Health expresses its sincere gratitude to all stakeholders for their technical and financial support.

The Director of the Department of Health Planning and Research (D(HPR&S)) of the State Ministry of Health, who doubled as the Planning Cell Head, coordinated the development of the 2025 Annual Operational Plan (AOP)

We extend our sincere appreciation to all contributors to the Osun 2025 Health Sector Strategic Blueprint Annual Operational Plan. Your expertise and collaboration have been instrumental in developing a strategy to enhance healthcare delivery and improve community health outcomes. Also, your commitment has guided our efforts toward fostering a healthier future for the State.

We acknowledge the hard work and innovative thinking of our planning team, especially the UNICEF Technical Assistant for the State, Dr Lawrence Nwankwo. We are committed to implementing this plan effectively to meet the evolving needs of our health sector.

Additionally, our sincere gratitude goes to UNICEF for its annual robust technical assistance in these activities. This support always ensures the development of high-quality blueprints for the development of the State's health sector and the improvement of its health indices.

I thank you for your support in our mission to promote health and well-being of the citizens of Osun State.



**Dr Olakunle P. Famakinwa**  
**Director, Health Planning, Research, and Statistics,**  
**Osun State Ministry of Health.**

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## ACRONYMS

<b>ACSM</b>	<b>Advocacy, Communication and Social Mobilization</b>
<b>ACT</b>	Artemisinin-based Combination Therapy
<b>AMR</b>	Antimicrobial Resistance
<b>ANC</b>	Ante-natal Clinic/Care
<b>AOP</b>	Annual Operational Plan
<b>BCC</b>	Behavioural Change Communication
<b>BEmONC</b>	Basic Emergency Obstetric & Newborn Care
<b>BFHI</b>	Baby Friendly Hospital Initiative
<b>BHSS</b>	Basic Health Service Scheme
<b>BI</b>	Bamako Initiative
<b>CBO</b>	Community Based Organization
<b>CCT</b>	Conditional Cash Transfer
<b>CEmONC</b>	Comprehensive Emergency Obstetric & Newborn Care
<b>CHEW</b>	Community Health Extension Worker
<b>CHO</b>	Community Health Officer
<b>CHPRBN</b>	Community Health Practitioners' Registration Board of Nigeria
<b>CIDA</b>	Canadian International Development Agency
<b>CIMCI</b>	Community Integrated Management of Childhood Illness
<b>CMAM</b>	Community-based Management of Acute Malnutrition
<b>CM</b>	Case Management
<b>CMS</b>	Central Medical Store
<b>CORPS</b>	Community Oriented Resource Persons
<b>CRS</b>	Catholic Relief Society
<b>CSO</b>	Civil Society Organization
<b>DFB</b>	Damien Foundation Belgium
<b>DFID</b>	Department of International Development
<b>DHS</b>	Demographic and Health Survey
<b>DHIS</b>	District Health Information Software
<b>DHPRS</b>	Department of Health Planning, Research and Statistics
<b>DMA</b>	Drug Management Agency
<b>DP</b>	Development Partner
<b>DPRS</b>	Director Planning Research and Statistics
<b>DRM</b>	Domestic Resource Mobilization
<b>DSA</b>	Daily Subsistence Allowance

<b>DSNO</b>	Disease Surveillance and Notification Officer
<b>EBF</b>	Exclusive Breast Feeding
<b>ECEWS</b>	Excellent Community Education Welfare Scheme
<b>EDL</b>	Essential drug List
<b>EDP</b>	Essential Drug Programme
<b>EIB</b>	Early Initiation to Breastfeeding
<b>EML</b>	Essential Medicines List
<b>EMOC</b>	Emergency Obstetrics Care
<b>EOC</b>	Emergency Operation Centre
<b>FANC</b>	Focused Ante-natal Care
<b>FCT</b>	Federal Capital Territory
<b>FEFO</b>	First Expire First Out
<b>FIFO</b>	First In First Out
<b>FMoH</b>	Federal Ministry of Health
<b>FP</b>	Family Planning
<b>GDP</b>	Gross Domestic Product
<b>GHSC-PSM</b>	Global Health Supply Chain-Procurement Supply chain Management
<b>GIS</b>	Geographic Information System
<b>GLASS</b>	Global Antimicrobial Surveillance System
<b>GLRA</b>	German Leprosy and TB Relief Association
<b>GPS</b>	Global Positioning System
<b>GPZ</b>	Geo-political Zone
<b>HCH</b>	Honourable Commissioner for Health
<b>HDCC</b>	Health Data Consultative Committee
<b>HF<sub>s</sub></b>	Health Facilities
<b>HIS</b>	Health Information System
<b>HIV/AIDS</b>	Human Immune Deficiency Virus/Acquired Immune Deficiency Syndrome
<b>HLM</b>	High Level Ministerial Meeting on Health Research
<b>HMB</b>	Health Management Board
<b>HMIS</b>	Health Management Information System
<b>HOD</b>	Head of Department
<b>HPCC</b>	Health Partners' Coordinating Committee
<b>HRH</b>	Human Resource for Health
<b>HSS</b>	Health Salary Structure
<b>HSSB</b>	Health Sector Strategic Blueprint
<b>HTS</b>	HIV Testing Services
<b>HW</b>	Health Worker
<b>ICCM</b>	Integrated Community Case Management
<b>IDSR</b>	Integrated Disease Surveillance and Response

<b>IEC</b>	Information Education and Communication
<b>IHVN</b>	Institute of Human Virology of Nigeria
<b>IM</b>	Incident Manager
<b>IMCI</b>	Integrated Management of Childhood Illness
<b>IMNCH</b>	Integrated Maternal, New-born and Child Health
<b>IMR</b>	Infant Mortality Rate
<b>IMSV</b>	Integrated Monitoring and Supportive Supervisory Visit
<b>IPC</b>	Interpersonal Communication
<b>IPT</b>	Intermittent Preventive Treatment
<b>IPTp</b>	Intermittent Preventive Therapy in pregnancy
<b>IRS</b>	Indoor Residual Spraying
<b>ISS</b>	Integrated Supportive Supervision
<b>IT</b>	Information Technology
<b>ITN</b>	Insecticide Treated Net
<b>IVM</b>	Integrated Vector Management
<b>LGA</b>	Local Government Area
<b>LLIN</b>	Long Lasting Insecticidal Net
<b>LMCU</b>	Logistics Management Coordinating Unit
<b>LMIS</b>	Logistics Management Information System
<b>LOC</b>	Local Organizing Committee
<b>MAM</b>	Moderate Acute Malnutrition
<b>M&amp;E</b>	Monitoring & Evaluation
<b>M&amp;EOR</b>	Monitoring & Evaluation & Operational Research
<b>MEP</b>	Malaria Elimination Programme
<b>MEPB</b>	Ministry of Economic Planning, Budget and Development
<b>MCH</b>	Maternal and Child Health
<b>MDA</b>	Ministry, Department and Agency
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>MIS</b>	Malaria Indicator Survey
<b>MOH</b>	Ministry of Health
<b>mRDT</b>	Malaria Rapid Diagnostic Test
<b>MSH</b>	Management Sciences for Health
<b>MSION</b>	Marie Stopes International Organization Nigeria
<b>mTWG</b>	Malaria Technical Working Group
<b>NAFDAC</b>	National Agency for Food, Drug Administration and Control
<b>NCDC</b>	Nigeria Centre for Disease Control and Prevention
<b>NCH</b>	National Council on Health
<b>NDLEA</b>	National Drug Law Enforcement Agency
<b>NDHS</b>	National Demography and Health Survey

<b>NDP</b>	National Drug Policy
<b>NGO</b>	Nong Governmental Organization
<b>NHA</b>	National Health Act
<b>NHIS</b>	National Health Insurance Scheme
<b>NHMIS</b>	National Health Management Information System
<b>NHREC</b>	National Health Research Committee
<b>NHRIS</b>	National Human Resource for Health Information
<b>NHSRII</b>	Nigeria Health Sector Renewal Investment Initiative
<b>NIMR</b>	National Institute for Medical Research
<b>NIPRD</b>	National Institute for Pharmaceutical Research and Development
<b>NMEP</b>	National Malaria Elimination Program
<b>NMLSP</b>	National Medical Laboratory Strategic Plan
<b>NMSP</b>	National Malaria Strategic Plan
<b>NNHS</b>	National Nutrition Household Survey
<b>NPHCDA</b>	National Primary Health Care Development Agency
<b>NSHDP</b>	National Strategic Health Development Plan
<b>NSTDA</b>	National Science and Technology Development Agency
<b>NTD</b>	Neglected Tropical disease
<b>OCA</b>	Organizational Capacity Assessment
<b>OiC</b>	Officer in Charge
<b>OSHS</b>	Osun State Health Insurance Scheme
<b>OSEMSAS</b>	Osun State Emergency Medical Service and Ambulance System
<b>OOPE</b>	Out-of-Pocket Expenditure
<b>OPS</b>	Organized Private Sector
<b>OSHIA</b>	Osun State Health Insurance Agency
<b>OSPHCDA</b>	Osun State Primary Healthcare development
<b>OSSPHCDB</b>	Agency
<b>PAC</b>	Osun State Primary Healthcare Development Board
<b>PEPFAR</b>	Post-Abortion Care
<b>PFM</b>	President's Emergency Plan for AIDS Relief Public Finance Management
<b>PHC</b>	Primary Health Care/Centre
<b>PHCMIS</b>	Primary Health Care/Centre Management Information System
<b>PHEOC</b>	Public Health Emergency Operation Centre
<b>PM</b>	Program Management
<b>PMC</b>	Perennial Malaria Chemoprevention
<b>PMI</b>	President's Malaria Initiative
<b>PMG-MAN.</b>	

	Pharmaceutical Manufacturing Group of Manufacturers' Association of Nigeria
<b>PPFN</b>	Planned Parenthood Federation of Nigeria
<b>PPMV</b>	Proprietary and Patent Medicine Vendor
<b>PPP</b>	Public Private Partnership
<b>P4R</b>	Programme for Result
<b>PS</b>	Private Sector
<b>PSM</b>	Procurement and Supply chain Management
<b>QA/QC</b>	Quality Assurance/Quality Control
<b>RDT</b>	Rapid Diagnostic Test
<b>RMNCAH+N</b>	Reproductive, Maternal, Newborn child, Adolescent Health plus Nutrition
<b>RMNCAEH+N</b>	Reproductive, Maternal, Newborn child, Adolescent & Elderly Health plus Nutrition
<b>SMEP</b>	State Malaria Elimination Program
<b>SMoH</b>	State Ministry of Health
<b>SP</b>	Sulphadoxine/Pyrimethamine
<b>SACP</b>	State HIV/AIDS Control Programme
<b>SFH</b>	Society for Family Health
<b>SMEP</b>	State Malaria Elimination Programme
<b>SMOH</b>	State Ministry of Health
<b>SOML</b>	Saving One Million Lives
<b>SOP</b>	Standard Operating Procedure
<b>SORMAS</b>	Surveillance Outbreak Response Management Analysis System
<b>SPHCDA</b>	State Primary Health care Development Agency
<b>SPHCDB</b>	State Primary Health care Development Board
<b>SRH</b>	Sexual and Reproductive Health
<b>SSHIS</b>	State Social Health insurance Scheme
<b>STG</b>	Standard Treatment Guideline
<b>SWAp</b>	Sector Wide Approach
<b>TA</b>	Technical Assistant/Adviser
<b>TB</b>	Tuberculosis
<b>TBA</b>	Traditional Birth Attendant
<b>TISHIP</b>	Tertiary Institutions Social Health Insurance Programme
<b>TSTS</b>	Task Shifting and Task Sharing
<b>TWG</b>	Technical Working group
<b>U5</b>	Under 5 years
<b>UHC</b>	Universal Health Coverage
<b>UN</b>	United Nations

<b>UNICEF</b>	United Nations Children’s Fund
<b>UNIOSUNTH</b>	University of Osun Teaching Hospital
<b>USAID</b>	United States Agency for International Development
<b>VAT</b>	Value Added Tax
<b>VDC</b>	Village Development Committee
<b>VHW</b>	Village Health Worker
<b>WDC</b>	Ward Development Committee
<b>WFP</b>	Ward Focal Person
<b>WHO</b>	World Health Organization
<b>TCAM</b>	Traditional and Complimentary Alternative Medicine
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission
<b>CLTs</b>	Community- Led Total Sanitation
<b>SASCP</b>	State AIDS and STI Control Programme.



## Executive Summary

- **Introduction:**

The Health Sector Strategic Blueprint (HSSB) for 2023-2027, developed in conjunction with the Nigeria Health Sector Renewal Investment Initiative (NHSRII), received approval from the President on December 12, 2023, after it was endorsed by the National Council on Health (NCH) in November, 2023. At the beginning of efforts to reimagine Nigeria's health sector for improved quality outcomes in September 2023, the Government and its partners chose to confront the longstanding challenges with a fresh and innovative approach. Despite significant funding over the years, the health sector had not seen a commensurate improvement in impact and success. The technical capacities of stakeholders had not been efficiently harnessed, leading to the need for a tool that would enhance coherence and complementarity in health interventions.

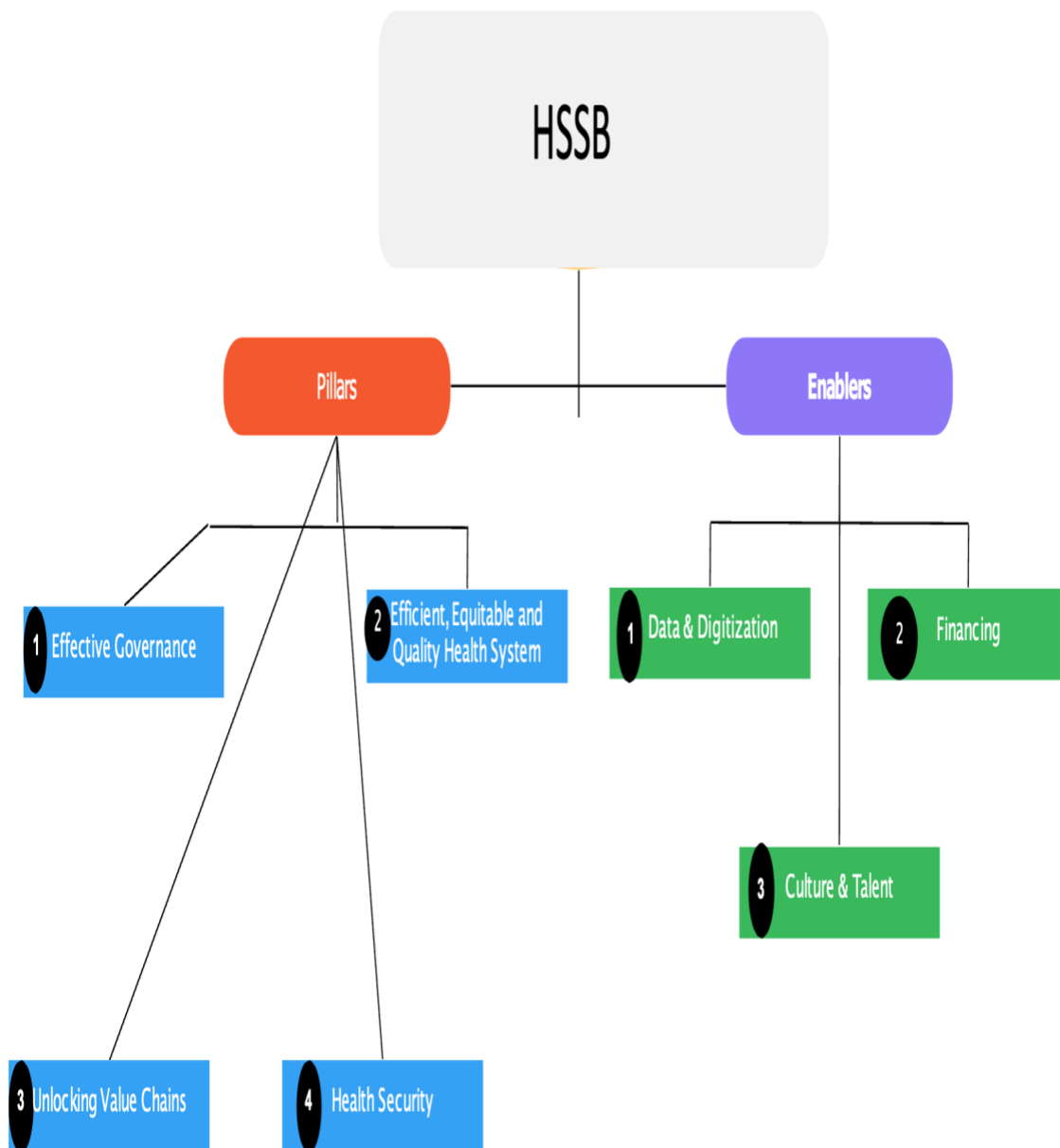
To end the legacy of poor performance that had bedevilled the health sector for so many years, the President approved the adoption of a Sector-Wide Approach (SWAp) as the guiding framework for these initiatives. The blueprint, along with the accompanying Health Sector Renewal Compact, aims to scale up health outcomes through the unified efforts of the President, the 36 State Governors, and Donor Partners, highlighting a whole-of-government and whole-of-society commitment to health sector reform. SWAp now serves as a vital tool for delivering the HSSB and NHSRII by fostering collaboration and coherence, thereby eliminating the fragmentation that has long hindered progress.

At the core of SWAp are the principles of **“One Plan, One Budget, One Report, and One Conversation,”** ensuring that all efforts are aligned and directed towards common goals of saving lives, reducing physical and financial pains, and producing health for all Nigerians.

One of the key building blocks of the health system according to the World Health Organization (WHO) is ‘governance’. The role of governance in the health system is very crucial as all other building blocks rely on its effectiveness to thrive. The policy makers/governing body of the Ministry of Health Osun State of Nigeria, decided to join other parts of the Country to take the giant step of developing its first Health Sector Strategic Blueprint (HSSB) Annual Operational Plan (AOP) 2023 – 2027 for the health intervention programmes in Osun State for 2025. This was part of the strategy to strengthen the health system to be able to effectively deliver the required health care services to the inhabitants of the State. The development of the Osun State HSSB AOP 2025 is a follow-on to the operationalization of the new Health Sector Strategic Blueprint (HSSB) Annual Operational Plan (AOP) 2023 – 2025 that has come to replace the National Strategic Health Development Plan (NSHDP) II. The HSSB AOP 2025 development involved all of the State health entities responsible for the overall stewardship of the health sector, providing Primary, Secondary and Tertiary health care services, training of health workers and research development etc. By developing an Osun state specific operational plan, the State Ministry of Health can track performance of planned and implemented health intervention activities, improve coordination, integrate partners' activities to avoid duplication and harness dwindling health resources.

The HSSB - 262 Priority Interventions comprising of

- 4 Pillars,
- 3 Enablers,
- 18 Strategic Objectives,
- 27 Priority Initiatives
- 262 Interventions.



- **Objectives:**

The introduction of the HSSB AOP planning approach was to address the following gaps witnessed in the implementation of the NSHDP II across the country.





## **Some of the critical gaps that informed the design of the Blueprint**

- Fragmented coordination across the healthcare system
- Inefficient health care spend
- Poor cross sectoral coordination
- Overlap in mandates
- Ineffective regulation
- Much lower life expectancy and higher age-standardized mortality rate compared to most LMICs
- Vaccine preventable diseases make up 40-45% of the total disease burden
- Insufficient HRH
- Majority of medical products in Nigeria are imported
- High stock-out rates for essential medication
- Existence of outbreaks and public health risks

# HEALTH SECTOR STRATEGIC BLUEPRINT 2023-2027

Our goal is to save lives, reduce both physical and financial pain and produce health for ALL Nigerians

Outcomes we want to achieve include improvement in mortality and morbidity rates, drop in out-of-pocket expenditure by patients and reduction in difference in health outcomes between different income quartiles

 <b>Effective governance</b>	 <b>Efficient, equitable and quality health system</b>	 <b>Unlocking value chains</b>	 <b>Health Security</b>
<ul style="list-style-type: none"> <li>Strengthen oversight and effective implementation of the National Health Act</li> <li>Increase accountability to and participation of relevant stakeholders and Nigerian citizens</li> <li>Strengthen regulatory capacity to foster the highest standards of service provision</li> <li>Improve cross-functional coordination &amp; effective partnerships to drive delivery</li> </ul>	<ul style="list-style-type: none"> <li>Drive health promotion in a multi-sectoral way (incl. intersectionality with education, environment, WASH and Nutrition )</li> <li>Strengthen prevention through primary health care and community health care</li> <li>Improve quality of care and service delivery across public (secondary, tertiary and quaternary) and private health care providers</li> <li>Improve equity and affordability of quality care for patients, expand insurance.</li> <li>Revitalize the end-to-end (production to retention) healthcare workers pipeline</li> </ul>	<ul style="list-style-type: none"> <li>Promote clinical research and development</li> <li>Stimulate local production of health products</li> <li>Shape markets to ensure sustainable local demand</li> <li>Strengthen supply chains</li> </ul>	<ul style="list-style-type: none"> <li>Improve the ability to detect, prevent and respond to public health threats (e.g., Cholera, Lassa)</li> <li>Build climate resiliency for the health system in collaboration with all other sectors</li> </ul>

**Data & Digitization:** Digitize the health system & have data backed decision making

**Financing:** Increase effectiveness of spend and alignment of spend with strategic priorities

**Culture & Talent within MDAs:** Strengthen skills, capabilities & values and drive a performance-based culture within the FMoH



**Method/Approach:**

The development of Osun State 2025 AOP for the operationalization of the HSSB AOP 2023 - 2027 was coordinated by the Department of Health Planning, Research and Statistics of the Osun State Ministry of Health in collaboration with other ministries, departments, agencies, (MDAs) and parastatals of the Ministry and Development Partners.

The development of the AOP used a participatory approach in segments as follows –

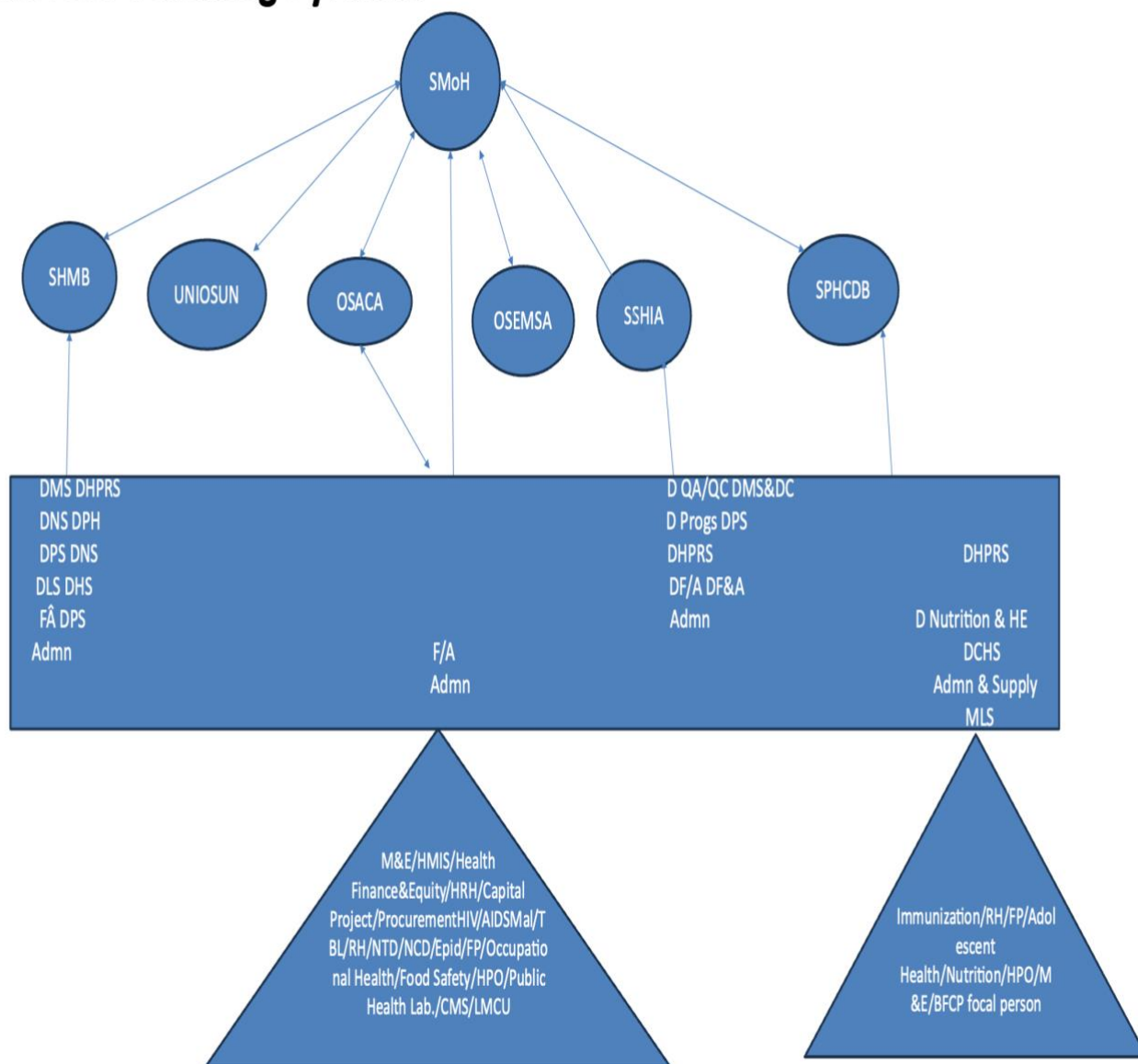
S/N	Activity	Duration	Dates	Venue
1.	A 5-Day Training on Technical Assistants to States and Federal Ministries of Health, Department and Agencies in the Development of 2025 Annual Operational Plans.	5 days	2 <sup>nd</sup> – 6 <sup>th</sup> September, 2024	Chida Hotel, Utako District Abuja
2.	<ul style="list-style-type: none"> <li>Debriefing of the DHPRS/PS/HCH on the HSSB AOP for 2025.</li> <li>Engagement with MDAs in the spirit of SWAp towards the actualization of the HSSB AOP for 2025</li> </ul>	1 day 2 days	9 <sup>th</sup> Sept. 2024 12 <sup>th</sup> – 13 <sup>th</sup> Sept. 2024	Abere Osogbo, Osun State. Abere Osogbo, Osun State.
3.	High level meeting of SMoH with PS/Directors/HODs/SWAp Desk Officer chaired by the HCH – <ul style="list-style-type: none"> <li>To define State's Health Agenda,</li> <li>Set the State's Health Priorities and SWOT the State's Prioritized Interventions</li> </ul>	2 days	16 <sup>th</sup> – 17 <sup>th</sup> Sept. 2024	Abere Osogbo, Osun State.
4.	Hold an engagement Meeting with Development Partners and selected Stakeholders to align Partners Interventions with State identified Priority Intervention Areas	1 day	24 <sup>th</sup> Sept, 2024	Abere Osogbo, Osun State.
5.	Hold a 3-day training of Planning Cell and Programme officers on the 2025 HSSB AOP for Osun State MoH	3 days	30 Sept, 1 – 2 <sup>nd</sup> Oct. 2024	Upper Springs Hotel and Suites Iwaraja, Osun State.
6.	Planning Cell and Programme Officers meet with their various MDAs to generate activities and cost using the HSSB AOP Tool	6 days	4 <sup>th</sup> – 9 <sup>th</sup> October, 2024.	Abere Osogbo, Osun State.
7.	Conduct a 3-day Meeting session with LGA team on conduct of situation analysis for development of 2025 HF plan using the BHCPF HF planning tool	3 days	7 <sup>th</sup> – 9 <sup>th</sup> October, 2024.	Admus Hotel & Suites Ede South/Upper Spring Hotel & Suites Iwaraja, Osun State.
8.	Submission/Collation of developed and costed plans by the MDAs' Planning Cell/Programme Officers preparatory to HSSB AOP Development/Harmonization Meeting	2 days	14 <sup>th</sup> – 15 <sup>th</sup> October, 2024.	Abere Osogbo, Osun State.
9.	Conduct a 1-day planning meeting for the development/harmonization of the MDAs' Plans into one State plan	1 day	18 <sup>th</sup> October, 2024	Abere Osogbo, Osun State.
10.	Conduct a 5-day workshop for the development/harmonization of the State HSSB AOP for 2025.	5 days	21 <sup>st</sup> – 25 <sup>th</sup> October, 2024.	Upper Spring Hotels and Suites Iwaraja Ilesha, Osun State.
11.	Hold a day debriefing meeting with HCH, Key Stakeholders of the SMoH and DPs	1 day	28 <sup>th</sup> October, 2024	Abere Osogbo, Osun State.
12.	Conduct 1-day HSSB AOP 2025 Validation Meeting	1 day	26 <sup>th</sup> November, 2024	Osamdo Hall, Gbongan Road, Osogbo.

## HSSB AOP Development Process





# The AOP Planning Pyramid



## Key learnings/Findings:

1. A good and comprehensive AOP is dependent on a well conducted SWAp approach, SWOT analysis since information needed to fill the AOP template is drawn from the result of the SWOT Analysis.
2. A participatory approach used for the development of the AOP gives opportunity for cross-cutting learning and feedback from other participants

3. The presence of top government officials such as the Commissioner for Health, Permanent Secretary and Head of Department throughout the 5-day workshop boosted the morale of the participants and ensured that all hands were on deck to achieve the goals of the workshop.
4. Selection of a venue outside Osogbo Town (Ministry of health environment) ensures the commitment of all participants and reduced distractions from other Ministry and Domestic assignment/work.
5. Availability of implementing partners e.g. WHO, UNICEF, ECEWS etc. at the workshop facilitated budget forecasting and estimation for proposed activities.
6. The AOP is the avenue to present any research findings or any recommendation that is useful for decision and policy making for programme implementation.

**Recommendations:**

1. State to step-up her lobby efforts to draw more funding from Government
2. State to draw and implement Domestic Resource Mobilization (DRM) plan to reduce the funding gap in the State Health Sector Plan.
3. State to engage development Partners for more resource allocation to support State health programs.
4. Engagement and involvement of Private Sector for increased funding landscape.
5. Increased Community Participation and Involvement.

## **Osun State Profile**

### **1.1 Background**

The modern State of Osun was created on the 27th day of August, 1991 from part of the old Oyo State. The state's name is derived from the River Osun, the venerated natural spring that is the manifestation of the Yoruba goddess of the same name.

It is bounded by the states of Kwara on the northeast, Ekiti and Ondo on the east, Ogun on the south, and Oyo on the west and northwest. The Yoruba Hills run through the northern part of Osun state.

#### **Vision Statement:**

- To be a leading health care provider in Nigeria that will guarantee a healthy and productive population in Osun State.

#### **Mission Statement:**

- To ensure that the Citizens and residents of Osun State have universal access to health care through a strengthened health care system that is comprehensive, appropriate, affordable, efficient, equitable, and qualitative.

## **Overview of the Sector Policy and Performance Environment**

The outcome Key Result Areas (KRAs) for the Health Sector includes:

- i. Improved health coordination and development through good health sector planning, quantification/forecasting, implementation, review and evaluation
- ii. Reduced diseases incidence, prevalence, and mortalities
- iii. Improved healthcare coverage and quality of care
- iv. Improved health indicators
- v. Improved quality of health infrastructure
- vi. Improved quality of decision-making for health planning, development, and implementation



*Table 0-1.1 MDAs within the Health Sector*

MDAs within the Health Sector		
S/n	MDAs	MDA's Mandates
1	State Ministry of Health (SMoH)	<ul style="list-style-type: none"> <li>The State Ministry of Health is responsible for overseeing the entire policy direction of the Health Sector with a view to align with the State Government Policy Thrust on Health Care Delivery to the residents of the State.</li> </ul>
2	Hospitals Management Board (HMB)	<ul style="list-style-type: none"> <li>Maintaining and managing all Hospitals within the state.</li> <li>Regulating, coordinating and supervising the activities of all Zonal Hospital Management Committees in the State.</li> </ul>
3	State Primary Health Care Development Board	<ul style="list-style-type: none"> <li>To provide technical directions for the development of primary health care in the State</li> <li>Control preventable diseases through an improved access to Basic Health Services and a strengthened institution</li> <li>Improve quality of care through partnerships and community engagement.</li> </ul>
4	Osun State Agency for the Control of Aids (O'SACA)	<ul style="list-style-type: none"> <li>Facilitate the engagement of all tiers of government and all sectors on issues of HIV/AIDS prevention, care and support;</li> </ul>

MDAs within the Health Sector		
S/n	MDAs	MDA's Mandates
		<ul style="list-style-type: none"> <li>▪ Mobilize resources (local and foreign) and coordinate equitable application for HIV/AIDS activities;</li> <li>▪ Monitor and evaluate all HIV/AIDS activities in the State;</li> </ul>
5	Osun Ambulance Services (O'AMBULANCE)	<ul style="list-style-type: none"> <li>▪ The mandate of Osun Ambulance Services is to attend to medical emergencies round the clock.</li> </ul>
6	Osun Health Insurance Scheme (O'HIS)	<ul style="list-style-type: none"> <li>▪ The Agency responsible for the provision of universal health coverage through enrolment in the Health Insurance Scheme of the State Government</li> <li>▪ O'HIS has the goal of providing access to qualitative and affordable health care delivery for all citizens.</li> <li>▪ The scheme is also to minimize out of pocket expenditure and to regulate the quality of health care facilities in the State whether public or private</li> </ul>
7	Osun State Emergency Medical Services & Ambulance System (OSEMSAS)	<ul style="list-style-type: none"> <li>• Prompt response, management and mitigation of social/medical emergencies and disasters in the State.</li> </ul>

## 1.2 Population:

The population in Osun state is mostly Yorubas, one of the three major ethnic groups in Nigeria. Based on projection from the 2006 census, Osun State had a population of Osun **4,435,800** Population [2022] – Projection 8,521 km<sup>2</sup> Area 520.6/km<sup>2</sup> Population Density [2022] 1.6% Annual Population Change [2006 → 2022]

People who reside in the State are a mix of Christians and Moslems with pockets of traditionalists amongst the population.

The State is divided administratively into 3 senatorial districts (namely Osun Central, Osun East and Osun West), with 30 Local Government Areas headed by an elected Chairman. There are 332 political wards, ----- autonomous communities, and a rural/urban population ratio of 5:12. The State Ministry of Health with its related agencies are responsible for ensuring a healthy and productive population in the State. The State Ministry of Health plans and develops health programs and supervises implementation along the national health policy guidelines. The Ministry has two arms: (i) the Policy Development and Planning Directorate (PDPD) and (ii) the State Health Board (SHB) which has the responsibility of ensuring efficient, effective, quality, pro-poor real-time health services to the people of the State. State health agencies include the State Primary Health Care Development Agency; the Osun State Agency for Universal Health Coverage; the Osun State Agency for Control of HIV/AIDS; Osun State Drug Management Agency.

The State Ministry of Health supervises and gives direction to all State government health boards and agencies. The funding of healthcare services in the state is largely from two main sources- government support and out-of-pocket financing with additional fund support from implementing partners.

The vision of the Osun State Ministry of Health is to ***‘Ensure a healthy and productive people’***. The mission is ***‘To ensure that Osun State populace has universal access to comprehensive, accessible, appropriate, affordable, efficient, equitable, and quality healthcare through a strengthened health system’ through the delivery of affordable, acceptable, and adequate health services in all health facilities.*** It aims to improve the promotive, preventive, curative, and rehabilitative health services, community participation and ownership, resource pooling and allocation, and increased synergy between private and public health facilities in health service delivery. The health system is predominantly financed through out-of-pocket (OOP) payment and to a lesser extent on government budgetary allocation.

### 1.3 Socioeconomic Profile

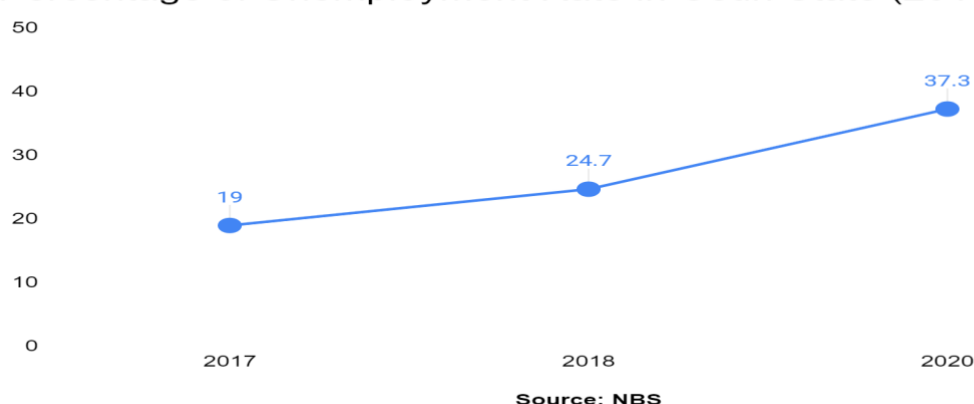
#### 1.3.1. GDP, IGR and Fiscal Strength –

The last Gross Domestic Product (GDP) data released by the National Bureau of Statistics (NBS) shows that Osun state has a total GDP of [\\$7.3 billion](#). This places it among the 14 states in Nigeria with the highest GDP. It is however the second lowest in the South-West region, only ahead of Ekiti state.

#### 1.3.2. Unemployment Rate –

Osun state has the fourth lowest unemployment rate in the country and the second lowest in the South-West region, viz NBS report (2017-2020)

Percentage of Unemployment Rate in Osun State (2017-2020)



Strategies to reduce unemployment figures within the state is top on current administration of HE Hon Ademola Adeleke agenda and hence the unemployment rate in the State is receiving attention and is gradually reducing.

Osun can be said to be a predominantly government-driven economy with the bulk of its income coming from allocations from the federal government, with no new external borrowing.

Like most other States in Nigeria the presence of private real sector investment in Osun State is nominal with civil service employment and subsistence farming forming the bulk of the



population's major economic activities. Other economic activities in the state include hotel business, eateries, and restaurant business, trading in assorted goods, occasion rentals, vehicle parts business, filling stations, car shops, and specific trades like GSM repairs, motor mechanic, hair saloon, and barber's shops, furniture making, welding and iron fabrication, tailoring, photography, shoe making etc. The level of family income from activities creates a picture of varying income index which affects the ability to access goods and services.

#### 1.4 Health Services Performance:

Some major health indicators are summarized in table 1-2 with the performance for concurrent years 2019, 2020, and 2021 summarized in table 1-2 below based on data from the various surveys conducted with administrative data in the state.

*Table 1-2 Key State Health Indicators*

Variable	Value	Source
Neonatal Mortality Rate	36/1,000 live births	NDHS, 2023-24
Post-neonatal Mortality Rate	14/1,000 live births	NDHS, 2023-24
Infant Mortality Rate	49/1,000 live births	NDHS, 2023-24
Child Mortality Rate	6/1,000 live births	NDHS, 2023-24
Under 5 Mortality Rate	55/1,000 live births	NDHS, 2023-24
Prevalence of HIV Treatment		NDHS, 2023-24
Percentage receiving ANC from a skilled provider	93.1	NDHS, 2023-24
Percentage of pregnant women delivered by SBA	91.7	NDHS, 2023-24
<b>Percentage of pregnant women delivered in health facilities</b>	86.7	NDHS, 2023-24
Modern contraceptive prevalence rate	35.0	NDHS, 2023-24
Percentage of children 12-23 months who received all basic vaccinations	55.3%	NDHS, 2023-24
Percentage of under-five children that are stunted	30.5	NDHS, 2023-24
Percentage of under-five children with wasting	11.8	NDHS, 2023-24
<b>Percentage of Under 5 who slept under ITN last night</b>	39.8	NDHS, 2023-24
<b>Percentage of pregnant women who slept under ITN last night</b>	25.1	NDHS, 2023-24

## 1.5 Health Infrastructure

The Osun State health system has seventeen(17) training health institutions, and Two Thousand and Thirteen (2013) health facilities in total: Nine Hundred and Thirteen(913)public facilities and One Thousand and One Hundred (1100) private/faith-based facilities. The public facilities include one (1) state-owned teaching hospital (UNIOSUN), and two (2) federal tertiary hospitals viz Obafemi Awolowo University Teaching Hospitals, Ife & Ilesha. The 30 general hospitals are supervised by the State Hospital Management Board. The Osun State government has the responsibility for and provides secondary health care services through secondary health care facilities and tertiary care through the University of Osun Teaching Hospital, while the Local Governments and SPHCDB jointly shares the responsibility for the primary health centers and health posts. The Ministry of Health through the Hospitals Management Board is responsible for overall health service delivery within the respective health districts and management of local health authorities (LHAs). The 17 LHAs are responsible for the management of all the health facilities in the LGAs including primary and secondary facilities.

## 1.6 Health Manpower Resources

The state of health manpower resources in Osun State is a reflection of what is obtained in similar settings in Nigeria and most developing countries. It is characterized by limited numbers and average level of skills composition. The situation has gradually worsened in the recent couple of years because staff recruitment has not been given the attention it deserves due to limited State financial resources. Table 1-3 shows the health manpower composition in Osun State in 2022.

*Table 1-3 Health Manpower Composition (DHPRS, 2024)*

Cadre	Total
Medical officers	438
Nurses and Midwives	882
Dentists	5
Pharmacists	61
Pharmacy technicians	55
Community Health Officers	127
Community Health Extension Workers	1153
Junior Community Health Extension Workers	554
Environmental Health Practitioners	217
Health Information Managers	0
Radiologists	12
Optometrists	13
Medical Laboratory Scientists	106

## 2.0 Health Situation Analysis

### 2.1: Access and Health Service Utilization

The Health Sector provide preventive, curative, promotive, and rehabilitative services across the thirty (30) LGAs and 1 Area Office. The State of Osun House of Assembly passed into law the establishment of the State Health Insurance Agency Bill which was assented to by the then President Mohammadu Buhari.

Ideally, need is the major determinant of health-care utilization, but other factors clearly have an impact.

They include poverty and its correlates, geographic area of residence, race and ethnicity, sex, age, language spoken and disability status.

In Osun State below are available report/record on Health Access and Health Service Utilization

**Fig:2.1.1: Health Service Utilization**

S/n	Health Service Area	Percentage Target	Percentage Achieved
1	1 <sup>st</sup> ANC Visit	100%	16%
2	4 <sup>th</sup> ANC Visit	100%	9.1%
3	Skilled Birth Attendant	100%	24%
4	Penta-1 Coverage	100%	29.4%
5	Penta-3 Coverage	100%	66.8%
6	MCV-1 Coverage	100%	51.6%
7	Unmet Need for Family Planning	0%	26.3%
8	Contraceptive Prevalence Rate (Modern)	50%	30.4%
9	Exclusive Breastfeeding Rate	100%	61%
10	ART Unmet Needs in Children Living with HIV (CLHIV)	0%	
11	HIV Prevalence	0%	0.6%
12	TB Treatment Coverage	100%	64%
13	LGA with TB Molecular Diagnostic Machine	30%	12%
14	Intermittent Preventive Treatment of Malaria for Pregnant Women (IPTp3 Coverage)	100%	11%
15	Malaria Prevalence	0%	18%
16	Diabetes Rate	0%	0.6%
17	New Cases of Hypertension	0%	22%

**Fig: 2.1.2. Health Outcome:**

S/n	Health Outcome	Number/Ratio
1	No. of Children with Stunting	24%
2	No. of Children with Wasting	5%
3	No. of Children who Die before 28 Days of Life (Yearly)	12/1000 LB
4	No. of Children who Die before 1st Birthday (Yearly)	17/1000 LB
5	No. of Children who Die before 5th Birthday (Yearly)	24/1000 LB

*Table 2-1Health Partners:*

Partners Mapping			
S/n \	Implementing Partner	Intervention Area	Coverage Area
1	WHO	Immunization	Osun State
2	UNICEF	Education and Child Health	Osun State
3	The Challenge Initiative	Family Planning, M&E, Advocacy	Osun State
4	ECEWS	HIV, TB, Data Validation	Osun State
5	MSH	Data Validation, Capacity Building	Osun State
6	SHEAD	Education, Health, Environment, Capacity Building	Osun State
7	AMEN FOUNDATION	Neglected tropical Diseases	Osun state
8	SFH	Malaria	Osun State
9	TBLON 3	Tuberculosis	Osun State
10	DAMIEN FOUNDATION	Tuberculosis	Osun State

## 2.2 Osun State MDAs & Program Briefs

The overarching developmental goal of the State is contained in the Revised State Development Plan (2023 – 2050), in achieving the overall SDP strategic plan for the sector, the MTSS has been strategically structured with deliverables that comprise costed development projects for ease of implementation in line with Health sector policy space. It is therefore on this premise that the HSSB AOP 2025 for the State drew it's bearing through the 7 MDAs of the Health Sector in the State.

These MDAs include:

- I. Osun State Agency for the Control of Aids (O'SACA)
- II. Osun State Emergency Medical Services and Ambulance System (OSEMSAS)

- III. Osun State Social Health Insurance Agency (OSSHIA)
- IV. Osun State Primary Healthcare Development Board (OSPHCDB)
- V. State Hospital Management Board (SHMB)
- VI. State Ministry of Health (SMoH)
- VII. University of Osun Teaching Hospital College (UNIOSUNTHC).

### 2.2.1: Osun State AIDS/STI Control Agency (OSACA):

The National AIDS Control Program started in 1992 with the mandate objective of slowing down the spread of HIV infections so as to reduce morbidity, mortality and impact of AIDS in the country.

Osun State is one of the states in Nigeria with the lowest HIV rates in Nigeria. The current Figure stands at 0.6% HIV/AIDS prevalence rate (Source: DHPRS). It is important that this figure is monitored constantly to ensure it does not rise above this and to enable health care organizations make necessary and timely interventions if and when necessary.

Sequel to this the OSACA works in close collaboration with the State AIDS Control Program of the State Ministry of Health to ensure the achievement of the following – promoting comprehensive HIV prevention and care strategies, reduce the transmission of HIV/AIDS, improve the health outcomes of People living with HIV, and mitigate the social and economic burden of the epidemic.

Below were the activities planned for 2025 HSSB AOP in Osun State –

#### OSACA - HIV Response

SN	Intervention Code	Activity Codes	Activity Narratives	Amount (N)
1	2.6.10.1	2.6.10.1. a	Conduct a 2-day quarterly review meeting on HIV/AIDS community data for 25 stakeholders (5 CBOs,20 LACAs)	4,240,000
		2.6.10.1. b	Conduct a 5-day Bi-annual residential mentorship visits to LACA teams and CBOs across 20 LGAs by O'SACA State Project Team	1,536,000
		2.6.10.1.c	Conduct One day Quarterly review meeting on GHR issues by 25 State GHR Response Team.	3,350,000
2	2.6.10.2	2.6.10.2. a	Purchase of 200,000 Male and 2,000 pieces Female condoms.	24,500,000
		2.6.10.2. b	Commemoration of 2025 World AIDS Day in Osun State	3,925,000
		2.6.10.2. c	Printing of IEC materials (Posters, Hand Bills, Leaflets)	22,500,000
		2.6.10.2. d	Purchase of 500 T-Shirts and 500 Face Cap with World AIDS Day inscription.	5,500,000
		2.6.10.2. e	Conduct of quarterly community HIV/AIDs outreaches services, counselling and testing, Health Education and sensitization in 30 LGAs and One Area Office by LACA teams	7,750,000
		2.6.10.2. f	Conduct One Day Quarterly Supportive Supervision Visit to 30 LACA Teams and 1 Area Office by O'SACA State Project Team.	2,540,000
3	2.6.10.3	2.6.10.3. a	Procurement of 30,500 HIV test kits and medical consumables.	69,262,500
	3	10	Total =	145,103,500
			Government = (93.71%)	135,977,500
			Partner = (6.29%)	9,126,000
			Funding Gap = (0%)	0

### 2.2.2 Osun State Emergency Medical Service and Ambulance System (OSEMSAS):

The main trust of this agency is to promptly respond, manage and mitigate social/medical emergencies and disasters in the State.

The following activity were planned for implementation in 2025

#### OSEMSAS

SN	Intervention code	Activity code	Activities	Amount (N)
1	4.14.20.10	4.14.20.10 a	Conduct one day non-residential training of 250 workers (100 drivers and 150 paramedics) on emergency rescue operation by 4 facilitators in 4 clusters	7,631,000
		4.14.20.10 b	conduct 1-day quarterly progress monitoring visits to accredited HF for accident victim management by 5-man team	1,302,000
		4.14.20.10 c	Conduct 1 day bi-monthly meeting with medical officers of the accredited HFs on accident victim management by 18 persons.	2,538,000
		4.14.20.10 d	Conduct a day quarterly sensitization on accident prevention and control at 3 mega motor parks across three senatorial districts in the State.	6,360,000
		4.20.20.10 e	Commemoration of World Trauma (Medical) Day in Osun State.	3,331,000
		4.15.20.10 f	Conduct 3 days non-residential training for 150 health workers on accident/emergency management.	7,243,000
	1	6	Total =	28,405,000
			Government = (97.06%)	27,569,000
			Partner = (0%)	0
			Gap = (2.94%)	836,000

### 2.2.3 Osun State Social Health Insurance Agency (OSSHIA):

The Osun State Health Insurance Agency was established by the Osun Insurance Scheme Law, saddled with the responsibility of providing leadership for the implementation of the health insurance scheme in the State. For the 2025 State HSSB AOP the agency developed the following activities fir its operation in 2025 –

#### OSSHIA

SN	Intervention code	Activity code	Activities	Amount (N)
1	1.16.23.5	1.16.23.5. a	Conduct 3-day sensitization meetings with 600 HWs on Digital Health in the State in 6 clusters by 5 state officers.	27,997,500
		1.16.23.5. b	Conduct a 3-day Software Upgrading training and re-training of 72 persons (10 ICT call agents and 62 Business Officers) on Hi-tech advancements supported by 3 facilitators.	11,202,000
2	1.16.23.6	1.16.23.6. a	Procurement of 50 number Laptops for field officers and support HCPs for enrolment, assessment code generation, claims processing.	37,500,000
3	2.8.14.2	2.8.14.2. a	Conduct a day sensitization meeting on Health Insurance and its benefits on Special / Cultural days e.g.: Olojo day and Iwude day in 30 LGAs including Area office	16,076,000
		2.8.14.2. b	Conduct a day quarterly 10 advocacy meetings with 50 people on Health Insurance and its benefits with Politicians, Religion Leaders, Community Influencers, NGOs, Professional bodies/ Associations, others in 332 wards across the State.	7,950,000

4	2.8.14.3	2.8.14.3.a	Conduct a 3-day bi-annual advocacy meeting with 50 participants (HCPs, LHAs, WDCs, Religious leaders, NGOs, Financial Experts (Actuaries), Artisans on developing a robust, affordable health insurance coverage benefits package to drive uptake of health insurance in the State.	16,688,000
5	2.8.14.4	2.8.14.4. a	Conduct a day quarterly Enrollee/HealthCare Providers Forum of 480 participants (HCPs, PHCs, Accredited Government Facilities) in the State.	44,680,000
		2.8.14.4. b	Conduct a 5-day quarterly Quality Improvement Inspection visits to HCPs in the 3 Senatorial Districts by a 10-man team per Senatorial District.	25,000,000
6	2.8.14.5	2.8.14.5. a	Conduct a 3 day quarterly non-residential Workshop on Quality of Care for 50 HF based workers in the State.	21,060,000
		2.8.14.5. b	Conduct a 5-day residential training on Data Visualization, Analysis, Pivot Table etc. for 140 relevant officers (HCPs including CEmONC Centres, ICT Staff, Management Staff, M & E Officers of OSHIA accredited facilities) in 4 clusters	49,650,000
	6	10	Total =	307,803,500
			Government = (100%)	307,803,500
			Partner = (0%)	0
			Gap = (0%)	0

## 2.2.4. Osun State Primary Healthcare Development Board (OSPHCDB):

The OSPHCDB was established through a law enacted by the State House of Assembly to provide technical directions for the development of primary health care in the State.

To Control preventable diseases through an improved access to Basic Health Services and a strengthened institution and improve on healthcare coverage quality of care through partnerships and community engagement. In order to live up to these demands the board came up with the following activities for implementation come 2025 –

### OSPHCDB

S/N	PRIORITY CODE	ACTIVITIES CODE	ACTIVITY NARRATIVES	AMOUNT (N)
<b>HPO</b>				
1.	1.2.2.1	1.2.2.1. a	To conduct a 1-day quarterly community engagement on health programs with 60 community stakeholder (2 per LGA) across 30 LGAs supported by 2 facilitators.	6,172,000
2	2.5.6.9	2.5.6.9.c	Conduct a 3day non- residential refresher training of on integrated health promotion strategies for 40 SBCC core group members in the State with 2 facilitators.	2,787,000
	2	2	Subtotal =	8,959,000
<b>IMMUNIZATION</b>				
3.	2. 6. 8. 1	2. 6. 8. 1. a	Conduct a day quarterly microplanning meeting on high unimmunized in identified 15 LGAs with 572 Health workers (98 Ward Focal Persons and 538 Supervisors) supported by 6 Facilitators.	65,984,000
4.	2. 6. 8. 2	2. 6.8.2. a	Conduct a 2 day quarterly non-residential mapping meeting with 5 LGA team (LIO, CCO, HPO, M&E and Sec/MOH) from each 20 affected LGHA with zero dose vaccination and 7 State Team (Facilitators)	14,572,000
5.	2. 6. 8. 3	2. 6. 8. 3. a	Conduct a 4-day quarterly routine vaccination of missed children in 8 prioritized LGAs (Atakumosa East, Isokan, Oriade, Ife Central, Olorunda, Ejigbo, Osogbo and Iwo) involving 255 Health Facilities offering RI with 255 Vaccinators, 255 Recorders, 255 Mobilizers, 95 WFPs, 48 LGHA Supervisors and 16 State Supervisors	49,496,000

6.	2. 6. 8. 5	2. 6. 8. 5. a	Conduct a 3-day quarterly supportive supervisory visits to 332 focal PHCs to monitor routine immunization services	21,600,000
7.	2. 6. 8. 7	2. 6. 8. 7. a	Conduct a monthly sensitization on vaccine hesitancy to 15 identified low communities by 5 State team members	750,000
		2. 6. 8. 7. b	Conduct Biweekly Radio program on immunization and vaccine rejection with 4 program officers.	2,160,000
8.	2.6.8.9	2. 6. 8. 9. a	Carryout Quarterly servicing and maintenance of the two Lister generators for the State Central Cold Store.	765,600
		2. 6. 8. 9. b	Installation of Solar/Alternative energy facilities/equipment at the State Central Cold Store.	31,000,000
		2. 6. 8. 9.c	Hiring of refrigerated van for quarterly distribution VPD to 30 LGHAs	9,000,000
		2. 6. 8. 9. d	Carry out monthly servicing and maintenance of 93 solar direct drives (SDDs) in the 30 LGAs of the state	4,232,500
		2. 6. 8. 9. e	Conduct quarterly retrieval of waste (empty vials and filled safety boxes) generated from RI in 814 health facilities to the state by 30 waste managers and dispose using disposal materials by 2 state officers (SCCO and SWM).	12,704,000
9.	2.8.12.8	2.8.12.8. a	Conduct a monthly integrated outreach services in all the 332 wards by 3 health workers per focal PHC.	83,496,000
	7	12	Subtotal =	295,760,100
<b>MNCH</b>				
10.	2.8.12.15	2.8.12.15. a	Conduct two-day non-residential training of 332 OICs on Maternal, Newborn and Child Health Services in 3 Clusters	38,598,000
	1	1	Subtotal =	38,598,000
<b>NUTRITION</b>				
11.	2.8.12.16	2. 8. 12. 16a	Conduct a one day quarterly, non-residential refresher training for 332 OICs on MMS intervention in 6 clusters	7,374,000
12.	2. 8.12. 21	2. 8. 12. 21a	Conduct a 10day non-residential training of 1660 frontline health workers BEmONC in the 30 LGHAs across the state.	195,876,000
	2	2	Subtotal =	203,250,000
<b>ADOLESCENT HEALTH</b>				
13.	2.8.12.22	2.8.12.22. i	Construction of contraceptive kiosk in 49 urban markets across Osun State	49,000,000
14.	2. 8.12. 26	2. 8.12. 26.a	Conduct a 10-days non-residential training for 100 midwives on ENC with 8 facilitators in 4 batches.	46,170,000
15.	2. 8.12. 39	2. 8.12. 39.a	Conduct a 4-day residential training for 100 HCWs across the state on adolescent plus youth-friendly services. (4 batches, 25 participants/ batch and 8 facilitators)	9,184,000
		2. 8.12. 39.b	Conduct a monthly School health education & counselling on sexuality and hygiene in 60 secondary schools at 5 secondary schools per month with 3 counsellor per school.	1,710,000
		2. 8.12. 39.c	Commemoration of Pad Your Girl Day in Osun State	890,000
		2. 8.12. 39.d	Conduct a 3-day non-residential workshop to adapt the National policy on Adolescent- youth health and development with 40 participants from all relevant MDAs.	4,716,000
		2. 8.12. 39.e	Commemoration of International Day of Girl Child in Osun State.	2,898,000
		2. 8.12. 39.f	Commemoration of International Adolescent Health Week in Osun State	4,390,000



		2. 8.12. 39.g	Conduct a day quarterly AYSRH TWG meeting with 35 participants.	2,264,000
	3	9	Subtotal =	121,222,000
<b>NUTRITION</b>				
16.	2. 8.12.44	2. 8.12. 44.a	Conduct a day residential training for 332 OICs on Baby Friendly Initiative (BFI) in 6 clusters by 12 facilitators (2 per cluster).	15,582,000
17.	2. 8.12. 46	2. 8.12. 46a	Conduct a 2-day quarterly residential training of 332 OIC on GMP services and complementary feeding practices in 6 clusters by 12 facilitators (2 per cluster)	58,018,000
18.	2. 8.12. 48	2. 8.12. 48a	Quarterly procurement of 100 cartons (150 sachets/carton) of Ready to use therapeutic food (RUTF) for 16 PHC IMAM sites	9,240,000
		2. 8.12. 48b	Conduct a 5-day residential training of 80 health workers in 16 LGA (5 HW per LGA) to scale-up IMAM Sites to be supported by 5 Facilitators	27,565,000
19.	2. 8.12. 50	2. 8.12. 50 a	Conduct a day quarterly non-residential training to build the capacity of 332 OICs on food demonstration in 6 clusters supported by 12 Facilitators	8,994,000
20.	2. 8.12. 55	2. 8.12. 55 a	Bi-annual procurement and distribution of 315,844 bottles of Multiple Micronutrients Supplement (MMS) to the 30 LGAs and Area Office.	2,527,532,000
		2. 8.12. 55 b	Bi-annual procurement and distribution of 101,000 bottles of Albendazole to the 30 LGAs and Area Office.	1,173,996,000
		2. 8.12. 55 d	Procurement and distribution of 45,000 Sachets of Micronutrient Powder (MNP) to the 30 LGAs and Area Office.	1,062,800,000
		2. 8.12. 55 e	Bi-annual procurement and distribution of 101,000 bottles of Vitamin A to the 30 LGAs and Area Office.	96,380,400.
	5	9	Subtotal =	4,980,107,400
<b>M&amp;E</b>				
21.	1.16.22.7	1.16.22.7. b	Conduct a day quarterly State Health Data Review meeting with 50 participants (30LGA M&E officers, 10 State Program officers and 10 Implementing Partners)	2,980,000
		1.16.22.7.c	Conduct a 4-day quarterly on-the job Coaching on data management for poor performing health facilities across the State by 10 state and LGA Officers	1,600,000
		1.16.22.7. d	Conduct a 2-day residential training for 30 LGA M&E on data management, analysis and data use supported by 2 Facilitators	4,975,000
		1.16.22.7. f	Establishment of State Primary Health Care data control room and internet allowance for 4 officials	5,790,000
		1.16.22.7. g	Conduct a day monthly State Health Data validation meeting with 30 LGA M&E officers and 4 State M&E officers and DPRS SPHCB	4,650,000
	1	5	Subtotal =	19,995,000
<b>ICT</b>				
22.	1.16.23.6	1.16.23.6. a	Procurement of 80 Laptops for 30 LGHAs, SPHCB Directorates, Program officers, 30 LGHAs Accountants and Executive Secretary (ES) office SPHCB	80,000,000
		1.16.23.6b	Procurement of 35 Printers for 30 LGHAs Accountants and one each for ES, planning, Admin, Account and ICT office in SPHCB	29,750,000
		1.16.23.6c	Procurement of 35 Photocopiers for 30 LGHAs Accountants and one each for ES, planning, Admin, Account and ICT office in SPHCB	35,000,000

		1.16.23.6d	Procurement of 35 Scanners for 30 LGHAs Accountants and one each for ES, planning, Admin, Account and ICT office in SPHCB	10,500,000
	1	4	Subtotal =	155,250,000
	22	44		
		Grand Total =		5,823,141,500
			Government = (6.3%)	366,066,325
			Partner = (93.4%)	5,438,890,475
			Gap = (0.3%)	19,404,000

#### 2.2.5. State Ministry of Health & Hospital Management Board (SMoH & HMB):

While the State Ministry of Health is responsible for overseeing the entire policy direction of the Health Sector with a view to align with the State Government Policy Thrust on Health Care Delivery to the residents of the State

The SHMB has the mandate of maintaining and managing all Hospitals within the state.

And regulating, coordinating and supervising the activities of all Zonal Hospital Management Committees in the State.

For the 2025 HSSB AOP below are their activity plans –

#### SMoH\_SHMB

S/n	Intervention Code	Activity Code	Activity Description	Amount (N)
			<b>HPRS DEPARTMENT</b>	
			<b>DEVELOPMENT PARTNER/SWAP AOP</b>	
1	1.4.4.2	1.4.4.2 a	Conduct 1-day annual pre-AOP Partners work plan alignment meeting for 20 participants.	110,000
		1.4.4.2.b	Conduct annual AOP/ Partners work plan mainstreaming to medium Term Sector Strategy with Ministry of Economic Planning, Budget and Development.	110,000
		1.4.4.2.c	Conduct 3 days residential training for 30 participants (Planning Cell/Program Officers) on HSSB AOP 2026 with TA support.	9,878,500
		1.4.4.2.d	Conduct 5 days Residential AOP Harmonization workshop for 50 Participants with TA support.	24,825,500
		1.4.4.2.e	Conduct 2 days AOP Validation for 25 Participants	
		1.4.4.2.f	Printing of 50 copies of 2025 AOP documents	1,435,000
		1.4.4.2.g	Dissemination of 2025 AOP for 80 Participants	2,500,000
				2,050,000
2	1.4.4.3	1.4.4.3. a	Conduct a day residential Training for 310 participants (LGA Secretaries of Health/OiCs/Program Officers) with 4 State Officers and 1 TA/Consultant on the development of facility AOP	46,357,500
3	2.5.6.4	2.5.6.4.a	Conduct 1-day quarterly Partners meeting with 40 participants (15 health development partners and 25 Health Policy Makers-	2,720,000

		2.5.6.4 b	Commissioner for Health, Special Adviser on Health, PS MoH, DPHRS, Director of Public Health & Program Officers).	2,720,000
			Conduct a day Quarterly Program Review Meeting 40 participants (Directors, Program Officers & Development Partners)	
4	2.8.12.21	2.8.12.21 a	Conduct 5-day residential training for 180 Skilled Birth Attendant and 10 facilitators on Comprehensive Emergency Obstetric and Newborn care in all the 30 CEmONC health Facilities in Osun State.	57,412,000
		2.8.12.21 b	Procurement of essential medical equipment to upgrade the 30 selected secondary health facilities to CEmONC standard	16,737,897,500
		2.8.12.21 c	Procure medical equipment for 30 CEmONC health facilities in Osun state	1,404,005,000
		2.8.12.21 d	Procure essential drug and consumables to 30 CEmONC health facilities in Osun State	1,567,240,000
		2.8.12.21. f	Procure 10,000 of mama kit to 30 CEmONC health facilities in Osun state.	350,000,000
	4	15	Total =	20,209,261,000
			<b>HUMAN RESOURCE FOR HEALTH</b>	
6	2.9.15.1	2.9.15.1 a	Conduct a day meeting on establish HRH Registry for 38 participants (35 MDAs and LGAs).	745,500
		2.9.15.1 b	Conduct a day meeting to domesticate and adopt National Human resource for Health strategy plan and Guideline with 73 Participants and 2 facilitators in 2 clusters	2,286,500
		2.9.15.1.c	Conduct a 2-day residential training for 73 HRH Focal persons across the state and to establish HRH Registry with 2 facilitators in 2 batches.	2,512,500
7	2.9.15.2	2.9.15.2 a	Conduct 1-day quarterly meeting of HRH Technical working group meeting for 35 participants.	3,820,000
8	2.9.15.4	2.9.15.4 a	Conduct a 5-day Advocacy visit to 20 MDAs on basic operations of the state health work force registry with 6 members of TWG.	375,000
	3	5	Total =	9,739,500
			<b>RESEARCH &amp; ETHICS</b>	
9	3.10.16.2	3.10.16.2.a	Conduct a day meeting to adopt National Health Research Policy and Guidelines with 15 participants.	562,500
		3.10.16.2. b	Conduct 2-day non-residential training for 20-man Ethical Committee members on Ethical guidelines and policy by 1 facilitator.	1,503,000
	1	2	Total =	2,065,500
			<b>MONITORING &amp; EVALUATION</b>	
10	1.16.22.1	1.16.22.1 a	Conduct a day quarterly Health Data Consultative Committee Meeting, (HDDC) for 40 Participants.	4,040,000
		1.16.22.1 b	Conduct a day bi-annual Health Data Governance Council (HDGC) Meeting for 25 Participants	1,235,000
		1.16.22.1 c	Conduct 1-day Monthly LGA DVM in 30 LGA for 830 Health Facilities & 10 State Prog Offrs.	26,400,000
	1	3	Total =	31,675,000
11	1.16.22.3	1.16.22.3 a	Conduct 3 Days Non-Residential Capacity Building on NHMIS tools for 110 HFs Record Officers (60 Public & 50 Private).	8,739,000
		1.16.22.3 b		4,232,500

		1.16.22.3 c	Conduct 5 days Residential Refresher training on revised NHMIS data tools and DHIS for 63 participants.	18,400,000
		1.16.22.3 d	Procure 23 number Laptop Computers for State Program Officers.	1,500,000
		1.16.22.3 e	Conduct quarterly DQA visits to 80 targeted HFs (20 per quarter) across the 30 LGA by 6 State Officers.	75,000,000
		1.16.22.3 f	Printing of 15,000 booklets of revised NHMIS Data tools across 898 Health facilities (Public & Private).	24,000,000
			Print Family Planning (FP) & Immunization data tools	
	1	6	Total =	131,871,500
12	1.16.22.7	1.16.22.7 a	Conduct 2 Days Quarterly Desk Review of AOP Performance for 50 participants	10,312,000
		1.16.22.7 b	Conduct a-day Quarterly Planning Meeting on Qualitative Integrated Supportive Supervision by 10 persons.	1,220,000
		1.16.22.7 c	Conduct Quarterly 5 days Qualitative integrated Supportive Supervision using 20 Supervisors visiting Primary and Secondary Health Facilities.	5,000,000
		1.16.22.7. d	Procurement of 30 Laptops for state program and M&E Officers.	24,000,000
		1.16.22.7. e	Set-up and Operationalize State Data Control Room.	2,520,000
	2	6	Total =	38,552,000
<b>HEALTHCARE FINANCING EQUITY &amp; INVESTMENT</b>				
14	2.17.24.2	2.17.24.2 a	Conduct a 2-day non-residential training for 15 Healthcare Financing Desk Officers (MDAs) with 1 facilitator.	1,070,500
15	2.17.24.4	2.17.24.4 a	Conduct a-day quarterly Health Care Financing Technical Working Group meeting for Fifty (45) members to review level of project implementation and funding	4,590,000
		2.17.24.4 b	Conduct a 2-day non-residential training on Development and Implementation of Domestic Resource Mobilization (DRM) plan for 2025-2026) by 20 persons, supported by 1 resource person.	1,293,000
		2.17.24.4 c	Conduct 1-day non-residential training for 39 persons (30 data collectors & 9 supervisors) on Utilization of Government HFs and Out-of-pocket expenditure on health by Osun State residence supported by a consultant.	1,218,500
		2.17.24.4. d	Conduct a 5-day Household data collection for State Health Account by 39 persons (30 data collectors and 9 supervisors) in 30 LGA of the State to assess rate of resident usage of Government Health coverage relative and Out-of-Pocket expenditure on health supported by 1 Consultant.	3,230,000
16	2.17.24.6	2.17.24.6 a	Conduct bi-annual Advocacy visit to State House of Assembly Committee on Health and Ministry of Finance/Budget & Planning for increased budget appropriation and releases to MoH by 8 persons, 4 Partners and State HPO	382,000
	3	6	Total =	11,784,000
			<b>STATE HOSPITALS' MANAGEMENT BOARD</b>	

17	2.8.12.31	2.8.12.31 a	Conduct a 3-day residential training for 180 frontline health workers (doctors, midwives, nurses, health record and biomedical technicians) on Comprehensive Emergency Obstetrics and Newborn Care checklists filling to monitor capacity skills in 30 CEmONC health facilities in the State supported by 8 facilitators.	63,428,000
		2.8.12.31 b	Print cards and forms for capturing patient's data, service rendered and commodity consumption at the CEmONC health facilities.	750,000
	1	2	Total =	64,178,000
<b>DEPARTMENT OF PUBLIC HEALTH</b>				
			<b>EPIDEMIOLOGY</b>	
18	4.14.20.1	4.14.20.1 a	Conduct 1-day quarterly meeting to review public health threats on COVID-19, Cholera etc. for 25 EPR TWG members in the state.	2,594,000
19	4.14.20.2	4.14.20.2 a	Conducting 5 days community survey mechanism in 30 LGAs on rumour and misinformation management in the state by 35 persons (30 HPOs and 5 state support staff)	2,187,500
		4.14.20.2 b	Production of jingles and airing for 3 slots Printing of 5000 handbills and 10,000 posters for the state	6,270,000
		4.14.20.2 c	Conduct 3 days training on the importance of antibiotic use and proper food hygiene practices 45 healthcare professionals (40 food safety and 5 state support staff) in promoting AMR awareness in the state	3,412,500
20	4.14.20.3	4.14.20.3 a	Conduct 5days residential training for 90 persons (30 DSNOs, 30 food safety officers & 30 Environmental officers) supported by 5 state support staff on IPC, WASH and Food borne Disease Surveillance in 3 batches across the state.	34,417,500
		4.14.20.3 b	Conduct 3 days training on ergonomics, First aid/CPR for 40 personnels (20 health Safety and 20 environmental officers) in the state.	3,810,000
21	4.14.20.5	4.14.20.5 a	Conduct a 3-day non-residential re-training of 30 Data officers and 10 state staffs in 30LGAs emphasizing on digitalization to improve data quality on Priority Diseases detection, notification and response.	3,321,000
		4.14.20.5 b	Conduct 2 days quarterly meeting monitoring and evaluation of surveillance systems to identifying the gaps for 30 participants.	570,000
22	4.14.20.6	4.14.20.6 a	Procurement of laboratory equipment and apparatus to enhance the existing State Public health laboratory.	16,827,350
		4.14.20.6 b	Conduct a 3-day Train for MRL, UNIOSUN laboratory staff to improve their diagnostic capacity on timely detection to address epidemic and pandemic across the state supported by 1 consultant.	3,006,000
		4.14.20.6.d	Provision of Consumables and reagents for rapid testing and genomics sequencing for some epidemic prone diseases at the Multidisciplinary Research Lab (MRL), UNIOSUN.	2,500,000
23	4.14.20.8	4.14.20.8 a	Conduct 2 days meeting of 10 member committees establishing the Public Health Research registry.	490,000
		4.14.20.8 b	Conduct 5 days non-residential training on establishing public health research registry for keeping record/ events on the database for 10 participants in the state.	1,872,500

24	4.14.20.9	4.14.20.9 a	Purchase of Personal Protective Equipment and Consumables (10 cartons of gowns, 25 cartons of gloves and 25 facemasks, 10 cartons of digital thermometers for Rapid Response Team during outbreak for contact tracing and IPC measures.	5,000,000
26	4.15.21.2	4.15.21.1.a	Conduct a stakeholder meeting on implementation of robust system on Climate health resolutions and commitments for 10 participants in 3 days	4,875,000
		4.15.21.1.b	Conduct 3 days non-residential training for 20 persons on monitoring and tracking the progress of climate health risks in PHC Facilities on how to withstand floods, disasters drought.	1,597,500
		4.15.21.2 a	Conduct quarterly meetings of 10-man member TWG climate change officers in the State.	1,460,000
27	4.15.21.3	4.15.21.3 a	Conduct 2 days quarterly state assessment to 332 health facilities in 332 wards to assess climate resilient initiatives by 10 state climate officers.	1,615,000
		4.15.21.3.b	Conduct a 3-day quarterly state assessment to identify most vulnerable areas in 30 LGAs which are climate health related risks/diseases for 30 LGA Climate officers.	4,500,000
28	4.15.21.4	4.15.21.4 a	Conduct a day quarterly meeting for 15 persons to Strengthening State Stakeholders on Early Warning Systems (EWarS) to climate health related diseases using one Health Approach.	1,890,000
		4.15.21.4.b	Conduct a day Engagement of community leaders, women and youths on early warning, detection and response to climate linked acute health emergencies in all 30 LGAs, 5 each with 5 State Staff.	750,000
29	4.15.21.5	4.15.21.5 a	Conduct 2 days non-residential training of 20 EOC Staffs on AMR Surveillance for the management of epidemic prone diseases during outbreak.	3,350,000
30	4.15.21.6	4.15.21.6 a	Conduct 3 days non-residential training for 10 professionals (such as Architects. Engineers. Builders and Facility managers) on low carbon construction in the State.	825,000
		4.15.21.6 b	Provision of Solar inverter to the health facilities across senatorial district to ensure reliable sources of energy which minimize both carbon and air pollution emissions.	13,500,000
	12	24	Total =	120,640,850
			<b>NTD</b>	
31	2.5.6.8	2.5.6.8 d	Conduct of a 5-day residential Community 30 persons (Led Total Sanitation (CLTS) training for 6 State supervisors, 3 LGA supervisors and 18 Field workers) by 2 resources per	15,180,000
		2.5.6.8 e	Conduct 4- day mobilization on Community Led Total Sanitation (NTD-WASH integration) in 66 communities of Ayedaade LGA as approach to achieve Open Defecation Free (ODF) status by the 27 trained personnel (10 NTD, 17 RUWESA)	1,320,000
		2.5.6.8 f	Conduct 3-day Triggering of 66 communities for Community Led Total Sanitation on Personal hygiene, regular hand washing and one-house one-toilet to prevent transmission of NTDs Conduct of a-day Dialogue meeting for members at each of 66 communities on approaches to Community Led Total Sanitation by 27 trained personnel (10 from NTD and 17 from RUWESA)	810,000
		2.5.6.8 g	Conduct of a-day Dialogue meeting for members at each of 66 communities by 27 trained personnel on approaches to CLTS	1,320,000

		2.5.6.8 h	Conduct house-to-house validation in 66 communities to determine availability and use of toilets, hand washing facilities and water source by 27 trained personnel (10 NTD and 17 RUWESA) for 4-day	1,560,000
		2.5.6.8 i	Conduct 3 rounds of Monitoring of 66 communities to ascertain ODF compliance by the 27 trained personnel (10 from NTD and 17 from RUWESA) for 4 days	4,140,000
32	2.5.6.10	2.5.6.10 e	Commemorate World NTD Day in the State.	3,270,000
		2.5.6.10 f	Conduct Community Stakeholder's meeting to sensitize and create awareness on NTD health intervention for 100 persons each from 30 LGAs with 120 State & LGA NTD team	10,800,000
33	2.6.10.1	2.6.10.1 n	Conduct a day quarterly NTD program review meeting by 35 NTD Taskforce members.	1,750,000
34	2.6.10.10	2.6.10.10 d	Conduct 2-day non-residential Micro-planning meeting for 80 Stakeholders for Mass administration of NTD medicine (LNTD, Assistant, NTD State team).	7,000,000
		2.6.10.10 e	Conduct a-day LGA level training for 1,200 Health workers on mass administration of medicine with 30 facilitators & 10 state teams in 15 batches	34,485,000
		2.6.10.10 f	Conduct a-day Training for 12,100 Community Directed Distributors (CDDs) with 90 facilitators, and 10 State team in 10 batches	32,500,000
		2.6.10.10 g	Conduct House to House distribution of NTD medicines across the State by 12,100 CDDs, supervised by 60 LNTDs & 10 State team	86,070,000
		2.6.10.10 h	Provision of logistics/financial support on PC-NTD medicines collection from Federal Central Medical Store, Oshodi-Lagos	5,200,000
		2.6.10.10 i	Conduct a-day bi-annual validation/review meeting on NTD program implementation, NTD Data, Challenges and Way forward by 80 participants.	3,160,000
	4	15	Total =	208,565,000
			<b>TBERCULOSIS &amp; LEPROSY</b>	
34	2.6.10.8	2.6.10.8 a	Conduct bi-weekly contact investigations (C.I) for all bacteriologically confirmed TB cases by DOT officers in 30 LGAs. Conduct a one-day re-orientation training on Tuberculosis	5,040,000
		2.6.10.8 b	Preventive Therapy (TPT) initiation for 150 DOT officers (5 high-volume facilities in 10 high-burden LGAs) in Q1 2025 (150 Participants, 4 facilitators).	3,656,000
35	2.6.10.9	2.6.10.9 a	2025 World TB Day Commemoration: Road Walk/community sensitization and screening in 6 major cities (Osogbo, Ife, Ikirun, Ilesa, Iwo, Ikire) by 12 persons per site.	720,000
		2.6.10.9 b	Conduct quarterly a two-day outreach by 12 participants (10 person LGA team and 2state team members) in 10 High-burden LGAs	9,600,000
		2.6.10.9 c	Airing of TB radio jingles in 5 radio stations (1 slot per week per radio station for 52 weeks).	3,900,000

36	2.6.10.10	2.6.10.10 a	Conduct a one-day non-residential adherence counselling/case-holding training for 180 participants from high-volume facilities	4,150,000
		2.6.10.10 b	Conduct bi-weekly pre-enrolment tracking of all unenrolled DSTB/DRTB patients in 30 LGAs	5,040,000
		2.6.10.10 c	Conduct monthly DRTB OPD Clinic in additional 10 LGAs by LGA-team (5 persons)	5,700,000
37	2.6.10.11	2.6.10.11 a	Procurement and installation of 4 additional Xpert MTB/RIF machine, AC, UPS and solar/Alternate power equipment 4 additional high burden LGAs (1 per LGA) by Q2 2025	146,000,000
		2.6.10.11 b	Procurement and installation of 4 additional TB-LAMB (with AC and UPS) in 4 additional high burden LGAs (1 per LGA) by Q2 2025.	100,000,000
	4	10	Total =	283,806,000
			<b>TCAM (TRADITIONAL COMPLEMENTARY AND ALTERNATIVE MEDICINE)</b>	
38	2.8.12.11	2.8.12.11 a	Conduct 5days Mapping of TCAM practitioners in 30LG of Osun State by 90 participants	3,888,000
		2.8.12.11 b	Conduct a-day Monthly Meeting of the 15 members of TCAM regulatory committee meeting in the State.	2,250,000
		2.8.12.11 c	Conduct a 3 day non -residential workshop for 35 participants on Development of TCAM Data tools	2,850,000
		2.8.12.11.d	Conduct a 3-day non-residential workshop for 60 TCAM practitioners as supporters for TBA referral services conduct 1-day orientation for 300 TBAs in 3 batches on referral to PHCs and incentive mechanism.	5,439,000
		2.8.12.11 e	conduct 1-day orientation for 300 TBAs in 3 batches on referral to PHCs and incentive mechanism.	8,203,000
		2.8.12.11. f	Conduct 2 days Monthly Monitoring & Supervisory visits to 25 Practitioners by 9 members of TCAM regulatory committee.	2,700,000
	1	6	Total =	25,330,000
			<b>HPO</b>	
39	2.5.6.8	2.5.6.8.a	Conduct a day quarterly Advocacy meeting with 30 Participants from relevant MDAs (Ministry Health, Environment, Water Resources, Education, Information etc) on health promotion strategies such social behavioural change.	3,240,000
		2.5.6.8.b	Conduct a day Training for 60 health workers (2 per LGA across 30 LGAs), on interpersonal Communication and Counselling to improve quality health services with 4 Facilitators)	8,152,000
		2.5.6.8.c	Printing of IEC/SBC (20,000 fliers and 30,000 Posters).	19,000,000
40	2.5.6.10	2.5.6.10. a	Conduct a day community Dialogue with 50 community members per LGA across 30LGAs in 30 days on RMNCAH, Nutrition, NCD, Mental Health, NTD Vaccination, Family Planning, Food Borne diseases and other health services with 3 facilitators.	39,202,500
		2.5.6.10. b	Production of jingles in two 2 different languages (English 10 and Yoruba 10) on RMNCAH, Nutrition, NCD, Mental Health, NTD Vaccination, Family Planning, Food Borne diseases and other health services.	2,000,000
		2.5.6.10.c	Airing of the Jingles in 2 stations with 2 different languages, 2 times in a week and 8 times in a month.	1,920,000



		2.5.6.10. d	Conduct a-day Community Outreaches Awareness creation on RMNCAH, Nutrition, NCD, Mental Health, NTD Vaccination, Family Planning, Food Borne Diseases and other health services in the 30LGAs with 10 community mobilizers per LGA and 4 state monitoring teams.	1,450,000
41	2.5.6.11	2.5.6.11.a	Public awareness on the Commemoration of international Health Day with 60 participants per day such as World AIDS, TB DAY, BREASTFEEDING WEEKS, MALARIA DAY, WOMEN DAY, ADOLESCENCE, IMMUNIZATION, CONTRACEPTIVE, FOOD SAFETAY DAY, HYPERTENSION DAY ETC.	18,700,000
		2.5.6.11.b	Conduct a day Media chat with 10 media personnels, with (10 Health personnel) making 20participants per world international days	4,000,000
		2.5.6.11.c	Conduct a day sensitization meeting with 22 media personnel from different organization (Both print and electronics and practitioner media platforms on health promotion activities) and 3 facilitators.	787,500
		2.5.6.11. d	Monthly 30 minutes Radio Phone-in programs, 12 times a year on RMNCAH, Nutrition, NCD, Mental Health, NTD Vaccination, Family Planning and other health services.	1,800,000
	3	11	Total =	100,252,000
			<b>REPRODUCTIVE Health</b>	
42	2.8.12.3	2.8.12.3 a	Conduct a 2-day non-residential capacity building on MPCDSR for 664 Health workers (2 participants from 332 Health facilities) in 5 batches.	5,248,000
43	2.8.12.4	2.8.12.4 a	Conduct a 2-day non-residential Inauguration and Capacity Building of 150 participants from 30 Secondary Facilities on MPCDSR/QIT team with and 5 Facilitator in 3 batches.	8,615,000
44	2.8.12.7	2.8.12.7 a	Conduct a 2-Day residential Capacity building for 150 health workers on management of pre-eclampsia and eclampsia.	25,839,000
45	2.8 12 9	2.8 12 9 a	Conduct a 2-Day residential Training of 100 HW on management of PPH E-MOTIVE	20,954,000
		2.8 12 9 b	Procurement of calibrated Drapes	12,500,000
	4	6	Total =	73,156,000
			<b>HIV</b>	
46	2.6.10.1	2.6.10.1 a	Conduct a-2-day monthly data validation and Harmonization meeting with 30 LACA M&E and Facilities M&E from 22 HIV/AIDS ART treatment sites and LGAs across 30 LGAs in the State.	3,068,000
		2.6.10.1 b	Conduct A -2day residential NDARS quarterly HIV/AIDS Health sector review meeting for 30 LGAs plus one area office LACA M&E	5,361,000
		2.6.10.1 c	Conduct a-5day SASCP Quarterly monitoring Visit for PMTCT data review with 6 SASCP representatives to 12 PHCs across 30 LGAs.	
		2.6.10.1 d	Conduct A-day monthly PMTCT Implementation coordination and review meeting with 20 SASCP State team.	2,388,000
		2.6.10.1 e	Conduct A-3days non-residential training for 150 facilities POC and 30+1 LACA M&E on use of revised data collection tools and National Data reporting system for documentation and reporting across 30 LGAs.	1,980,000
		2.6.10.1 f		2,715,000

		2.6.10.1 g	Conduct 5-Days SASCP quarterly Monitoring Visit by 12 SASCP State team to 90 Health Facilities across 30 LGAs.	
		2.6.10.1 h	Conduct 5-days quarterly supportive supervision visit and data validation with 4 SASCP M&E team to 22 HIV/AIDs ART treatment sites. Conduct a-day bi-monthly Steering Committee on HIV/AIDs health sector response meeting with 35 stakeholders (OSHIA, OSACA, IPS, HMB, ASHWAN, NEPHWAN, SPHCB, SASCP...)	3,120,000 1,250,000
				5,910,000
	1	8	Total =	25,792,000
			<b>MALARIA</b>	
49	2.6.10.5	2.6.10.5 a	Conduct a-day monthly vector sentinel surveillance and insecticidal resistance monitoring by 3 participants	504,000
50	2.6.10.6	2.6.10.6 a	Conduct quarterly one day residential data review meeting for 30 RBMs. 30M&E across 30 LGAs with 10 State teams and 6 Partners.	13,152,000
		2.6.10.6 b	Conduct Monthly SMEP data room meeting for 15 members	2,250,000
		2.6.10.6 c	Conduct a day quarterly supervision of data validation and collection for spot checking in 72 health facilities across the 24 LGAs by 10 participants	9,040,000
		2.6.10.6 d	Conduct 2-day residential quarterly state iMSV in 10 hard to reach health facilities across the state by 10 participants	6,640,000
		2.6.10.6 e	Conduct monthly LGA iMSV in 150(5 in each LGA) health facilities across the 30 LGAs by 60 persons	25,200,000
		2.6.10.6 f	Conduct a-day quarterly RBM meeting of 30 RBM officers, 10 SMEP staff, and 5 partners	3,840,000
		2.6.10.6 g	Conduct a-day quarterly Malaria Program Partners meeting with 10 SMEP staffs and 15 partners.	1,440,000
51	2.6.10.7	2.6.10.7 a	Conduct 2-day biannual residential Malaria core Team (MCT) visits to hard-to-reach facilities by 6 state personnel visiting 20 health facilities across 10 LGAs	2,088,000
		2.6.10.7.b	Conduct a 3-day quarterly case management routine visits by 5 case management officers to 20 health facilities across 10 LGAs to strengthen malaria case management best practices.	750,000
	3	10	Total =	64,904,000
			<b>FAMILY PLANNING</b>	
52	2.8.12.22	2.8.12.22 a	Conduct a 5-day non-residential capacity building of 100 FP service providers on Long-Acting Reversible Contraceptives (25 participants per batch in 4 batches, 5 facilitators)	16,790,000
		2.8.12.22 b	Conduct a day family planning outreach services in 30 facilities per month (2 FP providers & 2 mobilisers)	13,680,000
		2.8.12.22.c	Conduct a day family planning in-reaches services in 30 facilities one per month (2 FP providers & 2 mobilisers)	13,680,000
		2.8.12.22.d		1,500,000

		2.8.12.22. e	Conduct a 3 day quarterly supportive supervision to 30 health facilities to ensure competency of service providers by 10 master trainers.	1,032,000
		2.8.12.22. f	Commemoration of International World Contraception Day. (Conduct a day family planning in-reaches at 4 health facilities, Market sensitization and media chat)	1,967,000
		2.8.12.22.g	Commemoration of International Women's Day. (Conduct family planning in-reaches at 4 health facilities, Market sensitization and media chat)	4,000,000
		2.8.12.22.h	Conduct quarterly mentoring and on the job coaching visit to 40 health facilities	8,925,000
			Conduct a 1-day whole site orientation for 1789 HF based personnel in 357 HF (332 PHC + 25 Private) at the ratio of 5 per HF.	
1	8		Total =	61,574,000
<b>DEPARTMENT OF PHARMACEUTICAL SERVICES</b>				
			LMCU	
52	2.8.12.53	2.8.12.53.a	Conduct a 2-day non-residential orientation for 60 participants (30 LG LOGISTICS officers and 30 family planning providers) on LMIS reporting tools supported by 2 facilitators.	3,572,000
		2.8.12.53 b	Conduct a day bimonthly meeting with the 35 LGA LMCU members.	5,550,000
		2.8.12.53 d	Conduct bimonthly LMCU review meeting with 20 persons (LMCU and Logistics officers of programs).	5,280,000
53	2.8.12.54	2.8.12.54 a	Procurement of family planning commodities for the state	80,000,000
		2.8.12.54 b	Procurement of family planning consumable for the state	30,300,000
		2.8.12.54 d	Procurement of ACT, RDT, ITN and consumables	205,000,000
		2.8.12.54, e	Procurement of HIV test kits and consumables for the state	6,500,000
54	3.13.19.1	3.13.19.1 a	Procure basic operational equipment/material for establishment of DMA in the State	69,500,000
		3.13.19.1 b	Renovation of Osun State drugs and medical supplies management agency office	30,000,000
		3.13.19.1 c	Purchase of drugs medical consumable and Hilux for Osun state drugs and medicals supplies management.	2,075,000,000
55	3.13.19.2	3.13.19.2 a	Conduct a day bimonthly POD reconciliation meeting with 10 LMCU member	1,350,000
		3.13.19.2 b	Conduct a 4 day bimonthly Last Mile Distribution Spot check in 20 HFs by 3 LMCU Officers	1,080,000
		3.13.19.2 c	Conduct a day quarterly PSM-TWG meeting involving 40 participants	2,600,000
		3.13.19.2 d	Conduct 5 days quarterly monitoring supportive supervision for public health commodities in 30 selected HF using 4 supervisors.	1,680,000
56	3.13.19.6	3.13.19.6 a	Conduct 5-day quarterly routine check on pharmacovigilance and post marketing to 30 selected facilities in the local government using 6 supervisors	1,860,000

		3.13.19.6. b	Conduct a one-day quarterly dissemination meeting on pharmacovigilance report of site visit to 15 relevant key stakeholders	1,350,000
	5	16	Total	2,520,622,000
	49	151	Grand Total	10,922,193,850
			Government (32.8%	3,356,577,650
			Partner (47.5%)	4,856,693,400
			Funding Gap (19.7%)	2,013,878,500

#### 2.2.6. University of Osun Teaching Hospital College (UNIOSUNTHC):

This is one of the State owed medical/health training institution established to provide medical education and training to future and current health professionals in the State. They were part of the State plan development and below are their planned activities for 2025 -

##### UNIOSUN:

S/n	Intervention Code	Activity Code	Activity Narrative	Amount (N)
1	1.16.23.1	1.16.23.1a	Digitization and Operationalization of Telemedicine and Electronic Medical Record (EMR) for 20,000 Patient annually.	303,100,000
	<b>1</b>	<b>1</b>	<b>Total =</b>	<b>303,100,000</b>
			<b>Government (UNIOSUN) = (100%)</b>	<b>303,100,000</b>
			<b>Partner = (0%)</b>	<b>0</b>
			<b>Gap = (0%)</b>	<b>0</b>

### 3.0 Methodology of 2024 NHSDP Review and HSSB AOP 2025 Development

#### 3.1 Desk Review of the NSHDP II 2024:

The department of Health Planning Research Statistics in a bid to ascertain its AOP implementation status did conduct a desk review of all its planned activities for 2024.

The overall objective of the annual review is to assess the implementation of the current annual work plan and use the findings thereof as a basis for the development of a new one.

The specific objectives of the review are:

- To assess the implementation of planned activities (technical performance for implementation) in the elapsing financial year;
- To determine progress on indicators based on the annual work plan (AOP) performance framework;
- To measure the availability and absorption of the AOP financing (financial performance);
- To conduct a SWOT analysis of the implementation of the AOP; and
- To provide recommendations and strategic directions for AOP development.

#### 3.2 AOP Review parameters

Technical and Financial Performance Tool

A review of the 2024 operational plan for State Health Strategic Development Plan II was carried out to determine the extent to which planned activities were implemented in the state. The review was carried out along the lines of the Seven MDAs that make up the State Health Sector viz – OSACA, OSEMSAS, OSSHIA, OSPHCDB, SMoH, HMB & UNIOSUNTHC. The tools deployed for the 2024 plan review was the usual SWOT Analysis Template Tool.

#### 3.3 The objectives of the AOP development workshop were to:

1. To introduce participants to the principles and concepts of HSSB AOP 2025 Planning.
2. To build the capacity of TAs, Federal/State planning officers and development Partners on the HSSB Annual Operational Plan (AOP) processes.
3. To build the capacity of TAs, Federal/State planning officers and development Partners to be able to provide technical supports to Federal, States and FCT in the development of their individual plan.
4. To Harmonized the MDAs and LGA Health Facility Plans into on Federal/State Plan.

#### 3.4 State Level HSSB AOP Implementation Roadmap:

The SWAp Desk Officer of Osun State Ministry of Health Pharm. Wole Ajayi who represented the State during the 5-Days capacity building on the HSSB AOP for 2025 at Abuja organized by FMoH with support from development partners for TAs/Federal/State Officers and Partners, carried out the following task in readiness to the commencement of the rollout plan for the AOP activities actualization in the State. These includes –

- Official debriefing of the Director Health Planning Research and Statistics SMoH on the outcome of the HSSB AOP for 2025 capacity building exercise.
- The debrief of the Permanent Secretary and Hon Commissioner for Health on the outcome of the and the State's responsibility towards the successful implementation of the HSSB AOP for 2025.
- Further on the above the DHPRS and SWAp Desk Officer held an engagement meeting with the MDAs of the SMoH on the HSSB AOP for 2025 and the use of the principle of SWAp for the plan development.

### 3.5 Setting of State Health Agenda and Priority Intervention:

Following the guide provided by the FMoH on the 2025 HSSB AOP the HCH convened a 2-day meeting of top management committee (TMC) of the SMoH to deliberate on the State Health Status to draw the State Health Agenda and set the Priority Interventions for the 2025 HSSB AOP. The meeting was attended by the Perm. Sec, all the Directors of the SMoH, Executive Secretary of State Primary Healthcare Development Board, Chief Executive/Hospital Administrator State Hospital Management Board, Executive Secretary Osun State Health Insurance Agency etc.

#### 3.5.1 Key deliverables of the above meeting are –

- State Health Agenda adopted -
- 183 out of 262 Interventions were prioritized for implementation in the State.

#### 3.5.2 Engagement Meeting with Development Partners/Stakeholders:

The DHPRS convened a 1-day engagement meeting with all the State health partners/stakeholders to share the State prioritized intervention for their activity alignment towards the achievement of **“One Plan, One Budget, One Report, One Conversation”** in the State come 2025.

The HCH was physical present at the meeting which he chaired and declared open.

Key events during the meeting were Goodwill messages from DPs, Presentation of the 183 intervention areas of the State and discussions.

Present at the Meeting were – HCH, DHPRS plus other Directors, UNICEF TA for Osun State, WHO SC, UNICEF Rep. ECEWS SC, TCI SC etc.

The Meeting ended with agreement for all partner in the State to align their programs/projects to fit into the State's Prioritized Interventions.



### 3.6 HSSB AOP 2025 Development – Methodology/Approach:

#### Activity 1: Training of SMoH Planning Cell/Program Officers on the 2025 HSSB AOP

##### 3.6.1.1 Planning Meeting:

A planning meeting was conducted by the office of the DHPRS to review agenda and ascertain the State's readiness to kick-start the plan development process looking at participants for the training, availability of the cash backing, identification of the venue, finalization of the training days etc. The meeting had in attendance the host director – Dr Famakinwa DHPRS, SWAp Desk Officer, UNICEF TA, UNICEF Rep in the State, WHO SC and Account's Department Rep.

##### 3.6.1.2 Training Proper (30<sup>th</sup> September – 2<sup>nd</sup> October, 2024):

This was the first capacity building in the State towards the 2025 AOP development that involved selected persons across the different MDAs to bring them up to speed with the capacity to drive the AOP development in their different MDAs

##### The Objectives of the above training are –

- To Orient the State Planning cell and Program officers on the AOP process for 2025
- To build the capacity of the State Planning Cell and Program Officers on the use of the Health Sector Strategic Blueprint(HSSB) annual operational planning (AOP) tools.
- To ensure that the trained Planning Cell and Program Officers utilize the acquired knowledge and skills to develop and timely share their individual MDA's plan for 2025.

**Participants:** The Permanent Secretary SMoH, DHPRS, SWAp Desk Officer, UNICEF TA, WHO and UNICEF Reps. Other were Planning Cell/Program Officer were made up of personnel with the needed basic capacities for planning from the different MDAs of the SMoH.

**Opening:** The Training commenced with the welcome/opening remarks given by the DHPRS, thereafter were goodwill messages from the partners. The PS did declare the training open on behalf of the HCH.

The Team had a group photograph with the PS.

**Techniques applied were** – Facilitations/Presentations, Group/Individual MDA Work, Group/Individual MDA Presentations, Group/Individual MDA Discussions.

##### Facilitators –

- SWAp Desk Officer SMoH
- UNICEF TA
- WHO SC
- UNICEF Cold Chain Officer

##### Key Action Points:

- A. Planning Cell/Program Officer to mobilize their MDA and obtain date/s for their plan development.
- B. SWAp Desk Officer, UNICEF TA & Partners to monitor and follow-up with the different MDAs through their Planning Cell/Program Officers on progress.

- C. Planning Cell Officer to collate and transmit their MDA's plan to the SWAp Desk Officer DHPRS within the agreed timeline.

**Below:** Sectional Photograph of Planning Cell Officers' Training



**Below:** Group Photograph taken at the end of the 3 days Planning Cell Officers' Training on HSSB AOP for 2025



## Activity 2: Orientation Meeting on LGA HF SITAN/AOP Development:

**3.6.2: Planning Meeting:** Prior to orientation meeting was a planning meeting with the DHPRS office and SPHCDB to ascertain and review the clustering of the LGAs for the meeting, agree on the dates/venue for each cluster, draw agenda etc.

### 3.6.2: LGA HF SITAN and AOP development Meeting:

The LGA Team HF orientation meeting for the HSSB AOP 2025 happened in cluster of 4 batches as follows –

S/n	LGAs	Venue	Date	Team/Participants
1	Boluwaduro, Boriye, Ifedayo, Ifelodun, Ila, Irepodun, Odo-Otin, Olorunda, Orolu & Osogbo. (Osun Central Zone)	ADMUS Hotel & Suites Ede, Ede South LGA	4/10/2024	<ul style="list-style-type: none"> <li>Secretaries of Health,</li> <li>OiCs,</li> <li>LIOs,</li> <li>M&amp;Es,</li> <li>HPOs,</li> <li>DSNOs</li> </ul>
2	Ayedaade, Ayedire, Ede North, Ede South, Egbedore, Ejigbo, Irewole, Isokan, Iwo & Oluwa (Osun West Zone)		5/10/2024	
3	Atakumosa East, Atakumosa West, Ife Central, Obokun & Oriade. (Osun East Zone)	Upper Spring Hotels & Suites	8/10/2024	
4	Ife East, Ife North, Ife South, Ilesha East & Ilesha West. (Osun East Zone)	Iwaraja, Ilesha Oriade LGA	9/10/2024	



**Participants:** DHPRS, SWAp Desk Officer, UNICEF TA, WHO and UNICEF Reps. Other were the different LGA team and 2 other key officers of the SMoH.

**Opening:** The Training commenced with the formal declaration of the meeting open by the DHPRS SMoH, preceding the above were remarks by the State SWAp Desk Officer and Goodwill messages from partners.

**Orientation Meeting Objectives:**

1. To conduct 1-day session on how to carryout situational analysis to determine health facility needs
2. To equip LGA team with the needed capacity to develop annual business/quality improvement plan to be linked to the 2025 AOP priorities.
3. To discuss ways of improving grassroots Health Sector Planning moving forward.

**Techniques applied –**

Facilitations/Presentations, Group/Individual HF Work, Group/Individual HF Presentations, Group/Individual HF Discussions.

**Facilitators –**

- SWAp Desk Officer SMoH
- UNICEF TA
- Rep. of SPHCDB
- WHO SC
- UNICEF Cold Chain Officer

**Key Action Points:**

- OiCs to mobilize the relevant stakeholders for their HF SITAN and AOP development for 2025.
- OiCs to send their plans to the Secretary of Health of the LGA for onwards transmission to the SPHCDB within the agreed timeline.
- SWAp Desk Officer, UNICEF TA, Rep. of SPHCDB & Partners to monitor and follow-up with the LGAs on progress.



**Above LH:** Unicef TA having a section during the LGA SITAN Meeting on HF plan development.  
**Above RH:** Group Photograph during the LGA SITAN Meeting on HF AOP Development.  
**LH:** SWAp Desk Officer facilitating during the LGA SITAN Meeting on HF AOP development.



### Activity 3: MDAs/LGA HF AOP Development Process Monitoring/Supervision

The HSSB AOP 2025 process across the different MDAs and LGAs were monitored and supervised by the SWAp

Desk Officer/UNICEF TA/Partners –

**Below:** Photograph of the different MDA's plan development meeting.



### Activity 4: Osun State HSSB AOP 2025 Development/Harmonization Meeting.

#### 3.7.4: Planning Meeting:

A planning meeting was convened by the office of the DHPRS SMoH to review agenda and ascertain the State's readiness to the AOP harmonization Meeting. The meeting had in attendance the host director – Dr Famakinwa DHPRS, SWAp Desk Officer, UNICEF TA, UNICEF Rep in the State, WHO SC and some Planning Cell Officers etc.

#### Training Proper (21<sup>st</sup> – 25<sup>th</sup> October, 2024:

This activity witnessed the assemblage of all trained planning cell officers, program officers, Directors of the SMoH and affiliate MDAs.

**The Objectives of the above training are –**

- ❖ Orient Stakeholders on Health Sector SWAp, Blueprint and HOPE Project
- ❖ Finalize the Situation Analysis for 2025 AOP
- ❖ Review and Finalize MDA and LGA HF Levels AOP
- ❖ Provide Cross Validation of Planned Activities Across MDAs to Reduce Duplication and Improve Efficiency
- ❖ Harmonize Health Facility and MDAs AOP into State Level AOP

**Participants:** The Hon Commissioner for Health, Permanent Secretary SMoH, DHPRS and other Directors, SWAp Desk Officer, UNICEF TA, WHO and UNICEF Reps, ECEWS. Others were Planning Cell/Program Officers and other stakeholders from OSACA, OSEMSAS, OSSHIA, SPHCDB, UNIOSUN etc.

**Opening:** The Training commenced with the welcome/opening remarks given by the DHPRS, thereafter were goodwill messages from the partners. The Hon Commissioner for Health Hon Barr. Jola formally declared the meeting open on behalf of the government of Osun State..

The Team had a group photograph with the PS.

**Techniques applied were** – Facilitations/Presentations, Group/Individual MDA Work, Group/Individual MDA Presentations, Group/Individual MDA Discussions for cross validation of the different MDA plans.

**Facilitators** –

- SWAp Desk Officer SMoH
- UNICEF TA
- WHO SC
- UNICEF Cold Chain Officer

### **Key Action Points:**

- A. Stakeholders oriented on Health Sector SWAp, Blueprint and HOPE Project
- B. Finalize the Situation Analysis for 2025 AOP
- C. MDA and LGA HF Levels AOPs reviewed and finalized.
- D. MDA plans Cross Validated to Reduce Duplication and Improve Efficiency
- E. LGA Health Facility and MDAs AOPs harmonized into State Level AOP

**Below:** Hon Commissioner Hon. Barr. Jola Akintola declares the State AOP development/harmonization meeting open amidst key officers of the SMoH and stakeholders.



**Below:** Group photograph at the HSSB AOP Meeting opening ceremony.







**Above:** SWAp Desk Officer facilitating a session during the HSSB AOP harmonization Meeting.  
**Below:** Unicef TA facilitating MDA harmonization presentation with support from Unicef State Rep.



**Above:** DHPRS with Unicef TA and other Partners at the HSSB AOP harmonization Meeting.  
**Below:** Cross section of participants at the HSSB AOP harmonization meeting



## Activity 5: Osun State HSSB AOP 2025 Validation Meeting.

### 3.8.5: Validation Meeting:

Soon after the AOP harmonization meeting, the DHPRS organized a day AOP validation meeting aimed at ensuring that the HSSB AOP passes through quality assurance check by stakeholders and that the plan meets the need of SMOH and of course that of the State.

### 5.1 The Objectives of the above training are –

- To provide objective evidence for consensus building and adoption of the HSSB AOP 2025
- To verify and confirm that the AOP meets the stakeholders' and State's health needs for 2025.

**The Validation Meeting schedule was as follows –**

**Date:** Tuesday 26<sup>th</sup> November, 2024

**Venue:** Osamdo House, Osogbo

**Participants:** The Hon Commissioner for Health, Permanent Secretary SMOH, DHPRS and other Directors, SWAp Desk Officer, WHO and UNICEF Reps, ECEWS. Others were Planning Cell/Program Officers and other stakeholders from OSACA, OSEMSAS, OSSHIA, SPHCDB, UNIOSUN etc.

**Techniques applied were –** Facilitations/Presentations, Group/Individual MDA Work, Group/Individual MDA Presentations, Group/Individual MDA Discussions for cross validation of the different MDA plans.



The Osun State HSSB AOP 2025 was developed across 4 Pillars and 3 Enablers of the blueprint. The plan covers 86 Interventions and a total of 222 activities were generated which amounted to **sixteen billion eight and thirty-two million five hundred and seventy-one thousand eight hundred and fifty naira (N16,832,571,850)**

### 3.7 The Different MDAs with Summary of their Interventions and Activities for 2025

#### MDAs Summary Budget:

S/n	MDAs	No of Interventions	% of Total Health Sector Interventions	No. of Activities	% of Total Health Sector Activities	Amount (N)	% of Total Health Sector Budget
1	OSACA	3	3.49%	10	4.5%	145,103,500	0.86%
2	OSEMSAS	1	1.16%	6	2.7%	28,405,000	0.17%
3	OSPHCDB	22	25.58%	44	19.82%	5,823,141,500	34.59%
4	OSSHIA	6	6.98%	10	4.5%	307,803,500	1.83%
5	SMoH_SHMB	53	61.63%	151	68.02%	10,225,018,350	60.75%
6	UNIOSUN	1	1.16%	1	0.45%	303,100,000	1.8%
	<b>Total =</b>	<b>86</b>	<b>100%</b>	<b>222</b>	<b>100%</b>	<b>16,832,571,850</b>	<b>100%</b>

#### LGA PHC Summary Budget:

S/n	Priority Area	No of LGAs	No of Wards	No of HFs	Amount (N)	% of Total PHC Summary Budget
1	Administrative Systems and Infrastructure	30	332	332	69,977,460	9.56%
2	Financial Systems	30	332	332	29,328,132	4.0%
3	Human Resource Management	30	332	332	279,190,000	38.14%

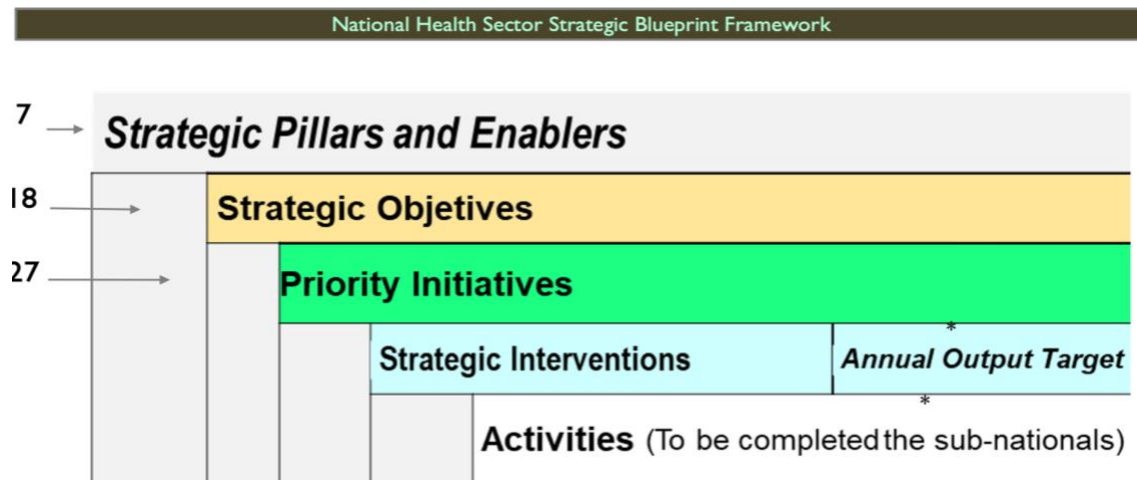
4	Maternal and Child Health Services (RMNCH+N)	30	332	332	47,505,404	6.49%
5	Patient Care Management	30	332	332	20,165,555	2.75%
6	Essential Drugs and Commodities	30	332	332	202,093,240	27.61%
7	Laboratory	30	332	332	19,296,348	2.64%
8	Health Management Information System	30	332	332	21,865,320	2.99%
9	Utilization and Clinical Outcomes	30	332	332	3,886,500	0.58%
10	Community Involvement and Participation	30	332	332	38,770,120	5.30%
	<b>Total =</b>	<b>30</b>	<b>332</b>	<b>332</b>	<b>732,078,079</b>	<b>100%</b>

**Total Health Sector & LGA PHC Summary Budget:**

S/n	Sector	Amount (N)	% of Total Health Budget
1	Health Sector Budget	16,832,571,850	95.83%
2	LGA PHC Budget	732,078,079	4.18%
	<b>Grand Total =</b>	<b>17,564,649,929</b>	<b>100%</b>


#### 4.0 Osun State Operational Plan Budget:

##### The HSSB AOP Development Process -



### AOP Tool Landing Page (Follow the instructions below)

The landing page features the Nigerian coat of arms at the top. Below it, the text 'FEDERAL MINISTRY OF HEALTH, NIGERIA' is displayed. The main heading is 'Health Sector Annual Operational Planning (AOP) Tool'. The page provides instructions on how to develop the AOP, stating that it should be based on the Health Sector Strategic Blueprint (HSSB) 2023-2027 and other sector strategic priorities. It instructs users to click on the required template(s) to develop the AOP. A note mentions that within any sheet in the AOP template, users should click on 'Return to Home Page' to return to this page. At the bottom, there are two buttons: 'AOP Template 1 (Click here) Health Sector Strategic Blueprint (HSSB)' and 'AOP Template 2 (Click here) Non-HSSB Priorities and Operational Mandate'.

  
FEDERAL MINISTRY OF HEALTH, NIGERIA

Health Sector Annual Operational Planning (AOP) Tool

The AOP is to be developed from the health sector strategic priorities which includes the Health Sector Strategic Blueprint (HSSB) 2023-2027 and other sector strategic priorities and institutional operational mandate.

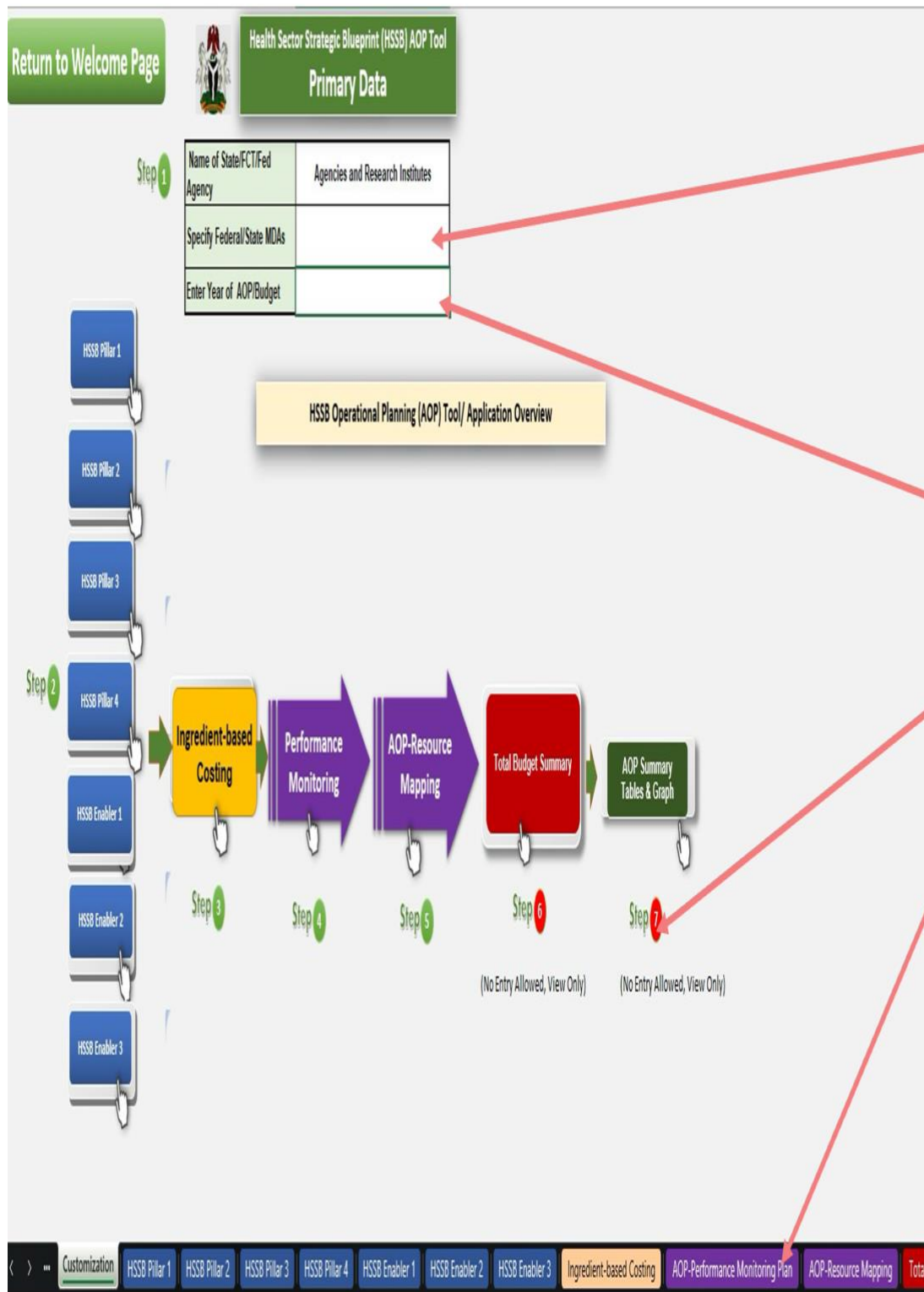
Click on the required template(s) (in turn) to develop the AOP

Within any sheet in the AOP template, click on "Return to Home Page" to return to this page

AOP Template 1 (Click here)  
Health Sector Strategic Blueprint (HSSB)

AOP Template 2 (Click here)  
Non-HSSB Priorities and Operational Mandate

# Overview and 7 Procedural steps to the Blueprint AOP



## Notes:

1. Complete the primary data by selecting the name of the state or Federal level Departments/Agencies/Parastatals in the drop down.
2. Enter the year of AOP/Budget
3. Read Step 1 to Step 7 to understand the flow.
4. Navigate through the worksheets or the buttons for each of the modules to proceed.



Cost Assumptions 1	
Item	Unit Cost (₦)
Lead Consultant	150,000
National Consultant	120,000
Federal/State Consultant	120,000
Large Hall	800,000
Small Hall	350,000
Meeting Room	150,000
Projector	30,000
Tea (3-star)	4,000
Tea (4/5-star)	7,000
Lunch (3-star)	10,000
Lunch (4/5-star)	15,000
Accommodation (3-star)	40,000
Accommodation (4/5-star)	100,000
Air ticket (to&fro) + terminal (4 legs)	240,000
Local Transport	5,000
DSA (without accomodation & meals)	22,000
Honourarium (Basic)	10,000
Honourarium (TRP)	70,000
Honourarium (SME)	200,000
Stationary	1,000
Room for more input	

**Notes:**

1. Review the list below and adjust the unit cost where necessary.
2. Add more cost items and the unit cost for items not listed.
3. You are NOT allowed to enter text in the unit cost column. The unit cost is limited to figures only and the minimum is 10 naira only.
4. You are RESTRICTED to make any entry OUTSIDE the two columns for cost item and unit cost.

1. The Pls, Interventions, Activities and the Budget will be automatically populated after the completion of the costed AOP.

2. A “One Conversation” dialogue meeting will be required where Government and Partners are expected to express their financial commitments in line with the interventions/activities.

3. The funding gap will be automatically calculated for each of the interventions/activities for additional resource mobilization.

[Return to Welcome Page](#)

		HSSB (SwAP) AOP Budget and Financing				Funding Gap
		Cost of AOP (N)	Government Fund (N)	Name of Dev. Partner including Private Sector	Dev. Partner Fund (N)	
Total Cost of AOP	HSSB Operational Activities	N 4,748,094,000	N 88,990,000		N 56,425,000	N 4,662,679,000
OP Pillar (1)		N 448,814,000	N 84,990,000		N 35,425,000	N 328,399,000
1.1		Strengthen oversight and effective implementation of the National Health Act				
1.1.1		N 107,984,000	N 51,670,000		N 22,920,000	N 33,394,000
1.1.1.1		N 93,374,000	N 44,700,000		N 19,300,000	N 29,374,000
1.1.1.1a	5-Day TWG workshop to revise framework (Abuja, Residential)	N 30,140,000.00	N 20,000,000.00		N 5,000,000	N 5,140,000.00
1.1.1.1b		N 14,282,000.00	N 6,000,000.00		N 3,000,000	N 5,282,000.00
1.1.1.1c		N 34,952,000.00	N 11,000,000.00		N 7,000,000	N 16,952,000.00
1.1.1.1d		N 800,000.00	N 400,000.00		N 200,000	N 200,000.00
1.1.1.1e		N 4,800,000.00	N 3,000,000.00		N 1,500,000	N 300,000.00
1.1.1.1f		N 4,800,000.00	N 2,300,000.00		N 1,300,000	N 1,200,000.00
1.1.1.1g		N 3,600,000.00	N 2,000,000.00		N 1,300,000	N 300,000.00
1.1.1.1h		N -			N -	N -
1.1.1.2		N 14,490,000	N 6,890,000		N 3,600,000	N 4,000,000
1.1.1.2a		N 4,800,000.00	N 1,500,000.00		N 1,500,000	N 1,800,000.00
1.1.1.2b		N 4,800,000.00	N 2,300,000.00		N 1,300,000	N 1,400,000.00
1.1.1.2c		N 4,800,000.00	N 3,000,000.00		N 1,000,000	N 800,000.00
1.1.1.2d		N -			N -	N -
1.1.1.2e		N -			N -	N -

[AOP-Budget](#)
[AOP-Performance Monitoring Plan](#)
[AOP-Priority Setting](#)
[AOP-Resource Mapping](#)
[AOPS](#)

[Return to Welcome Page](#)

#### NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY Health Sector 2025 Operational Planning (AOP) Summary Outputs



[Calculations](#)

[AOP-Resource Mapping](#)

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	N 448,814,000	N 84,990,000	N 35,425,000	N 328,399,000
Strategic Pillar Two: Efficient, Equitable and Quality Health system	N 2,937,600,000	N 4,000,000	N 4,000,000	N 2,929,600,000
Strategic Pillar Three: Unlocking Value Chains	N 714,240,000	N -	N -	N 714,240,000
Strategic Pillar Four: Health Security	N 241,920,000	N -	N 4,000,000	N 237,920,000
Enabler 1: Data Digitization	N 189,120,000	N -	N 3,000,000	N 186,120,000
Enabler 2: Financing	N 183,600,000	N -	N 10,000,000	N 173,600,000
Enabler 3: Culture and Talent	N 32,800,000	N -	N -	N 32,800,000
Total	N 4,748,094,000	N 88,990,000	N 56,425,000	N 4,602,679,000
% Distribution		1.9%	1.2%	96.9%

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	N 448,814,000	N 111,740,000	N 76,800,000
Strategic Pillar Two: Efficient, Equitable and Quality Health system	N 2,937,600,000	N 1,262,400,000	N 1,608,000,000
Strategic Pillar Three: Unlocking Value Chains	N 714,240,000	N 308,160,000	N 338,880,000
Strategic Pillar Four: Health Security	N 241,920,000	N 30,720,000	N 49,920,000
Enabler 1: Data Digitization	N 189,120,000	N 57,600,000	N 49,920,000
Enabler 2: Financing	N 183,600,000	N 26,880,000	N 102,960,000
Enabler 3: Culture and Talent	N 32,800,000	N 32,800,000	N -
Total	N 4,748,094,000	N 1,830,300,000	N 2,226,480,000
% Distribution		38.5%	46.9%

1. You are NOT allowed to make any entry in the SUMMARY module.

2. This module is for automated result tables and graphs for presentations and report writing.

## LGA Health Facility Planning Tool –

### Health Facility Information And Priority Areas

2025 Health Facility Annual Plan

**BHCPF**  
Best Healthcare, Positive Future

Health Facility		State	
Ward		Zone	
LGA		Annual Plan Year	

General information of the sampled Health Facility. To be filled by respondents for the purpose of quality assurance.

S/N	Priority Areas
1	Administrative Systems and Infrastructure
2	Financial Systems
3	Human Resource Management
4	Maternal and Child Health Services (RMNCH+N)
5	Patient Care Management
6	Essential Drugs and Commodities
7	Laboratory
8	Health Management Information System
9	Utilization and Clinical Outcomes
10	Community Involvement and Participation

10 Health Facility prioritized areas.

### Health Facility Priority Areas

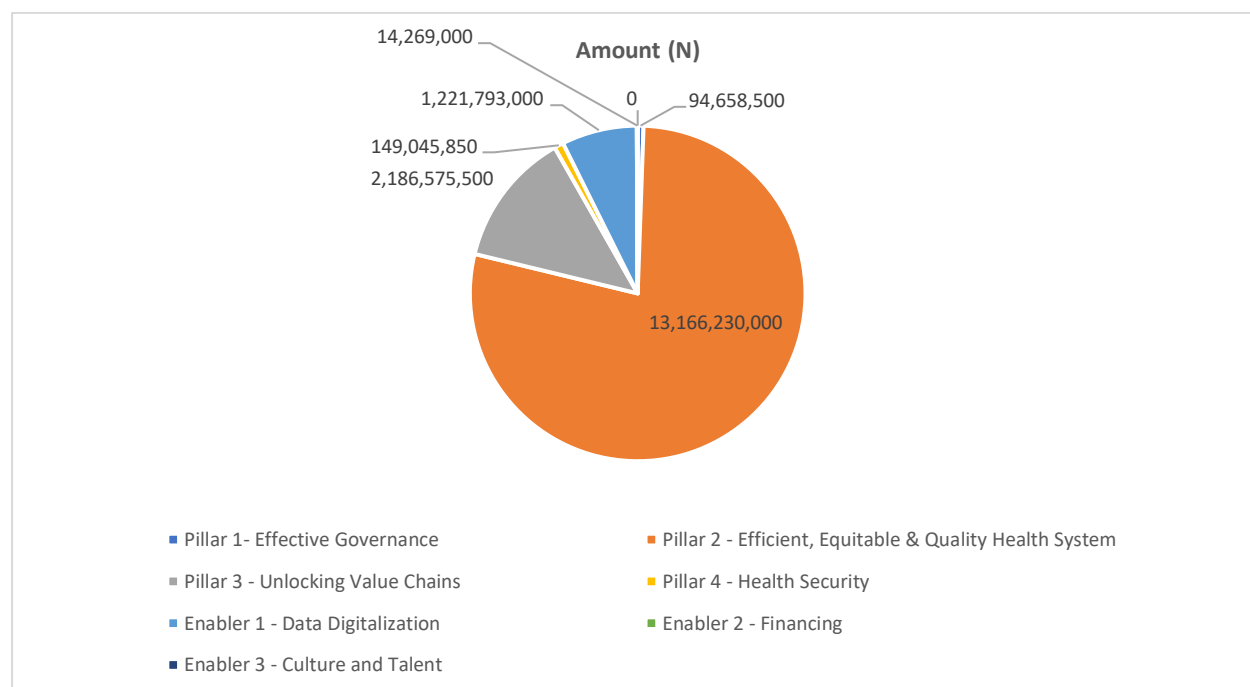
S/N	Priority Areas
1	Administrative Systems and Infrastructure
2	Financial Systems
3	Human Resource Management
4	Maternal and Child Health Services (RMNCH+N)
5	Patient Care Management
6	Essential Drugs and Commodities
7	Laboratory
8	Health Management Information System
9	Utilization and Clinical Outcomes
10	Community Involvement and Participation

- 10 BHCPF Priority Areas
- Kindly align the actions for the health facility along these 10 priority areas.
- Further guide will be provided by the facilitators on the scope of each priority areas.
- Reference should be made to other supporting guidelines for health facilities.

**Table 4.1: Summary of Osun State Health Sector Budget by HSSB AOP Pillars:**

AOP Budget and Financing				
HSSB AOP PILLARS	Total Cost of AOP	Government's Commitment	Development Partners including Private Sector	AOP Funding Gap
<b>Strategic Pillar One:</b> Effective Governance	N 94,658,500	N 4,680,000	N 90,913,500	-N 935,000
<b>Strategic Pillar Two:</b> Efficient, Equitable and Quality Health system	N 13,166,230,000	N 4,043,050,525	N 6,993,990,175	N 2,131,818,500
<b>Strategic Pillar Three:</b> Unlocking Value Chains	N 2,186,575,500	N 137,275,500	N 1,066,500,000	N 982,800,000
<b>Strategic Pillar Four:</b> Health Security	N 149,045,850	N 142,709,850	N -	N 6,336,000
<b>Enabler 1:</b> Data Digitization	N 1,221,793,000	N 1,088,366,100	N 70,251,900	N 63,175,000
<b>Enabler 2:</b> Financing	N 14,269,000	N 14,269,000	N -	N -
<b>Enabler 3:</b> Culture and Talent	N -	N -	N -	N -
<b>Total</b>	N 16,832,571,850	N 5,430,350,975	N 8,221,655,575	N 3,183,194,500
	<b>% Distribution</b>	<b>32.3%</b>	<b>48.8%</b>	<b>18.9%</b>
		<b>100.0%</b>		

**Pie-Chart: 4.2:**



Bar-Chart 4.3:

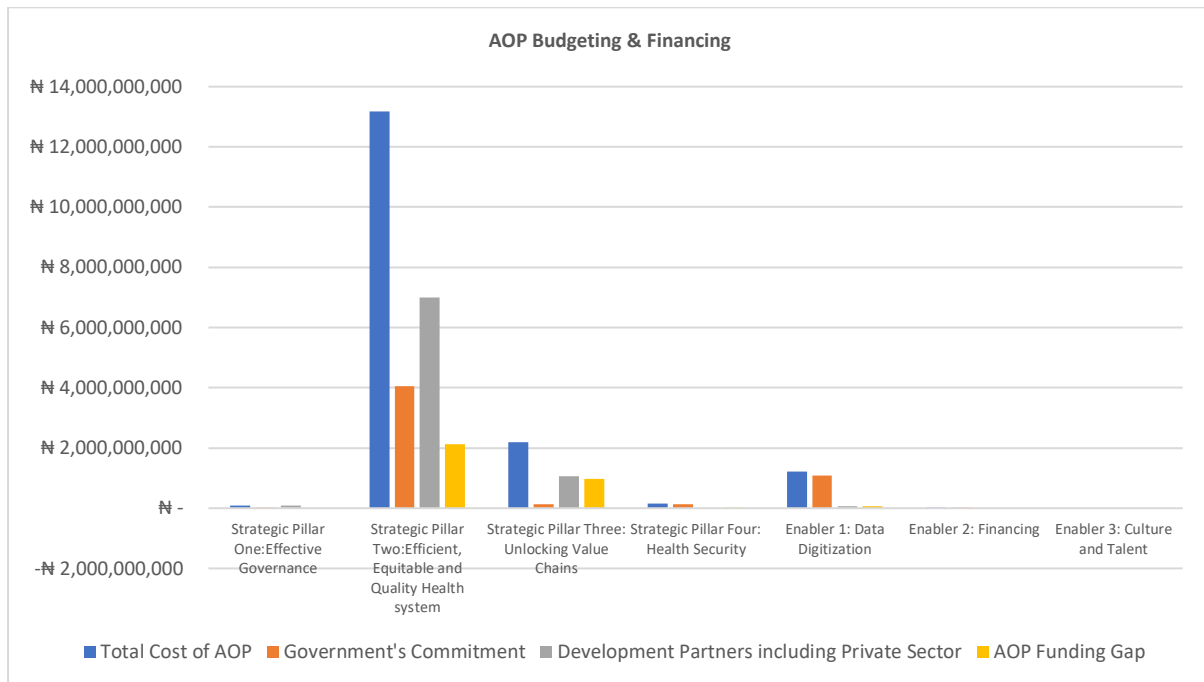
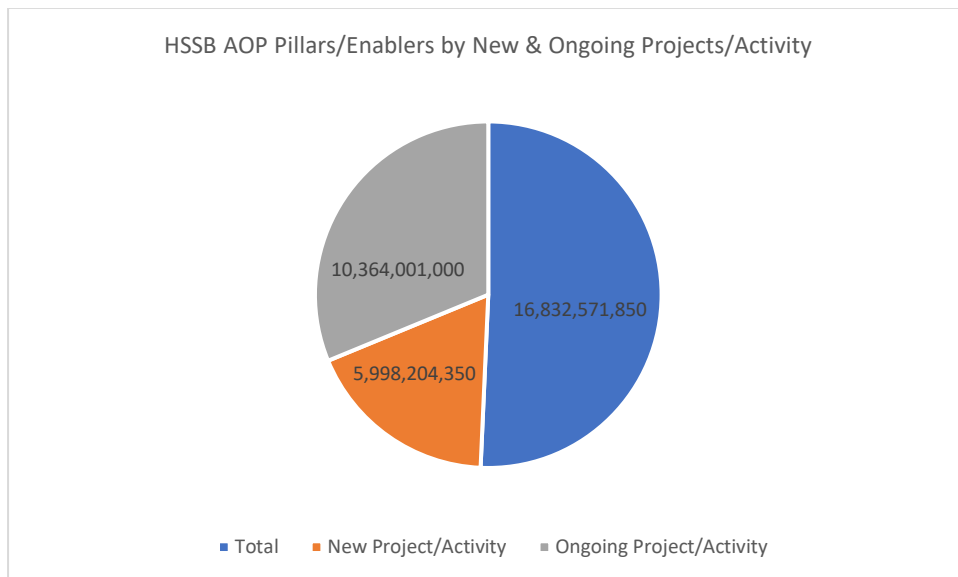


Table 4.4:

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	N 94,658,500	N 110,000	N 94,548,500
Strategic Pillar Two: Efficient, Equitable and Quality Health system	N 13,166,230,000	N 3,430,049,500	N 9,695,859,000
Strategic Pillar Three: Unlocking Value Chains	N 2,186,575,500	N 2,176,565,500	N 8,570,000
Strategic Pillar Four: Health Security	N 149,045,850	N 60,295,850	N 84,940,000
Enabler 1: Data Digitization	N 1,221,793,000	N 325,379,500	N 473,818,500
Enabler 2: Financing	N 14,269,000	N 5,804,000	N 6,265,000
Enabler 3: Culture and Talent	N -	N -	N -
Total	N 16,832,571,850	N 5,998,204,350	N 10,364,001,000
	% Distribution	35.6%	61.6%
		97.2%	

Pie-Chart 4.5:

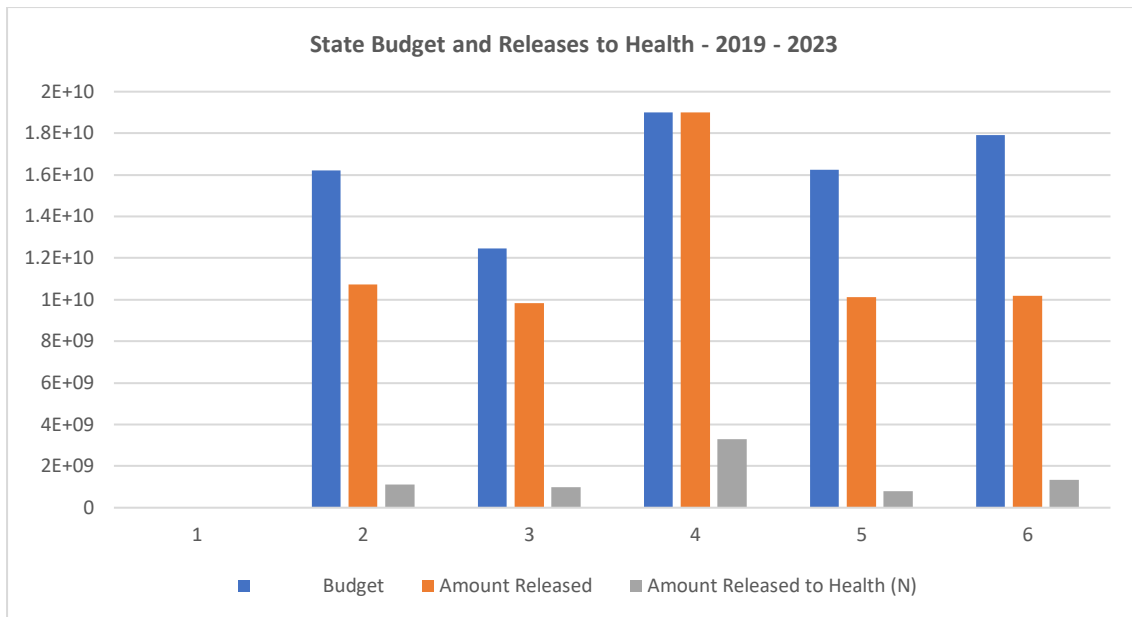


#### 4.6: Prospects of State Funding of HSSB AOP 2025:

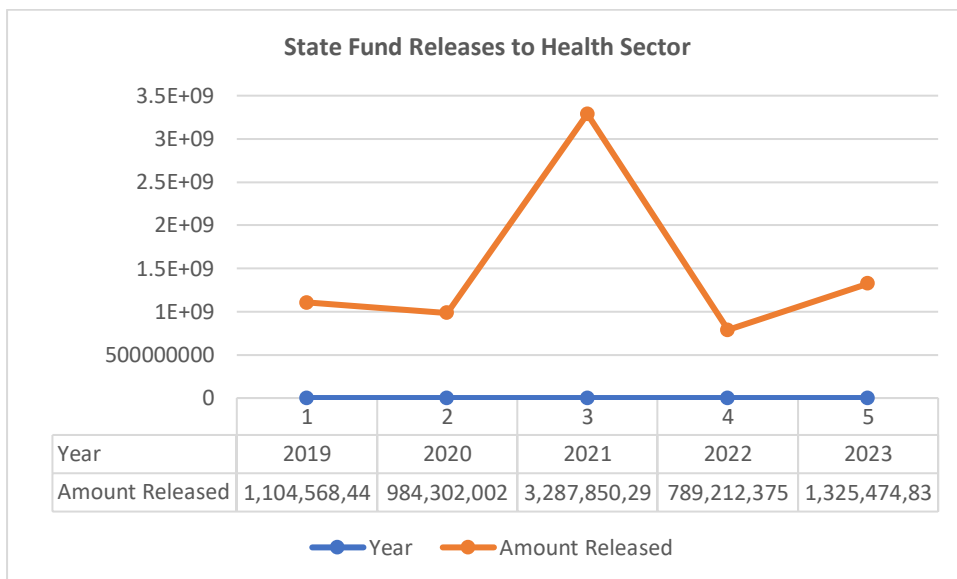
Table 4.6.1:

Osun Health Sector Budget Performance 2019-2024				
Year	Budget (₦)	Amount Released (₦)	Amount Released to Health (₦)	% Release to Health
2019	16,217,970,330.00	10,723,965,505.00	1,104,568,447	10.3%
2020	12,458,449,140.00	9,843,020,024.00	984,302,002	10%
2021	19,007,201,380.00	19,004,915,000.00	3,287,850,295	17.3%
2022	16,253,396,300.00	10,118,107,371.96	789,212,375	7.8%
2023	17,917,530,620.00	10,195,960,258.22	1,325,474,834	13%
2024	24,572,409,790.00	Nil	Nil	

Bar-Chart 4.7:



**Figure 4.8:**



## **5.0 Osun State HSSB AOP 2025 Operational Plan Management**

### **Ownership of the Osun State Operational Plan**

The ownership of this 2025 AOP is the Osun State Government.

### **Leadership**

The implementation, review etc of the 2025 AOP will be led by the Commissioner for Health, Osun State Ministry of Health (SMOH).

### **Scope and Coverage**

The scope and coverage of this 2025 AOP is the entire Osun State population, regardless of the mode of health facilities being accessed by the population – public or private.

### **Collaboration**

Health interventions and activities are enormous and cost intensive responsibility that cannot be undertaken by the Osun State Government alone. Major collaborators include:

- Multi-lateral and Bi-lateral organizations
- Non-Governmental Organizations
- Private-for-profit health providers
- Faith based health providers
- Civil Society Organizations

### **Coordination**

Osun State Ministry of Health will provide leadership, coordinate and harmonize the efforts of all players and stakeholders in order to achieve the desired results for health service delivery and infrastructure in the state. Structural/institutional arrangements that will ensure these are as follows:

- Top Level Management Committee of the SMOH
- Technical Working Group (mTWG) meeting chaired by the Commissioner for Health
- MAL-RMNCAH+N working group meeting
- State Partners' Forum
- Health Data Governance Forum
- Health Data Consultative Coordination (HDCC) meetings



## **Roll Out and Major Milestones**

- Monthly/Quarterly work review meetings
- Mid-year/Annual reviews
- Engagement with private providers of health and philanthropists
- Maternal Neonatal and Child Health (MNCH) week
- Integrated Supportive Supervision (ISS) visits
- Commemoration of Special Days in the State.
- Resource mobilization

## **Conclusion:**

Critical control point of the HSSB AOP 2023 – 2027 plan is the priority setting. The AOP tool is much easier to use.

AOP should come from SMOH Departments and Agencies, being organized and coordinated by the DHPRS.

The bottom-up approach in this plan development originating from Health facility plans are vital for BHCPP/HOPE Program and contributing to the entire State HSSB AOP.

## **6.0 References:**

1. Nigeria Demographic Health Survey (DHS). National Population Commission, Nigeria. 2018. <https://www.dhsprogram.com/pubs/pdf/FR359/FR359.pdf>. Accessed 22 Dec 2023.
2. World Health Organization (WHO) Malaria Key Facts. Available from: <https://www.who.int/news-room/fact-sheets/detail/malaria>.
3. National Malaria Elimination Programme, 2019
4. World Health Organization, 2019.
5. National Malaria Elimination Programme, Malaria Indicator Survey, 2021.
6. National Population Commission; National Demographic and Health Survey, 2018.
7. Law No.5 Health Insurance Scheme Law 2018.
8. Osun State Hospital Management Board Edit 1999.
9. Health sector Performance Report 2023.
10. Guideline for Safe Termination of Legacy for Legal indications

## Appendix I: List of Participants for Planning Cell/Program Officers Training

S/N	NAME (SURNAME FIRST)	ORGANISATION	PHONE NO
1	FAMAKINWA OLAKUNLE PETER	DHPRS/SMOH	08060801585
2	ABIALA FOLASADE RUTH	SMOH	08037380754
3	OSUNNIRAN FLORENCE AYOOLA	SMOH	08145911792
4	ABATAN OLOLADE MARGERET	SMOH	08066676086
5	EMMANUEL DEBORAH FUNMILOLA	SMOH	08058338563
6	BELLO RASHIDAT OLUBUKOLA	SMOH	08037653873
7	AROWOSAFE ELIZABETH. OLAYEMI	OSEMSAS	08074371574
8	ASAOLO CHRISTIANAH FUNMILAYO	SPHCB	,08038484584
9	AJAYI ATINUKE ADENIKE	SMOH	08038464082
10	AKINTARO TEMITOPE PETRA	SPHCB	08034781687
11	ADEOYE ABIDEEN ADEBOWALE	SMOH	08034195239
12	ADEYEMI IDAYAT TEMITOPE	SPHCB	07039315590
13	AMUSAT FATAI ADEWUMI	SPHCB	07063903664
14	ADIGUN WURAOLA BADIRAT	SMOH	09067156177
15	ADEWUMI DANIEL I.	SMOH	07030631979
16	OYETUNDE OLASUNMBOYE	SMOH	08060593734
17	POPOOLA RASHEEDAT OLUKEMI	SPHCB	07068413202
18	ISADARE OLUWATOYIN A.	OSSHMB	08069048592
19	ISOLA OLUSOLA A.	OSSHMB	08034626694
20	TOLANI NURUDEEN A.	UNIOSUN TH	07034957992
21	ADELEKE KAZEEM.A.	O'SACA	08035765373
22	OYEGOKE ANTHONY.A.	OSHIA	07039738408
23	AGBOOLA JOHN.A.	OSHIA	08034648367
24	AJAYI OYEWOLE ABIDEMI	SMOH/ SWAp DO	08033683071
25	ADELEKE LUKMAN	SMOH	07034497243
26	NWANKWO LAWRENCE O.	UNICEF TA	08037727347
27	ISRAEL SOLOMON OLAKANMI	UNICEF COLD CHAIN OFFICER	08062073151
28	DR MRS OJEDIRAN	SC WHO	08035799472

## Appendix II: List of Participants for LGA HF SITAN Meeting for HF Plan Development (Group A)

S/N	NAME (SURNAME FIRST)	ORGANISATION	PHONE NO
1	FAMAKINWA OLAKUNLE P	DHPRS/SMOH	,08073025804
2	EMMANUEL DEBORAH FUNMILAYO	SMOH	,08058338563
3	AJAYI OYEWOLE ABIDEMI	SMOH/ SWAp DO	,08033683071
4	SALAWU TAJUDEEN	ATAK WEST	,08033618845
5	JAYEOBA ADEBAYO J	ATAK WEST	,08034483168
6	AKINTAYO SULAIMAN	ATAK WEST	,08038269415
7	AYOOLA FOLASADE	ATAK WEST	,08069721735
8	OGUNNIRAN GANIYAT O	ATAK WEST	,08033841754
9	OLAWOYIN SAMSON	ATAK WEST	,08066415519

10	ADEJIN ADEBUKOLA. R	ATAK WEST	,08036074828
11	ETUK CHRISTIANAH ABOSEDE	ATAK WEST	,08039091974
12	AJAYI FISAYO REMILEKUN	ATAK WEST	,08039091974
13	OYETOLE EMMANUEL	ATAK WEST	,08067047404
14	OBADARE RUTH OMOLARA	ILESA WEST	,08062441374
15	FATOBERU MARY ADEJOKE	ILESA WEST	,08035678007
16	ADETOLA TOLULOPE OLAJUMOKE	ILESA WEST	,08064055110
17	AKINLUYI OLUWAFUNMILAYO DEBORAH	ILESA WEST	,08038267274
18	ESAN SURAJ ABEFE	ILESA WEST	,08067204775
19	AJAYI ESTHER OLUFUNKE	ILESA WEST+E3C20:E35	,07036319053
20	OPESEITAN ABIODUN COMFORT	ILESA WEST	,08168265070
21	OWOEYE RACHEAL OMOWUMI	ILESA WEST	,08062186380
22	IWAOLAJI KAZIM.A	ILESA WEST	,08033678008
23	ASINYANBOLA ALIRAT BOLA	ILESA WEST	,08104947379
24	OWOMOYELA J. MODUPE	OBOKUN	,08060087057
25	OLADELE TITILAYO OLUWAYEMISI	OBOKUN	,08039260695
26	AWODELE LYDIA TOYIN	OBOKUN	,08062690823
27	ADARAYAKI LYDIA GNIOLA	OBOKUN	,07037556446
28	ABOLARINWA MARY ADEOLA	OBOKUN	,07033736912
29	ADENIJI FUNMILAYO KEHINDE	OBOKUN	,08062492443
30	AKINTITAN ENITAN O	OBOKUN	,09070801520
31	AWE ADERONKE JUMOKE	OBOKUN	,08062428802
32	MURITALA RASIDAT ODUNOLA	OBOKUN	,08066357154
33	BRAIMAU OLUYEMISI OLAJUMOKE	OBOKUN	,08064494989
34	OTITOJU TOYIN RACHEAL	ATAK EAST	,08130935682
35	OLUNAYEMI GREATNESS JANET	ATAK EAST	,08038566460
36	JIMOH AKEEM OYELEYE	ATAK EAST	,07030629797
37	ADEPOJU KEHINDE	ATAK EAST	,08030770048
38	OYENIRAN FUNMILOLA	ATAK EAST	,08030464486
39	AWOLOPE OLUWATOYIN	ATAK EAST	,08069366959
40	FOLARANMI MODUPE MOTUNRAYO	ATAK EAST	,08130551352
41	AKINOLA OYEYEMI OLUWAKEMI	ATAK EAST	,08035713862
42	ADESOLA OLUWATOYIN	ATAK EAST	,07038759324
43	IBRAHIM AFOLASADE. A	ATAK EAST	,08033937761
44	ADEDIJI OLARONKE BOLAWA	ILESA EAST	,8033851559
45	OYEBODE BASIRAI B	ILESA EAST	,08068724564
46	OLADOKUN ALABA TOMILOLA	ILESA EAST	,08034522602
47	AJIBOLA COMFORT ADEJOKE	ILESA EAST	,07033745378
48	MIMIKO TITILALAYO IBUKUN	ILESA EAST	,08038434123
49	AJEWOLE TOYIN FEYISE TAN	ILESA EAST	,08032055339
50	ADEHIRAH TAIWO AMUDAT	ILESA EAST	,08066401406
51	ALESINLOYE ROFIAT ADEOLA	ILESA EAST	,08164824927
52	FOLASADE FAKOKUNDE FOLASAD	ILESA EAST	,08063524506
53	AKINTAYO-RILWAN-OPEYEMI	ILESA EAST	,08138193721
54	OLANIYAN ANTHONIA. I	IFE CENTRA	,08034171280
55	OLATUNJI TOYIN F	IFE CENTRA	080934349210

56	AFOLABI ADEPEJU	IFE CENTRA	,07062819454
57	IYEDUPE TAIWO.O	IFE CENTRA	,07062819454
58	ADELEKAN JUSTINA. O	IFE CENTRA	,08036175948
59	OGUNREMI ARINOLA. O	IFE CENTRA	,08062146418
60	AWODIRE GRACE OLUWAFUNMILAYO	IFE CENTRA	,07038474465
61	OBAJOBI ESTHER OLUWAFEMI	IFE CENTRA	,08065704693
62	OYEYEMI TITILAYO. O	IFE CENTRA	,08038269650
63	ADENIYI ESTHER	IFE CENTRA	,08062895166
64	ADEBISI AYODELE DEBORAH	IFE SOUTH	,08068494702
65	AYANYEMI ADEBOLA ADEBUNMI	IFE SOUTH	,08062073006
66	ADEOYE CHRISTIANA. A	IFE SOUTH	,08067224241
67	AJAYI IBIRONKE. A	IFE SOUTH	,07062233156
68	SALAMI RUTH. O	IFE SOUTH	,08065641882
69	OLAYIWOLA AFUSAT .M	IFE SOUTH	,08138936942
70	OLAIYA OLURONKE. B	IFE SOUTH	,08032055040
71	ADENIRAKUN NURAT.A	IFE SOUTH	,08032055040
72	EGBAA-IBON FESTUS.T	IFE SOUTH	,08033630109
73	TELLA EMMUNUEL AYODELE	IFE SOUTH	,08064446367
74	OSUNGADE ADEOLA ELIZABETH	IFENORTH	,08067975287
75	OGUNGBEMI FASILAT RONKE	IFENORTH	,08166890790
76	FALOYIN ADEBOLA KEMI	IFENORTH	,08038081860
77	AKANIO FUNMILAYO YEMI	IFENORTH	,08034976264
78	AKINPELU KADIJAT OMOLARA	IFENORTH	,08033827983
79	OLANIYI KASAL OLATUNJI	IFENORTH	,08035244609
80	BABAYODE KAFAYAT. O	IFENORTH	,08060224588
81	ADEYEMO IDOWU HANNAH	IFENORTH	,07064652391
82	ABIOYE BASIRAT BAMIDELE	IFENORTH	,08132853637
83	OYETOLA BLESSING	IFENORTH	,08076072734
84	AKINTOLA OLUKEMI	IFE EAST	,08139588056
85	KAREEM SARIYU OMOLARA	IFEEAST	,08038610002
86	TIJANI RASHEED	IFE EAST	,08054211281
87	HAMMED ALIU ODENIYI	IFE EAST	,08033595823
88	ADEBOLA MERCY. A	IFE EAST	,08033201275
89	OYEBIYI FOLAKEMI	IFE EAST	,08069678783
90	ADEGBESAN F. BOLA	IFE EAST	,08060531886
91	OLOGBENLA IYABO	IFE EAST	,07033259401
92	ADEBISI CHRISTIANA. A	IFE EAST	,08034951846
93	ALO PHEBEAN OMOYENI	IFE EAST	,0806 998 3370
94	OJU OLA OLUWAKEMI LOLA	ORIADE	,08060436302
95	ADEOLA BERNICE OLUWAKEMI	ORIADE	,08060929005
96	ATANDA ODUNOLA. A	ORIADE	,08060929005
97	ADEBAYO MUSILI FOLASADE	ORIADE	,07042198701
98	ADEBAYO FUNMILAYO. A	ORIADE	,08060992134
99	OKEDUN RUTH F	ORIADE	,07038202291
100	ADEDOYIN TAJUDEEN OLALEKAN	ORIADE	,08066370489
101	ADIGUN SERIFAT IBIRONKE	ORIADE	,08066370489

102	ADEWOLE ADESOJI	ORIADE	,08068338609
103	OGUNBOLA ADENIKE ABOSEDE	ORIADE	,08031505783
104	NWANKWO LAWRENCE O.	UNICEF TA	08037727347
105	ISRAEL SOLOMON OLAKANMI	UNICEF COLD CHAIN OFFICER	08062073151
106	DR MRS OJEDIRAN	SC WHO	08035799472

### Appendix III: List of Participants for LGA HF SITAN Meeting for HF Plan Development (Group B)

S/N	NAME (SURNAME FIRST)	ORGANISATION	PHONE NO
1	FAMAKINWA OLAKUNLE P	DHPRS/SMOH	,08073025804
2	EMMANUEL DEBORAH FUNMILAYO	SMOH	,08058338563
3	AJAYI OYEWOLE ABIDEMI	SWAp/SMOH	,08033683071
4	OJUADE VICTORAI OYEBIMPE	EDE SOUTH	,08160160882
5	SANUSI OLUWASEUN. A	EDE SOUTH	,08035606762
6	ABIOSHUN ADEOLA	EDE SOUTH	,08034256241
7	OLAJIDE TEMITOPE. O	EDE SOUTH	,08030800266
8	AJAO MORUFAT MOROMOKE	EDE SOUTH	,080342339250
9	OJEDIRAN WALIYAT ADEKEMI	EDE SOUTH	,08035808342
10	AKINBOADE BUSAYO IFEOLUWA	EDE SOUTH	,08035831270
11	OLANIYI OMOTOLA EASTER	EDE SOUTH	,08060162720
12	ABDULAZEEZ BABATUNDE	EDE SOUTH	,0803390013
13	NURAT NURUDEEN	EDE SOUTH	,09043601449
14	OREDKO KADIJAT.K	EGBEDORE	,8030440340
15	LAWAL FUMILAYO RASID	EGBEDORE	,08034282518
16	AKINWUMI CHRISTIANA	EGBEDORE	,08035742434
17	OYEGOKE OLUWATOYIN	EGBEDORE	,08064607452
18	ILYAS SADE FAIMO	EGBEDORE	,08037285920
19	OYEWO PETERI	EGBEDORE	,09161701409
20	ANIIKAYE ESTHER B	EGBEDORE	,080 31812499
21	ADEKOLAAOLUWAFUNBI ADEOLA	EGBEDORE	,08034800451
22	ELEMIKAN JANET BOLANLE	EGBEDORE	,08064261735
23	OLUWASINA KEHINDE	EGBEDORE	09123456787
24	AKINYEYE BUSAYO. O	IWO LGA	,08035769113
25	ADIGUN ADETOUN. A	IWO LGA	,08033659817
26	LATIFU TIRIMUSIYU. A	IWO LGA	,07064301706
27	ADEGOKE DORCAS. K	IWO LGA	,07062668474
28	OYEYEMI FOLUKE OLASADE	IWO LGA	,07030103253
29	SALAAAHUDEEN ADERONKE. M	IWO LGA	,08032466073
30	OWOLABI KAYODE AYANDA	IWO LGA	,08035036640
31	JESSE OLAOLUWA ADERIGBE	IWO LGA	,08037456518
32	ADELAKIN SAMUEL OLUUUUSEYE	IWO LGA	,08035267458
33	EMMANUEL PHEBE OLUWASANUMI	IWO LGA	,08024471261
34	OGUNYELE TAIBAT	ISOKAN	,07040431930
35	BAMIDELE COMFORT BOLANLE	ISOKAN	,07039395701
36	MUILI MOJEED. O	ISOKAN	,08034647968

37	OMOSANYA BASIRAT	ISOKAN	,08065761803
38	EWUOLA YISAU AYOOLA	ISOKAN	,08067277017
39	OLUGBENRO SAMUEL. O	ISOKAN	,08067085768
40	OMOTOSO GRACE. A	ISOKAN	,08132970297
41	AKINWALE JEMILAT	ISOKAN	,08058333499
42	MOHMOH ABIGAEL AJIBOLA	ISOKAN	,08032867751
43	ONI FOLASADE. O	ISOKAN	,
44	OLADOSU BOSEDE.O	AYEDAADE	,08034627598
45	OSUNBAMI IYABO.O	AYEDAADE	,08062756933
46	ADENIRAN TAWAKALITU.A	AYEDAADE	,08032450755
47	OGUNFUNKE MUJIDAI.O	AYEDAADE	,08062267142
48	AREMU AYOOLA MOTUNRAYO KAFAYAT	AYEDAADE	,08035145430
49	OLAGUNJU FOLASADE JANET	AYEDAADE	,07031685328
50	ADESIYAN ISMAIL.B	AYEDAADE	,08069182327
51	ABIOLA YEMISI ADEBOLA	AYEDAADE	,08038095982
52	OYETADE ADEREMI	AYEDAADE	,08031543697
53	GANIYU SAHEED	AYEDAADE	,0909146592
54	OLAITAN MORISELADE TAYO	EDENORTH	,07030096524
55	AHMED SALAMAT	EDE NORTH	,08035349185
56	OJEREMI DAVID ADEBOLA	EDE NORTH	,08035108189
57	OLAYIWOLA ELIZABETH OLAYEMI	EDE NORTH	,08060992649
58	OLALEKE DEBORAH OLUWAKEMI	EDE NORTH	,07068604174
59	OSUNGBADE IDOWU NIHINLOLA	EDE NORTH	,08034206725
60	OLADEPO MUJIDAT OLABISI	EDE NORTH	,08034246089
61	ONI NURAT BUKOLA	EDE NORTH	,08038594623
62	ADESINA DOECAS OLUDAYO	EDE NORTH	,08036514923
63	OLANIYI ELIZABETH	EDE NORTH	,07031568708
64	ADERIBIGBE ADEWALE ADEBAYO	EJIGBO	,08033772033
65	AKINWUMI FOLASADE.O	EJIGBO	,08038610295
66	OLAWOLE SILIFAT ADEDUN	EJIGBO	,07033051854
67	ADELEKE MARY ARINWADE	EJIGBO	,08067536300
68	OLOKUN ESTHER OLUWATOYIN	EJIGBO	,08039386555
69	ADELOWO JULIANA	EJIGBO	,070382662502
70	ADESINA LYDIA AINA	EJIGBO	,07039458488
71	ADEBAYO MARUFAT OLANREWAJU	EJIGBO	,08053530164
72	YUSUFF MEDINAT	EJIGBO	,08052139251
73	OJO HEZEKIAN.A	EJIGBO	
74	JUNAED. An ISMAEEL	AYEDIRE	,08057188842
75	KAREEM RUTH	AYEDIRE	,07062914985
76	HAMMED. B OLAMIDE	AYEDIRE	,08034309359
77	OJO ADELOWONILE	AYEDIRE	,08035727020
78	AFOLABI TAOFEK AMOBI	AYEDIRE	,08068264070
79	FASASI AISHAT ABIDEMI	AYEDIRE	,0803901829
80	OLAWUYI FASASI ABIDEMI	AYEDIRE	,08038294901
81	WAHAB IDAYAT. T	AYEDIRE	,08062651271
82	AJANI ADEOLU.O	AYEDIRE	,07030744863

83	OLOJEDE KEHINDE. O	AYEDIRE	0706458397
84	OYEYUNJI IBRAHIM ABIMBOLA	OLAOLUWA	,08035801794
85	OYEJIDE NAJEEM ADEKUNLE	OLAOLUWA	,08035815428
86	AKIBU TEMITTOPE	OLAOLUWA	,08066067151
87	ADEGBOSIN OLAWALE OLU	OLAOLUWA	,08068085921
88	FALEYE GRACE FUNMILAYO	OLAOLUWA	,08138263408
89	ADEBAYO SURAJUDEEN ADELEKE	OLAOLUWA	,08068886227
90	ADEWALE ALIYAT OMOTAYO	OLAOLUWA	,08033662980
91	OGUNYINKA SADIAT ABIODUN	OLAOLUWA	,08033645269
92	ADEBAYO SUWEBATU MONUADE	OLAOLUWA	,07066615889
93	SULIYAT O OLADITI	OLAOLUWA	,090699950133
94	OYENIRAN. S. YINKA	IREWOLE	,08060722366
95	SASEYI RACHEAL	IREWOLE	,08060971315
96	SALIMON IGE AKEEM	IREWOLE	,08060472149
97	ADETUNJI ADEBUKOLA	IREWOLE	,07066576116
98	IDOWU ABIOLA OLUWATOSIN	IREWOLE	,08034816574
99	ALABI FASILAT BOLATUMI	IREWOLE	,08030718408
100	OLAMOYERO FOLAKE.A	IREWOLE	,07039398891
101	FAYEMI ABOSEDE.E	IREWOLE	,07030409120
102	AKINOLA ABINMBOLA	IREWOLE	,08066869853
103	WAHAB ABIDEMI FATIMO	IREWOLE	,
104	DR MRS OJEDIRAN	SC WHO	08035799472
105	NWANKWO LAWRENCE O.	UNICEF TA	08037727347
106	ISRAEL SOLOMON OLAKANMI	UNICEF COLD CHAIN OFFICER	08062073151

#### Appendix IV: List of Participants for LGA HF SITAN Meeting for HF Plan Development (Group C)

S/N	NAME (SURNAME FIRST)	ORGANISATION	PHONE NO
1	FAMAKINWA OLAKUNLE P	DHPRS/MOH	,08073025804
2	EMMANUEL DEBORAH FUNMILAYO	SMOH	,08058338563
3	AJAYI OYEWOLE ABIDEMI	SMOH/ SWAp DO	,08033683071
4	ADERINWALE ADEOLA DORCAS	ODO-OTIN	07030125705
5	OKE ADEOLA AGNES	ODO-OTIN	08068165818
6	ADESIOYE BEATRICE YETUNDE	ODO-OTIN	07037706137
7	ADEYEMO S. TUNRAYO	ODO-OTIN	07062468200
8	OYENIYI BEATRICE OMOLARA	ODO-OTIN	08062368465
9	ADEBISI OYELADE FOLASHADE	ODO-OTIN	08102265295
10	OLAIFA RUTH OMOLOLA	ODO-OTIN	08080992415
11	OLADOKUN MARY FOLASADE	ODO-OTIN	07031555890

12	OYENIYI MUJIDAT OLUWAYEMI	ODO-OTIN	08167357726
13	FUNMILOLA ABIODUN	ODO-OTIN	
14	OMOLARA BUKOLA TOMILOLA	IREPODUN	08036986964
15	AWOYELE OLUBUNMI IDOWU	IREPODUN	08035860268
16	AJIBOYE FOLASADE FASILAT	IREPODUN	07065933255
17	FAGBOLU OLUFISAYO	IREPODUN	08038511918
18	YUSUF IBIDUNNI OJUOLAPE	IREPODUN	07065580151
19	ALAJE FOLASADE OLAJUMOKE	IREPODUN	08062182268
20	SALAWUDEEN RILIWAT. O	IREPODUN	07066025132
21	OLAYIWOLA MUSIBAU	IREPODUN	08032579617
22	NURUDEEN YUSUF. O	IREPODUN	08060043913
23	OLUSEGUN OLOWOKERE	IREPODUN	
24	SAIBU ADENRELE OLAOYE	OLORUNDA	08035717214
25	AKANDE OLAJUMOKE TITILAYO	OLORUNDA	08035778515
26	OYEBAMIJI ALICE OLANIKE	OLORUNDA	08067362577
27	KOLAWOLE OMOLARA SIMIAT	OLORUNDA	08066169544
28	OLADIRAN YEMISI VICTORIA	OLORUNDA	08034799826
29	ADEEYO KEMI ADIJA	OLORUNDA	08032895887
30	OGUNLADE ESTHER ABAYOMI	OLORUNDA	07033336092
31	ADEDOKUN OLUFUNKE OLAWUMI	OLORUNDA	08034261149
32	AKINKUNMI CAROLINE OLUBUNMI	OLORUNDA	08063925543
33	TUNDE TOYIN KOFO	OLORUNDA	08045673892
34	ADEGUNODO SIMBIA OLAYINKA	IFELODUN	08061244974
35	ODUKUNLE OMODELE ABOSEDE	IFELODUN	08034698351
36	ALLO BOLANLE FOLASADE	IFELODUN	07033853966
37	ADEWUMI SHELIFAT FOLASADE	IFELODUN	07036741946
38	OLAOGUN OYELADUN FEMI	IFELODUN	08035010559
39	IBRAHIM MARIAM OLUWATOYIN	IFELODUN	07011478830
40	ADEPOJU OLANREWAJU	IFELODUN	08034190970
41	ODEDEJI ELIZABETH BIMBO	IFELODUN	08062721012
42	OLADIPO ADEJOKE ODUNOLA	IFELODUN	07032069979
43	ADENIYI ESTHER	IFELODUN	08062895166
44	OLANIYI ADEOLA OLABISI	OROLU	08164734380
45	TIAMIYU KAMORU.B.	OROLU	08132105019
46	MAKINDE GRACE OLURANTI	OROLU	07010058932
47	OJELAKIN OLAYANJU OLABISI	OROLU	08033687352
48	OJO ELIZABETH MOPELADE	OROLU	08033775440
49	AREMU AGNES OLUBUNMI	OROLU	07010009075
50	OYELAKIN MODUPE OPEOLU	OROLU	07031371263
51	FADERE ANN ABIOLA	OROLU	08061118725
52	ADEBISI OMOLARA MARY	OROLU	07035124577
53	MONSURAT ISMAEEL	OROLU	08056135335
54	OLAWOYE ABIOLA IBIDAPO	OROLU	08035632924
55	FADELE MARGARET ADEFUNKE	IFEDAYO	08034260536
56	FAKOREDE JANET PONLE	IFEDAYO	08068703889
57	OGUNTIONA FUNMILAYO O.	IFEDAYO	08167691055



58	ATOBA SINMIAT ADERONKE	IFEDAYO	08066496831
59	OLADIPO ROLAKE.N.	IFEDAYO	07035561285
60	KOLAWOLE BASHIRU OLAWALE	IFEDAYO	08034113568
61	ADEYOOLA RONKE OLUKEMI	IFEDAYO	07038862827
62	ATOLAGBE ADENIKE GLORIA	IFEDAYO	07037816863
63	OKUNLOLA DOYIN FUNMILAYO	IFEDAYO	08139488605
64	FABODE BABATUNDE PHILLIPS	IFEDAYO	08066421779
65	OLONADE COLLINS OLAWALE	BOLUWADURO	08035707524
66	OKE MATHEW OLUFEMI	BOLUWADURO	08066700607
67	OYEDEJI AISHAT ADENIKE	BOLUWADURO	09159406587
68	AFOLABI JAMES. O	BOLUWADURO	08060766780
69	OYEWOLE FOLASADE ESTHER	BOLUWADURO	08035288729
70	SIYANBOLA ELIZABETH TEMITOPE	BOLUWADURO	08165536260
71	AJIBADE DEBORAH ODUNOLA	BOLUWADURO	07035064799
72	ALAO AJIBOLA TOSIN	BOLUWADURO	08073075934
73	AJIBADE RUTH TEMITOPE	BOLUWADURO	07069526186
74	OYEDEJI ABIGAIL OLUFUNMILOLA	BOLUWADURO	08104592516
75	DR ADEBAYO OLUSEGUN	OSOGBO	08037259030
76	AKINYEMI LYDIA YEMI	OSOGBO	07034519124
77	OYEDOKUN GANIYAT TITILAYO	OSOGBO	08065413415
78	AWOKUNLE MISITURA	OSOGBO	08034886813
79	AROWOLO AGNES OLANIKE	OSOGBO	08035825246
80	ABEGUNDE THERASA OLUFUNKE	OSOGBO	08030423080
81	IYANDA BEATRICE OLUWATOYIN	OSOGBO	08032551374
82	JAMES FLORENCE TEMILADE	OSOGBO	07066191062
83	ADESIYAN TAWAKALITU OLAJUMOKE	OSOGBO	08066692268
84	POPOOLA DAHUNSI. M.	ILA	07068594324
85	OLANIYAN ELIJAH. A	ILA	07062377750
86	ADEWOYE FAUSAT ADESEWA	ILA	08066742811
87	ADEYEMI FATIMAT OMOLARA	ILA	08160747904
88	OKE EUNICE FUNMILAYO	ILA	08080231106
89	ALABI ADEOLA. O	ILA	08067631723
90	MOSOBALAJE KEHINDE. O	ILA	08035612303
91	ONIPEDE OYENIKE. B	ILA	08068904650
92	BABALOLA MUIBAT. T	ILA	08148295706
93	AREMU E. ADEFUNKE	BORRIPE	08069460486
94	FADAIRO ABOSEDE F.	BORRIPE	08035321036
95	HASSAN AKEEM KAYODE	BORRIPE	08032321227
96	OLADAPO ABIOLA LATIFAT	BORRIPE	07069337080
97	OMOLEWA SARAFA ADENIYI	BORRIPE	08033456093
98	OGUNSOLA FASILAT ROMOKE	BORRIPE	08034781585
99	OLANLOKUN AWAWU OLAOBI	BORRIPE	08067537716
100	ADELEKE ASIATA KIKELOMO	BORRIPE	08062553582
101	KEHINDE GANIYU AYANTUNJI	BORRIPE	08166532413
102	SOLOMON ISREAL OLAKANMI	BORRIPE	08062073151
103	AMUSAN OLUWATIMILEHIN ADESEYE	ILA	,07061016766

104	NWANKWO LAWRENCE O.	UNICEF TA	08037727347
105	ISRAEL SOLOMON OLAKANMI	UNICEF COLD CHAIN OFFR	08062073151
106	DR MRS OJEDIRAN	SC WHO	08035799472

#### Appendix V: List of Participants for State HSSB AOP Harmonization Meeting.

S/N	NAME	SEX	ORGANIZATION/DESIGNATION	PHONE NO
1	AROWOSAFE ELIZABETH OLAYEMI	F	OSEMSAS	,08038484584
2	ADEKOMI BUKOLA PATIENCE	F	MOH	,08037560139
3	DR FAMAKINWA OLAKUNLE	M	MOH/DHPRS	,080608001585
4	ADEBAYO ADENIYI A	M	MOEPED	,08063643067
5	SAHEED A. OLANREWAJU	M	MOH/DPS	,07064987934
6	OLANIYI MAYOWA IYANDA		SPHCB	,08038408087
7	EMMANUEL DEBORAH. F	F	SMOH/SECRETARIAT	,08058338563
8	BOLADALE ABIOBUN LATEEF	M	SHMOH	,08034311852
9	ALATISE MAROOF.ADEBAYO	M	SMOH	,080584880669
10	AKINTARO TEMITAYO PETRA	F	SPHCB/CORE TEEM LEADER	,08034781687
11	AJALA OLUWAKEMI ABIOLA	M	PROG.MANAGER	,08100782609
12	AJAYI OYEWOLE ABIDEMI	M	SMOH/SWAp DO	,08033683071
13	AJAYI ATINUKE ADENIKE	F	ASHMISO	,08038464062
14	BELLO RASIDAT O	F	HDPF	,08037653872
15	OYELERE BUKOLA ESTHER	F	SHPO	,07032296755
16	DR AKINPELU AYODEJI	M	OSHIA	,08034648367
17	OYEGOKE ANTHONY	M	OSHIA	,07039738408
18	AGBOOLA JOHN. A	M	OSHIA	,08034648367
19	TOLANI NURUDEEN	M	UNI OSUN/CHIEF ACCOUNTANT	,07034957952
20	AKINLABI ROSELINE.O	F	SPHCB/ADO	,07031191199
21	ABATAN LOLADE .M	M	SMOH/SFPC	,08066676086
22	AMUSAT FATAI ADEWUMI	M	SPHCB/PLANING OFFICER	,07063903664
23	ISOLA OLUSOLA AKINYEMI	M	DHPR /HMB	,08034626694
24	ISADARE OLUWATOYIN ADEOLU	F	HMB/D(HIM)	,07039315590
25	ADEYEMI IDAYAT. T	F	SPHCB/LOGISTICS	,07039315590
26	AFOLABI MUIDEEN ABIOLA	M	SMOH/FOOD SAFTY	,07038475847
27	KAZEEM ADEYINKA ADELEKE	M	OSACA/SMO	,08035765373
28	OLAWOYIN OLUTAYO TOMILOLA	F	SMOHHH/EPIDEMOLOGY,080388059516	,08038059516
29	AJIBADE OLUFUNKE. OLAYEMI	F	SMOH/LAB	,08035827630
30	ABIALA RUTH. FOLASADE	F	SMOH/HCFE&IDO	,08037380754
31	ADELOWOKAN T. A	F	SMOH/SRHC	,08034970574
32	ADELEKE AYOADE AKEEM	M	SMOH/NTD DATA	,08060632596
33	OJEWOYE YETUNDE	F	SMOH/UMCU CORD	,08034723250
34	AKANDE SINA ADEWALE	F	SPHCB/SHPO	,08069368222
35	ALABI ABIOLA MOSHOOD	M	SPPHCB/ASIO	,08035061305
36	OGUNDARE OLUMIDE O	M	SPHCB/SCCO	,08053524069

37	ADELEKE LUKMAN A	M	SMOH/MNOC	,07034497243
38	ASAOLU CHRISTIANAH	F	SPHCB/SMSE	,08164286536
39	OSUNNIRAN FLORENCE AYoola	F	TCAM D/O	,08145971792
40	AMUSAN ELIZABETH OPETEMI	F	SMOH/ACCOUNTANT	,08167015559
41	AYoola BLESSING STELLA	F	HIV/M&E OFFICER	,08138494038
42	BRAIMAH RASHEED OYEYEMI	M	SMOH/SM&E	,08034184195
43	POPOOLA RASIDAT OLUKEMI	F	SPHCB/SNO	,07068413202
44	OLASUNMBOYE OYETUNDE	M	SMOH/STATE M&E	,08060593739
45	FASEYI ABIOLA EMMANUEL	M	NPHCDA/ZTO	,08092911456
46	KOLADE KEHINDE OLAYINKA	F	SMOH/PM+CT+FP	,08034915698
47	OMOLE BABATUNDE ALEX	M	CSO/CEO	,08035999657
48	ADEOYE ABIDEEN ADEBOWALE	M	SMOH/HRHD/O	,08034195239
49	ADEYEMO FRANCISCA ADEBOLA	F	SPHCB	,08036974862
50	DR BELLO AKEEM BABATUNDE	M	DPH/MOH	0803 578 9356
51	NWANKWO LAWRENCE O.	M	UNICEF TA	08037727347
52	ISRAEL SOLOMON OLAKANMI	M	UNICEF COLD CHAIN OFFICER	08062073151
53	DR MRS OJEDIRAN	F	SC WHO	08035799472
54	HON BARR. JOLA AKINTOLA	M	HCH	

## Appendix VI: List of Resource Persons for the Osun State HSSB AOP 2025

HSSB AOP 2025 Resource Persons				
S/n	Name	Organization	Designation	Phone No.
1	NWANKWO LAWRENCE O.	UNICEF	UNICEF TA	08037727347
2	PHARM AJAYI OYEWOLE ABIDEMI	DHPRS - SMOH	SWAP Desk Offr	08033683071
3	ISRAEL SOLOMON OLAKANMI	UNICEF	UNICEF Cold Chain Offr	08062073151
4	DR MRS OJEDIRAN	WHO	State Coordinator	08035799472

**Annexes I: Agenda for Planning Cell Officers' Training**



**TECHNICAL TRAINING FOR PLANNING CELLS  
FROM STATE MINISTRIES, DEPARTMENT AND AGENCIES  
ON THE ANNUAL OPERATIONAL PLAN**

**Date:** 30<sup>th</sup> Sept – 2<sup>nd</sup> October, 2024

**Time:** 8am daily

**Venue:** Upper Springs Hotel and Suites Iwaraja Ilesha

**Objectives:**

1. To build the capacity of the planning cell officers on the AOP process and tools for 2025
2. To sensitize the planning cell members on how to proceed with their MDAs AOP development before the review and harmonization workshop.

**AGENDA**

**Day 1 September 30<sup>th</sup> 2024**

S/N	Time	Activity	Person(s) Responsible
1		Arrival and Registration	
2		Opening Prayer (National Anthem)	
3		Introduction of Participants	
4		Objectives of the Training and AOP Roadmap	
5		Goodwill messages from partner(s)	
6		Opening remarks	
7		<b>Tea Break</b>	All
8		Overview of the Sector Wide Approach (SWAp) and Health Sector Strategic Blueprint (HSSB)	
9		Overview of State Priorities and Identified HSSB priorities	
10		Overview of 2025 Annual Operational Planning process	
11		Presentation on AOP Tool User guide	
13		<b>Lunch Break</b>	All
14		Presentation of the excel-based AOP tool	
16		Wrap-up/ closing	



Day 2 October 1 <sup>st</sup> , 2024			
S/N	Time	Activity	Person(s) Responsible
1		Opening Prayer (National Anthem)	
2		Recap of Day 1	
3		Hands-on practical experience with the AOP tool	

4		<b>Tea Break</b>	
5		Hands-on practical experience with the AOP tool cont'd	
6		Presentation by MDAs Planning Cell officers on the AOP tool hands-on task	
7		<b>Lunch Break</b>	All
8		Presentation by MDAs Planning Cell officers on the AOP tool hands-on task	
9		Wrap-up/closing	

#### AGENDA

Day 3 October 2 <sup>nd</sup> 2024			
S/N	Time	Activity	Person(s) Responsible
1		Opening Prayer (National Anthem)	
2		Recap of Day 2	
3		Health Facility Planning Tool users' guide	
4		<b>Tea Break</b>	
5		Hands-on practical experience with the Health Facility Planning tool	
6		Presentation of group work on the Health Facility Planning tool	
7		Summary of Activities	
8		<b>Lunch Break</b>	
9		Review of AOP roadmap	
10		Wrap-up/closing	

#### Annexes II: Agenda for LGA HF SITAN Meeting & HF Plan Development



#### 3-Day Sessions on Situational Analysis of Health Facility Needs for Linking with AOP Priorities

**Date:** 9th – 11th October, 2024

**Time:** 8am

**Venues:** Upper Springs Hotels and Suites Iwaraja Ilesha / Admus Hotels and Suites Ede

**Meeting Objectives:**

1. To conduct 3-day sessions to carryout situational analysis to determine health facility needs
2. To develop annual business/improvement plan linked to 2025 AOP priorities.
3. To discuss ways of improving grassroot Health Sector Planning.

#### AGENDA

##### Day 1 - October, 2024

S/N	Time	Activity	Person(s) Responsible
1	8am	Arrival and Registration	Secretariate
2	8:30 – 8:35am	Opening Prayer (National Anthem)	All
3	8:35 – 8:45am	Introduction of Participants	All
4	8:45 – 9am	Meeting Objectives	SWAp Desk Officer
5	9 – 9:10am	Goodwill messages from partner(s)	Partners
6	9:10 – 9:20am	Opening Remarks	DPRS SPHCB
	9:20 – 9:30am	Formal Declaration of the Meeting Open	ES SPHCB
7	9:20 – 10am	<b>Tea Break</b>	All
8	10 – 10:45am	Overview/Update on Sector Wide Approach (SWAp) and Health Sector Strategic Blueprint (HSSB)	UNICEF TA/SWAp Desk Offr/Partners
9	10:45 – 11:30am	Health Facility Level Situation Analysis	UNICEF TA/BHCPF FP
11	12:30 – 1:30pm	Identification of Health Facility Need/s	UNICEF TA/SWAp Desk Offr
13	1:30 – 2:30pm	<b>Lunch Break</b>	All
14	2:30 – 3:30pm	Overview of the BHCPF Business/Quality Improvement Plan	SWAp Desk Offr/BHCPF FP
15	3:30 – 4:30pm	Development of Health Facility Business/Quality Improvement Plan	UNICEF TA/SWAp Desk Offr/BHCPF FP/Partners.
16	4:30 – 5:pm	Presentation of Business/Quality Improvement Plan	LGA Team
	5 – 5:30pm	Discussions	All
17	5:30pm	Wrap-up/ closing	DPRS SPHCB



#### 3-Day Sessions on Situational Analysis of Health Facility Needs for Linking with AOP Priorities

**Date:** 9th – 11th October, 2024

**Time:** 8am

**Venues:** Upper Springs Hotels and Suites Iwaraja Ilesha / Admus Hotels and Suites Ede

#### Meeting Objectives:

4. To conduct 3-day sessions to carryout situational analysis to determine health facility needs
5. To develop annual business/improvement plan linked to 2025 AOP priorities.
6. To discuss ways of improving grassroot Health Sector Planning.

#### AGENDA

##### Day 2 - October, 2024

S/N	Time	Activity	Person(s) Responsible
1	8am	Arrival and Registration	Secretariate
2	8:30 – 8:35am	Opening Prayer (National Anthem)	All
3	8:35 – 8:45am	Recap	Repertoire
4	8:45 – 9am	Development of HF Business/Quality Improvement Plan	UNICEF TA/SWAp Desk Offr/BHCPF FP/Partners
5	9 – 9:30am	Presentation of Business/Quality Improvement Plan	Selected LGAs
	9:30 – 9:45am	Discussions	All
7	9:45 – 10:15am	<b>Tea Break</b>	All
8	10:15 – 10:45am	Continue on Dev of HF Business/Quality Improvement Plan	UNICEF TA/SWAp Desk Offr
9	10:45 – 11:30am	Presentations	LGA team
11	12:30 – 1:30pm	Discussions	All
13	1:30 – 2:30pm	<b>Lunch Break</b>	All
14	2:30 – 3:30pm	Continue on Dev HF Business/Quality Improvement Plan	SWAp Desk Offr/BHCPF FP/Partners.
15	3:30 – 4:30pm	Continue on Dev of Health Facility Business/Quality Improvement Plan	UNICEF TA/SWAp Desk Offr/BHCPF FP/Partners
16	4:30 – 5:pm	Presentation of Plans	LGA Team
	5 – 5:30pm	Discussions	All
17	5:30pm	Wrap-up/ closing	DPRS SPHCB



### 3-Day Sessions on Situational Analysis of Health Facility Needs for Linking with AOP Priorities

**Date:** 9th – 11th October, 2024

**Time:** 8am

**Venues:** Upper Springs Hotels and Suites Iwaraja Ilesha / Admus Hotels and Suites Ede.

#### Meeting Objectives:

7. To conduct 3-day sessions to carryout situational analysis to determine health facility needs
8. To develop annual business/Quality Improvement Plan linked to 2025 HSSB AOP priorities.
9. To discuss ways of improving grassroots Health Sector Planning.

#### AGENDA

##### Day 3 - October, 2024

S/N	Time	Activity	Person(s) Responsible
1	8am	Arrival and Registration	Secretariate



2	8:30 – 8:35am	Opening Prayer (National Anthem)	All
3	8:35 – 8:45am	Recap	Repertoire
4	8:45 – 9am	Development of HF Business/Quality Improvement Plan	UNICEF TA/SWAp Desk Offr/BHCPF FP/Partners
5	9 – 9:30am	Presentation of Business/Quality Improvement Plan	Selected LGAs
	9:30 – 9:45am	Discussions	All
7	9:45 – 10:15am	<b>Tea Break</b>	All
8	10:15 – 10:45am	Continue on Dev of HF Business/Quality Improvement Plan	UNICEF TA/SWAp Desk Offr
9	10:45 – 11:30am	Presentations	LGA team
11	12:30 – 1:30pm	Discussions	All
13	1:30 – 2:30pm	<b>Lunch Break</b>	All
14	2:30 – 3:30pm	Continue on Dev HF Business/Quality Improvement Plan	SWAp Desk Offr/BHCPF FP/Partners.
15	3:30 – 4:30pm	Collation of HF Plans	SWAp Desk Offr/BHCPF FP
16	4:30 – 5:pm	Next Step	SWAp Desk Offr/BHCPF FP
	5 – 5:30pm	AOB	All
17	5:30pm	Wrap-up/ closing	DPRS SPHCB



### **Annexes III: Agenda for HSSB AOP Harmonization Meeting**

#### **A 5-Day Workshop on the Harmonization of Osun State Health Sector 2025 MDA Level Annual Operational Plan (AOP)**

**Date:** Monday 21<sup>st</sup> – Friday 25<sup>th</sup> October, 2024

**Venue:** Upper Spring Hotels and Suites Iwaraja, Oriade LGA Osun State

#### **Workshop objectives**

**Overall objective of the workshop:** To harmonize the developed 2025 MDAs level AOP into State level AOP.

#### **Specific Objectives – To:**

1. Orient Stakeholders on Health Sector SWAp, Blueprint and HOPE Project
2. Finalize the Situation Analysis for 2025 AOP
3. Review and Finalize MDA and LGA HF Levels AOP
4. Provide Cross Validation of Planned Activities Across MDAs to Reduce Duplication and Improve Efficiency
5. Harmonize Health Facility and MDAs AOP into State Level AOP

#### **Agenda**

S/n	Time	Activity	Responsible
Day 1 – 21 <sup>st</sup> October, 2024			
1	8:00am	Arrival and Registration	Secretariat
2	8:30 – 8:35am	Opening Prayer	All
3	8:35 – 8:50am	Introduction	All
4	8:50 – 9:00am	Welcome/Opening Remarks	DHPRS
5	9:00 – 9:10am	Meeting Objectives	SWAp Desk Officer
6	9:10 – 9:20am	Goodwill Messages	Partners
7	9:20 – 9:30am	Remarks/Official Declaration of the Meeting Open	HCH
	9:30 – 9:40am	Group Photograph	All
9:40 – 10:15am Tea Break All			
<b>Technical Session Chairperson – Dr Mrs Oluwatoyin Ojediran WHO SC</b>			
8	10:15 – 10:30am	Presentation on SWAp and Health Sector Strategic Blueprint	SWAp Desk Officer
9	10:30 – 11am	Presentation on AOP Roadmap Update	Unicef TA/WHO/UNICEF
10	11am – 12noon	MDAs presentation on SITAN	MDAs
1:30 – 2:30pm Lunch break All			
11	2:30 – 5:30pm	MDAs AOP presentation (HSSB and Non-HSSB Planning Matrix)	MDAs
12	5:30pm	Wrap up/Closing	All
Day 2 – 22 <sup>nd</sup> October, 2024			
1	8:00am	Arrival and Registration	Secretariate
	8:30 - 8:35am	Opening Prayer	All
2	8:35 – 8:45am	Recap of Day 1	Repertoire
<b>Technical Session Chairperson – Mr. Israel Olakanmi Unicef Cold Chain Officer</b>			
3	8:45 – 10:00am	Finalization of the Planning Matrix and Costing of MDAs AOP (update areas with identified gaps)	All
10:00 – 10:30am Tea break All			
4	10:30am – 2:00pm	Finalization of the Planning Matrix and Costing of MDAs AOP (update areas with identified gaps)	All
2:00 – 2:45pm Lunch break All			
5	2:45 – 5:30pm	MDAs AOP presentation (Budget Summary) cont'd	All
6	5:30pm	Wrap up/Closing	SMoH/SWAp
Day 3 – 23 <sup>rd</sup> October, 2024			
1	8:00am	Arrival and Registration	Secretariate
	8:30 – 8:35am	Opening Prayer	All
2	8:35 – 8:45am	Recap of Day 2	Repertoire
<b>Technical Session Chairperson – Pharm. Akintaro Temitayo Petra (Deputy Team Lead BHCPF)</b>			
3	8:45 – 10:00am	Presentation of AOP Harmonization tool	All
10:00 – 10:30am Tea break All			
4	10:30am – 2:00pm	Group work on cross validation of the planned activities across MDAs	All
2:00 – 2:45pm Lunch break All			
5	2:45 – 5:30pm	Group presentation on gaps/duplications identified from cross validation of the planned activities across MDAs  Discussion	All
6	5:30pm	Wrap up/Closing	SMoH/SWAp
Day 4 – 24 <sup>th</sup> October, 2024			
1	8:00am	Arrival and Registration	Secretariate
2	8:30 – 8:35am	Opening Prayer	All
3	8:35 – 8:45am	Recap of day 3	Repertoire
<b>Technical Session Chairperson – Mrs Oluwaseunfunmi Adefiranye SPM-ECEWS</b>			
4	8:45 – 10:00am	Final Corrections of the MDAs AOP based on the Group Work	All
10:00 – 10:30am Tea break All			
5	10:30 - 11:30am	Quality Assurance of Hope Project indicators related interventions in the AOP	SWAp Desk Officer
6	11:30am – 2:00pm	Continue on Corrections of the MDAs AOP based on the Group Work	All
2:00 – 2:45pm Lunch break All			
7	2:45 – 5:30pm	Filling the gaps/Harmonization of MDAs AOP	All

8	5:30pm	Wrap up/Closing	SMoH/SWAp
Day 5 – 25 <sup>th</sup> October, 2024			
1	8:00am	Arrival and Registration	Secretariate
2	8:30 – 8:35am	Opening prayer	All
3	8:35 – 8:45am	Recap of day 4	Repertoire
<b>Technical Session Chairperson – Mr Adebayo Adeniyi (Health sector Mgr-Min. of Economic Planning)</b>			
4	8:45 – 10:00am	Presentations of the AOP Harmonized Budget Summary, Tables and Graphs	All
10:00 – 10:30am		Tea break	All
5	10:30am – 2:00pm	Presentations of the Health Facility Plans (Priority Areas by Local Government)	All
2:00 – 2:45pm		Lunch break	All
6	2:45 – 4:30pm	Continue on Presentations of AOP Harmonized Budget Summary, Tables and Graphs/Health Facility Plans.	All
7	4:30 – 5:30pm	Next Steps	All
6	5:30pm	Wrap up/Closing	SMoH/SWAp



## Annexes IV: Agenda for HSSB AOP Debriefing Meeting

### Osun State 2025 HSSB AOP Development Debriefing Meeting.

**Venue:** Conference Hall SMoH, Abere Osogbo

**Date:** Monday 28<sup>th</sup> October, 2024

#### Meeting Objectives:

- ❖ To share report of the Osun State HSSB AOP 2025 development processes
- ❖ To provide preliminary update on the State HSSB AOP 2025 Outcome.

#### Agenda

Time	Topic	Responsible Person
10am	Arrivals	All participants
10:05am	Opening Prayer/National Anthem	All
10:10am	Introduction of Participants	All
10:15 – 10:20am	Welcome Address & Meeting Objective	DHPRS
10:20 – 10:25am	Good will Messages - <ul style="list-style-type: none"> <li>• WHO</li> <li>• UNICEF</li> <li>• ECEWS</li> <li>• Etc.</li> </ul>	Representatives
10:25 – 10:45am	<b>Presentation:</b> Osun State 2025 HSSB AOP Report	UNICEF TA
10:45 – 10:55am	Remarks	PS SMOH
10:55 – 11:10am	HCH Closing Remarks	HCH
11:10 – 11:15am	Group Photographs	All
11:15am	Closing Prayer	All

