



2025 PLATEAU STATE ANNUAL OPERATION PLAN



MINISTRY OF HEALTH HEADQUARTERS
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*In replying, please quote reference and date.
All correspondence should be directed to
The Commissioner*

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27th March 2025

Date: _____

THE EXECUTIVE
SECRETARY PRIMARY
HEALTHCARE BOARDS (PHCB)

NOTIFICATION OF IMPLEMENTATION OF A CONSOLIDATED WORK PLAN TO ALL AGENCIES

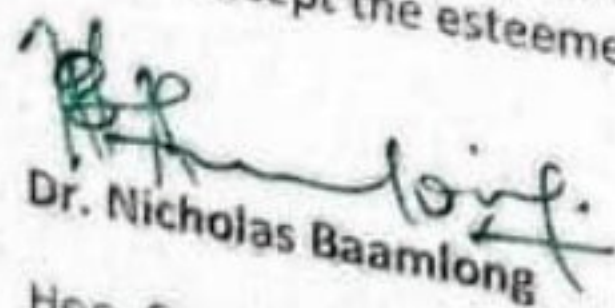
Regarding the above subject, as part of our continuous efforts to improve efficiency, accountability, and alignment within the Ministry of Health, we have implemented a key change to plan, execute, and monitor our activities.

Effective immediately, the development and implementation of an **Annual Operational work plan** will become the **standard operating procedure for all agencies and departments under the Ministry of Health**. This work plan will outline our collective goals, strategies, and resource allocations for the year, providing clear guidelines and performance metrics for all ongoing and upcoming projects.

2. As you recall, in September 2024, an Annual Operational Plan was developed by all Agencies in Health as part of the requirement to participate in HOPE PHC. The Annual Operational Work-plan will serve as a comprehensive framework for all agency activities, ensuring that resources are optimally utilized, objectives are clear, and performance is regularly tracked and evaluated.
3. Each Agency Head is required to submit a detailed operational work-plan for their respective agencies by **August 31st** of each year. The plan should include:
 - a. Key objectives and deliverables for the year that are **SMART**
 - b. Resource requirements (financial, human, material)
 - c. Key performance indicators (KPIs) for progress assessment

Note that Plans can be scalable from the previous year.

4. It is important that all Agencies align with the **Health Strategic Blueprint (HSSB)** of the **SECTOR-WIDE APPROACH**. The work plan should align with the overarching goals and adhere to any National or State-level directives. In this way, we ensure that our collective efforts support the broader health objectives for the state.
5. A tracker will be developed to monitor and evaluate the structured process of each agency's work plan. Regular updates through the Monthly Performance Dialogue meeting will be requested to ensure that any challenges or deviations from the plan are addressed promptly.
6. To ensure successful implementation, the Ministry of Health will provide training on the development and management of the work plan. Workshops will be organized in the coming months to assist all agencies in creating comprehensive, actionable plans.
7. We believe this structured approach will enhance our ability to deliver on our commitments to the public, improve inter-agency collaboration, and streamline processes across the Ministry of Health. Please prioritize the preparation of your respective work plans and submit them by the stated deadline. Should you need further clarification or support, feel free to reach out to the Ministry of Health Department of Planning Research and Statistics.
8. Thank you for your cooperation and commitment to improving our public health service.
9. Accept the esteemed Regards of the Hon. Commissioner of Health please


Dr. Nicholas Baamlong

Hon. Commissioner

Above is a sample copy of a circular that was distributed to all
Agencies in Health

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FOREWORD

Acknowledgement

The development of the Plateau State 2025 Annual Operational Plan (AOP) was a collaborative effort that involved the dedication and contributions of numerous stakeholders. I would like to express my sincere gratitude to all those who supported and participated in this important process.

The team wishes to extend its deepest appreciation to the Honorable Commissioner for Health, Dr Cletus Shirkuk, whose leadership and guidance were instrumental throughout the AOP development process. Special thanks to the Director of Health Planning, Research and Statistics, Mrs Victoria Pam, for her oversight and technical support in ensuring the planning process aligned with the state's health priorities.

Special thanks to the Executive Secretary of the State Primary Health Care Development Board (SPHCDB) for his unwavering commitment and involvement in the process.

The technical support provided by the technical Assistants from WHO, Dr Mahdi, and USAID-LHSS, Dr Madaki Benjamin, as well as the presence and inputs of UNICEF, and Marie Stopes International was invaluable. The funding by USAID funded Local Health System Sustainability (LHSS) Project made this process possible.

I would also like to recognize the contributions of the SWAp Desk Officer, Program Officers, Director of Primary Health Care Board, and other members of the AOP Planning cell. Their dedication, expertise, and collaborative spirit ensured that all elements of the AOP were well-coordinated and aligned with both state and national health priorities.

This process would not have been successful without the collective input of all stakeholders, and I am grateful for their time, effort, and shared vision for improving the health sector in Plateau State.

ACRONYMS/ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AOP	Annual Operations Plan
BHCPF	Basic Health care Provision Fund
DHIS 2	District Health Information System 2
DHPRS	Director, Health Planning Research and Statistics
FMOH	Federal Ministry of Health
HIV	Human Immunodeficiency Virus
HRH	Human Resource for Health
HSMB	Hospital Services Management Board
HSSB	Health Sector Strategic Blueprint
LGA	Local Government Area
LHSS	Local Health Strengthening System
M&E	Monitoring and Evaluation
MDA	Ministries, Departments and Agencies
NCD	Non-Communicable Disease
NCH	National Council on Health
PHC	Primary health Care
PLASHEMA	Plateau State Contributory Healthcare Management Agency
PLSPHCB	Plateau State Primary Health Care Board
RMNCH+N	Reproductive, Maternal, Newborn, Child Health, and Nutrition
SITAN	Situation Analysis
SMOH	State Ministry of Health
SPHCDB	State Primary Health Care Development Board
SWAp	Sector-Wide Approach
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WHO	World Health Organisation

Background

Plateau State, located in central Nigeria, encompasses 17 Local Government Areas (LGAs), with a population of approximately 5 million people. The state comprises 325 administrative wards and over 10,000 settlements, with a significant division between rural (8,565) and urban (1,716) areas. The state's health infrastructure includes 1,233 health facilities—comprising 3 tertiary, 85 secondary, and 1,145 primary health centers—serving a diverse population with distinct urban and rural health needs.

The socio-economic landscape of Plateau State is characterized by a predominantly middle-class population, supplemented by a significant number of lower-income residents. Agriculture, mining, and public sector employment form the backbone of the state economy, which has earned it the designation “Civil Servants' State.” The state's cultural composition includes both Christian and Islamic communities, each generally supporting positive health-seeking behaviors. Nevertheless, some non-compliance with health initiatives, particularly immunization, has been observed within certain subgroups, such as the Shiites Islamic community and select professional groups.

The state faces several health challenges, including low immunization coverage, malnutrition, and a high burden of communicable and non-communicable diseases. Environmental health issues, such as poor waste management and seasonal flooding, also contribute to health risks. Although incidents of internal displacement are not widespread, recent conflicts have led to displaced populations in certain LGAs (Mangu, Pankshin, and Barkin Ladi), straining local health resources.

Security concerns pose additional challenges. Insecurity due to insurgency, community clashes, banditry, and kidnapping is prevalent in several LGAs, notably Bassa, Riyom, Barkin Ladi, Mangu, and Bokkos. This insecurity not only affects health access but also complicates the delivery of services, particularly in hard-to-reach areas.

The state's health system is structured under the Ministry of Health and includes several parastatals, such as the Hospital Services Management Board (HSMB) and Plateau State Primary Health Care Board (PLSPHCB), which are responsible for secondary and primary healthcare services, respectively. The health sector operates under the 5-pillar framework of the State's Rescue Mission policy, focusing on strengthening existing structures and reducing out-of-pocket healthcare costs through the State Health Insurance Scheme (PLASCHEMA).

Health financing in Plateau State remains a critical issue, with a state budget allocation of 3.15% dedicated to health in 2022, fluctuating historically between 1.2% and 8.8%. Out-of-pocket expenses constitute over 70% of health spending, underscoring the need for expanded health insurance coverage. The state has developed a functional health workforce registry and M&E framework, while DHIS2 is actively used to support health data reporting and governance.

The 2025 Annual Operational Plan (AOP) aims to address these challenges by aligning resources with health priorities, improving service delivery, expanding immunization and nutrition programs, and enhancing partner coordination. The AOP builds on the ongoing efforts of local and international partners working across thematic areas, including reproductive health, malaria, nutrition, HIV/AIDS, disease surveillance, and healthcare financing. This collaborative approach seeks to optimize health outcomes in the face of financial, logistical, and security constraints, ensuring that essential health services reach even the most vulnerable populations across Plateau State.

The Plateau State Health Sector Blueprint

The Plateau State Health Sector Strategic Blueprint (HSSB) adapted from the National HSSB template for 2025 is aimed at establishing a comprehensive approach to health sector improvement, guided by four strategic pillars and three enablers. This blueprint is designed to ensure effective governance, improve healthcare equity and quality, strengthen health security,

and unlock economic value chains within the health sector. The HSSB Key priorities and development road map for the 2025 Annual Operational Plan (AOP) is described further below.

Key Priorities for 2025

- Increased Health Sector Funding:
 - Advocate for additional funding through targeted taxation on sectors impacting health and on luxury goods.
- Enhanced Security at PHCs:
 - Implement safety measures to protect health workers and facilities at the community level.
- Local Production of Health Products:
 - Stimulate the local manufacturing industry to support healthcare needs and reduce dependency on external sources.
- Health System Digitalization:
 - Facilitate efficient data sharing and health information management across healthcare facilities.
- Strengthened Emergency Response:
 - Improve the state's ability to respond to emergencies and mitigate public health threats.
- Incentives for Rural Health Workers:
 - Establish reward systems to attract and retain healthcare workers in rural and underserved areas.
- Revitalization of Primary and Secondary Health Facilities:
 - Upgrade PHCs with triage points, solar panels, and disability ramps.
 - Increase the hiring of skilled birth attendants and upgrade facilities to Level II PHCs.
 - Improve service delivery in secondary health facilities.
- Expansion of Health Insurance Coverage:

- Increase health insurance access across the state to provide wider healthcare coverage and reduce financial barriers for the population.

This strategic approach is expected to strengthen the Plateau State's health system through focused investments, expanded access to care, improved workforce retention, and enhanced security measures, all while fostering a data-driven and digitally supported healthcare environment. The 2025 AOP will serve as a roadmap for achieving these goals and ensuring sustained health improvements for Plateau State residents.

2025 AOP Development Roadmap

1. Initial Priority-Setting

- The SWAp planning cell, composed of the DHPRS, SWAp Coordinator, Planning Officer, and Technical Assistants from WHO and USAID-LHSS, conducted a priority-setting meeting with key management across MDAs.
- Focus: Awareness-raising, priority identification, and sensitization on health sector needs.

2. MDAs Engagement

- A follow-on session with MDA planning cells and program officers was held to finalize priority selection for the AOP.

3. Partner Alignment

- Implementing partners were directed to align their 2025 workplans with MDAs' health agendas.
 - Partners meet with supported MDAs to integrate and align activities.
 - MDAs define specific roles and responsibilities of partners or government contributors.
 - Partners ensure that their activities align with the MDAs' budget for cohesive implementation.

4. Budget Revision

- The state revised the previously submitted budget to better align with the prioritized 2025 AOP objectives.

5. Capacity Building

- The SMOH Planning Cell and Technical Assistants attended a five-day training session on AOP development and are expected to cascade this training to MDA planning cells, ensuring robust AOP planning across all departments.
- Following this, several capacity building and hands-on were conducted at the state and local government level. Programme managers, stakeholders and local government primary health care officers were in attendance

6. Priority Criteria and Focus Areas

- Disbursement Linked Indicators and 13 SWAp priority areas were established as criteria to guide state priorities.

SWOT Mapped Strategic Objectives for Plateau State

Strategic Pillar One: Effective Governance

- Strengthen oversight: Enhance the implementation of the National Health Act.
- Accountability and participation: Increase transparency and engage stakeholders and citizens.
- Regulatory capacity: Foster high standards for health services.
- Coordination and partnerships: Improve cross-functional efforts to drive health system delivery.

Strategic Pillar Two: Efficient, Equitable, and Quality Health System

- Multi-sectoral health promotion: Integrate health efforts across sectors like education, environment, WASH, and nutrition.
- Primary and community health care: Focus on prevention and strengthen local health services.
- Quality care and service delivery: Improve standards across public and private providers.
- Equity and affordability: Ensure fair access to care and expand health insurance coverage.
- Healthcare workforce: Revitalize recruitment, training, and retention of health professionals.

Strategic Pillar Three: Unlocking Value Chains

- Research and development: Encourage clinical R&D.
- Local production: Stimulate the production of health products within Nigeria.
- Market shaping: Drive sustainable local demand for health products.
- Supply chain strengthening: Improve the supply chain for health product availability.

Strategic Pillar Four: Health Security

- Public health threat response: Enhance capacities for detecting, preventing, and responding to health threats like cholera and Lassa fever.
- Climate resilience: Develop health system resilience against climate impacts through cross-sector collaboration.

Enablers

- Data Digitization: Enable data-driven decision-making by digitizing health systems.
- Financing: Improve efficiency and effectiveness in healthcare spending.
- Culture and Talent: Build a skilled, value-driven workforce and instill a performance-focused culture in the State Ministry of Health (SMoH).

Ministries, Departments and Agencies

SMOH

The outlined activities aim to strengthen the governance, policy development, and operational effectiveness of the State Council on Health, ensuring that health systems align with national priorities and are effectively managed at the state and local levels.

State Council on Health Committee & Policy Development:

- Set up a 15-man State Council on Health committee.
- Conduct a 3-day residential policy development workshop.
- Organize a 3-day study tour for 15 persons at the Federal Ministry of Health (FMoH) to gain knowledge on domesticating the State Council on Health.
- Engage the State House of Assembly for the legal process.

- Present and validate policy, memos, and concept notes to top government stakeholders at NCH.
- Secure endorsement and distribute the developed policy to relevant stakeholders.

Health Information & Communication:

- Reactivate the health information room for health-related communication, engagement, and advocacy.
- Conduct 1-day quarterly coordination meetings with relevant stakeholders to review performance.

Staff Training & Health Facility Accreditation:

- Train 17 staff on regulatory frameworks, minimum standards for healthcare workers, and health facility accreditation.
- Deploy trained staff to the SMOH inspectorate.

Implementation & Review of Health Plans:

- Conduct 2-day quarterly review meetings on the implementation level of the 2025 Annual Operational Plan (AoP).
- Conduct 3-day review meetings with the 10-man planning cell of the 2025 AoP to evaluate performance, situational analysis, and develop a health agenda.
- Deploy technical assistants (TAs) to support LGAs in aligning workplans with priority objectives.

Situational Analysis & Facility Planning:

- Conduct a 9-day situational analysis of primary health facilities, develop facility plans, and validate with 40 planning cell members.
- Conduct a 7-day situational analysis of secondary health facilities, develop facility plans, and validate with 20 planning cell members.

Monitoring & Partner Coordination:

- Quarterly monitoring of expenditure tracking.
- Map development partners in the State.
- Conduct quarterly partner coordination forum meetings for resource mapping and alignment with government priorities.

Orientation & Capacity Building:

- Conduct 2-day bi-annual orientation and onboarding for 50 M&E officers and development partners on SWAp.
- Digitize the SWAp secretariat.

Annual Review & Planning:

- Organize a 3-day residential Joint Annual Review meeting.

DMCMA Activities

In 2025, the Plateau State Drug and Medical Commodities Management Agency (PS-DMCMA) centres on three strategic pillars: policy development, capacity building, and infrastructure enhancement.

Policy and Planning

- **Adoption of the NDDG:**
Conduct a 1-day meeting with 9 members from PS-DMCMA, MoH, PSSH, HMB, SPHCB by January 2025.
- **Development of 2026 AOP:**
Conduct a 5-day residential workshop for 18 participants (PS-DMCMA, PSSH, SHMB, SPHCB, Partners) by Q2 2025.
- **Sustainable Procurement Policies:**
Conduct a 2-day meeting to assess procurement practices and develop state assembly-adopted policies.

Procurement and Distribution

- **Insecticide Treated Nets (ITNs):**

- 1-day meeting for procurement planning with 14 members in Q1 2025.
- Quarterly distribution to 207 BHCPF-supported health facilities across 17 LGAs.
- Quarterly 1-day LMD monitoring of distribution by 34 persons.
- **Nutrition Commodities (Q1 2025):**
Procure MMS, Vitamin A, MNP, RUTF, Tom Brown, Amoxicillin DT, Albendazole for pregnant women and under-5 children.
- **Essential Medicines and Health Commodities:**
 - Conduct a 1-day meeting of the PS-DMCMA Procurement Committee in January 2025 to identify local manufacturers.
 - Conduct a 3-day residential meeting in March 2025 for procurement, with 60% sourced locally.

Training and Capacity Building

- **Electronic Management Systems (Q2 2025):**
 - 2-day training for 17 participants on the use of an electronic management system by April 2025.
 - 2-day training for 38 participants (SPHCB, LGAs, SHMB, PSSH) on system usage.
- **Quantification and Forecasting (Q2 2025):**
10-day workshop for 26 participants on drug and health commodity planning.
- **Traceability of Essential Medicines (Q2 2025):**
2-day training for 5 PS-DMCMA participants to strengthen pharmacovigilance.
- **API Development:**
 - 5-day capacity building for 10 manufacturers and academia.
 - 1-day roadmap meeting for API development.

Research and Innovation

- **Collaborations with Academia:**
 - January 2025: 1-day meeting with PS-DMCMA and the Faculty of Pharmaceutical Sciences, University of Jos to form a 7-member research team.
 - July 2025: 1-day virtual meeting to harmonize and develop a grant proposal.
- **Traditional Medicine:**

- February 2025: Collaborative meeting with Traditional Medical Practitioners to identify herbal products for standardization.
- March 2025: Review meeting for standardization of identified herbal products.
- **PPP for Research and Production:**
Plan a 1-week trip to China for two persons to explore partnerships.

Infrastructure and Digitalization

- **Pharma-Grade Warehouse:**
 - Expand for increased capacity.
 - Digitize the warehouse for efficiency.
- **EHR Development (2025):**
 - Engage a consultant in January.
 - Conduct a review meeting in May.
 - Train 17 participants on the EHR in June.
- **Procurement of Warehouse Tools:**
Transition essential medicines and vaccines to an electronic data management platform by Q3 2025.

Regulatory Oversight

- **Inspections and Quality Assurance:**
 - Conduct a 5-day inspection of local manufacturing agencies.
 - Perform quarterly inspections for sustained ML3 compliance.
- **Private Manufacturing:**
5-day quarterly quality assurance field tests to identify priority medicine producers.

Hospitals Management Board

The Plateau State Hospital Management Board (HMB) targets critical areas such as maternal and child health, disease prevention, capacity building, and infrastructure development, with the ultimate goal of improving health outcomes and ensuring sustainable healthcare delivery.

Key Focus Areas

Maternal and Child Health

- Strengthen antenatal care and community education to reduce maternal and neonatal mortality.
- Train midwives in managing pre-eclampsia, postpartum hemorrhage, and neonatal resuscitation.
- Establish Neonatal Units in all 17 facilities and equip them with critical tools like CPAP machines, phototherapy units, and radiant warmers.

Essential Supplies and Procurement

- Ensure availability of key supplies, including malaria medicines, maternal supplements, antibiotics, and emergency obstetric tools.
- Partner with the Drug Management Agency for seamless procurement.
- Procure ambulances, solar-powered systems, and fireproofing materials to enhance operational readiness.

Capacity Building

- Train healthcare workers in specialized areas, including pediatrics, neonatology, radiology, and obstetrics.
- Conduct regular workshops for midwives and quarterly PPH management training for nurses.
- Build capacity for monitoring and evaluation officers to track program efficiency.

Infrastructure Modernization

- Digitize data collection and monitoring across facilities.
- Revitalize physical infrastructure, including neonatal units, blood banks, and staff housing.
- Enhance environmental resilience with solar energy installations and tree planting initiatives.

Research and Governance

- Conduct quarterly audits for fiscal transparency.
- Develop sustainable procurement and strategic purchasing guidelines to ensure impactful health interventions.

Community Engagement

- Partner with traditional and religious leaders to promote family planning and maternal health awareness.
- Conduct outreach programs to educate communities on disease prevention and health services.

Logistics Management Coordination Unit (LMCU)

The plans include:

Strengthening Supply Chain and Logistics

- Routine Distribution of Commodities:
 - 567,344 ITNs will be procured and distributed to 207 supported facilities.
 - 999,552 blisters of SPAQ 1 and 4,347,816 blisters of SPAQ 2 will be supplied for 5 rounds of Seasonal Malaria Chemoprevention (SMC).
 - Distribution of 2,500,000 mRDTs to 1,343 public facilities and 2,345,432 doses of SP for ANC and community use will enhance malaria prevention and treatment efforts.
 - Family planning and nutrition commodities will be distributed to 1,009 facilities statewide.
 - Monthly distributions of EOC commodities and PPE will target emergency response areas across the state.
- Supportive Supervision:
 - Quarterly logistics supervisory visits to selected facilities will ensure supply chain accountability.
 - LMD monitoring exercises and periodic end-use verification at 60 health facilities will track the availability and proper utilization of distributed commodities.

- Commodity Review and Stakeholder Engagement:
 - Regular commodity review meetings and logistics review meetings will provide opportunities for stakeholders to address challenges and optimize distribution systems.
 - Quarterly PSM-TWG meetings will engage representatives from the LMCU, partners, and the SMOH to strengthen procurement and supply management across public health programs.

Capacity Building and Data Management

- Training Programs:
 - State and LGA LMCU personnel will undergo capacity-building sessions on inventory control, NHLMIS onboarding, and data reporting for family planning and nutrition commodities.
 - A 5-day capacity-building session for 34 LGA LMCU officers will focus on improving reporting quality and inventory accuracy.
- Data Review and Reporting:
 - Bi-monthly data collection and review for family planning and nutrition commodities will ensure accurate reporting and informed decision-making.
 - POD review meetings and NHLMIS data entry exercises will enhance transparency in commodity tracking.

Emergency Preparedness and Response

- Procurement of Emergency Commodities:

The LMCU will procure and distribute a range of commodities, including test kits, anti-infectives, vaccines, infusions, and PPE to bolster emergency response capacities.

- **Logistics Support:**
Equipment like giostyles, thermometers, bi-hazard bags, and VTM kits will be procured to ensure readiness for emergency situations.
- **Stakeholder Coordination:**
Quarterly logistics review meetings will bring together logisticians and LMCU staff to streamline emergency response efforts across the 17 LGAs.

Collaboration and Advocacy

- Quarterly and zonal PSM-TWG meetings will bring together stakeholders from across health programs to address supply chain challenges and harmonize efforts.
- Routine advocacy to high-level stakeholders will seek to secure timely budget releases for logistics operations.

State Malaria Elimination Programme

In 2025, the Malaria Program strategy includes integrated data validation, capacity building, community engagement, and effective case management to improve malaria control and prevention outcomes across the state.

Data Management and Quality Assurance

- **Data Validation and Monitoring:**
 - Monthly data validation meetings will be conducted by 181 validators across 17 LGAs for 12 months.
 - Post-validation meetings will provide feedback on data quality, reporting rates, and timeliness.
 - Quarterly Data Quality Assessments (DQA) will cover 160 health facilities (HFs) across four LGAs, involving 24 participants.
- **Advanced Data Platforms:**
 - State and LGA personnel will receive training on platforms such as NMDR, DHIS2, and Power BI for enhanced malaria data analysis.

- Monthly situation room analyses and quarterly monitoring of DQA data will enable actionable insights for malaria interventions.

Capacity Building

- Training Programs:
 - A 1-day refresher training on NHMIS tools will be conducted for 150 HCWs and 55 State & LGA team members.
 - Specialized training on case management will target 200 HCWs in four clusters during Q1 and Q2.
 - Capacity-building sessions for 82 LQAs data collectors, 500 teachers on malaria IPC, and 40 medical laboratory scientists on parasite identification will enhance service delivery.

Seasonal Malaria Chemoprevention (SMC)

- Community Orientations:
 - Cluster orientations will engage 1,300 community leaders, 1,047 town announcers, and 1,047 lead mothers to promote SMC.
 - Monthly compound meetings will reach 200,000 females aged 10 and above across 63 wards in 9 LGAs.
- Implementation Support:
 - A 4-day LQAS activity will involve 90 data collectors across 17 LGAs to evaluate SMC impact.

Health Promotion and Advocacy

- Community Engagement:
 - Ten interpersonal outreach sessions will be held quarterly for women's groups in 17 LGAs.
 - Advocacy visits to 17 paramount traditional leaders will occur five times during Plateau State traditional council meetings.
- Media Campaigns:
 - 40 radio jingles and 8 TV messages on malaria prevention and ANC utilization will air monthly to reach pregnant women and caregivers.

- IEC/BCC Materials:
 - Production and distribution of 1,000 job aids and 2,000 IEC/BCC materials will enhance malaria prevention messaging in 400 health facilities.

Diagnostics and Quality Control

- Biannual QA/QC for mRDT and microscopy will be conducted in 252 health facilities (SHFs, THFs, and PHCFs).
- A 1-day training session on mRDT will target 300 PHC workers in seven clusters.

Case Management

- A 5-day training program for 200 HCWs will be held in four clusters to improve malaria diagnosis and treatment protocols.
- Monthly clinical meetings at 12 SHFs/THFs will provide a platform for discussing case management challenges and solutions.

Information Sharing and Stakeholder Engagement

- Malaria Bulletins: Four quarterly malaria bulletins will be developed and disseminated to 25 stakeholders via email and WhatsApp. Feedback on their utilization will be tracked to enhance relevance.
- Routine monitoring visits to health facilities will focus on providing mentoring and supportive supervision.

Neglected Tropical Diseases (NTD)

The Neglected Tropical Diseases (NTD) program's activities focus on advocacy, capacity building, community treatment, and post-treatment surveillance.

Advocacy and Stakeholder Engagement

- State-Level Advocacy:
 - A 2-day engagement with stakeholders from six line ministries in March and December 2025 to strengthen HIV, TB, NTD, and malaria response integration.
- LGA-Level Advocacy:
 - Three separate 3-day advocacy sessions in February 2025 with LGA chairmen from the northern, central, and southern zones.

Planning and Capacity Building

- A 2-day state-level planning meeting will convene 94 key stakeholders, including executive secretaries, public health coordinators, health educators, and other state-level officials, to align strategies for NTD interventions.
- A 1-day cluster training session in July 2025 will prepare 1,500 health workers, schoolteachers, and community drug distributors (CDDs) from the northern, central, and southern zones to combat schistosomiasis and soil-transmitted helminths.
- A 2-day capacity-building session for medical professionals, including doctors, nurses, anesthetists, pharmacists, and laboratory scientists, will enhance surgical and disease management capabilities.

Mass Treatment Campaigns

- A 3-day treatment campaign in July 2025 will target 5,000 school-aged children (SAC) across 975 schools in 17 LGAs for schistosomiasis and soil-transmitted helminths. Supervision will be carried out by 17 health workers with support from 1,500 trained teachers and CDDs.

Monitoring and Data Collection

- By the end of July 2025, a team of five SMOH staff will conduct a five-day monitoring and supervision exercise to evaluate the treatment campaign in all 17 LGAs.
- 17 local government integrated health team members (LIHTL) will participate in a three-day data collection exercise in August 2025 to consolidate treatment data across LGAs.

Lymphedema Management and Surgical Interventions

- Quarterly sensitization sessions for 460 lymphedema patients in 27 selected health facilities, conducted by 34 health workers and state team members.
- A 5-day surgical intervention at General Hospital Pankshin will provide life-changing surgeries for 50 patients by December 2025.

Surveillance and Post-Treatment Activities

- A 4-day post-treatment surveillance exercise in December 2025 will involve SMOH staff and health workers in 23 communities.

- Quarterly post-verification surveillance by a team of 10 health workers will cover 53 communities across the 17 LGAs, ensuring disease control and elimination benchmarks are met.

PLASCHEMA

The agency's Annual Operational Plan (AOP) outlines targeted activities across advocacy, capacity building, technology deployment, and stakeholder engagement to improve healthcare accessibility and utilization.

Advocacy and Stakeholder Engagement

- Promote Mandatory Health Insurance:
 - Advocacy visits to the Executive Governor will seek an executive order for mandatory health insurance implementation by January 2025.
 - Separate non-residential meetings with 50 participants from the organized private sector and informal sector affinity groups in February 2025 will raise awareness about the program.
 - A quarterly review meeting with 50 stakeholders will monitor progress.
- Tertiary Institutions Health Insurance Program:
 - A one-day meeting in January 2025 will engage stakeholders from eight tertiary institutions to implement health insurance for students.

Public Sensitization and Communication

- A biweekly phone-in radio program on health insurance will run throughout 2025, complemented by quarterly BHCF gateway forum meetings.
- Public address systems will be distributed to all 17 LGAs and the agency headquarters to enhance community outreach.
- Information Dissemination:
 - The agency will print and distribute 1,000 copies of its Annual Report by December 2025.
 - A state-of-the-art in-agency studio for multimedia production will be equipped by July 2025.

Capacity Building and Training

- Multi-Media Content Creation:
 - Biannual 5-day training sessions for 20 multimedia creators will be held in June and December 2025.
- Digital Tools and Analytics:
 - Staff training sessions on newly developed digital tools, including programmatic performance dashboards and planning/reporting software, will occur in March and July 2025.
 - Six staff members will undergo hands-on training in actuarial analysis and decision modeling in March 2025.
- Telemedicine Training:
 - A 3-day training session for 20 staff members on telemedicine infrastructure will enhance remote healthcare services by December 2025.

Healthcare Accreditation and Monitoring

- Provider Accreditation:
 - Accreditation of 25 standalone diagnostic centers, 50 additional primary care providers, and 25 secondary care providers will be completed by June 2025.
- New Standards and Tools:
 - A 3-day training on harmonized accreditation tools will prepare 30 participants in June 2025, followed by deployment of the tools.

Program Development and Implementation

- A Strategic Purchasing Framework will be developed with the help of a health financing consultant by June 2025.
- A Drug Revolving Fund (DRF):
 - A one-day meeting with the Drug and Medical Commodities Management Agency (DMA) and 150 accredited healthcare facilities in March 2025 will address sustainability.
- Automation of Processes:

- A consultant will develop an automated ICT solution to enhance interoperability of agency processes by April 2025, with staff training on the system by June 2025.

Innovative Insurance Marketing Models

- Stakeholder Mapping:
 - Private sector stakeholders and affiliate marketers in health insurance will be identified and engaged through targeted meetings in July and August 2025.

Service Utilization and Quality Assurance

- Health service utilization reviews and Medical Loss Ratio assessments will be conducted across all healthcare levels by April 2025.
- Quarterly referral coordination meetings with 525 primary and secondary care staff will ensure seamless patient care transitions.

Enrollment of Poor and Vulnerable

- Monthly enrollment exercise to increase the capture of the poor and the vulnerable in the State

SASCP AOP Plan

In 2025, the HIV/AIDS Program in Plateau State will prioritize interventions to improve data reporting, strengthen healthcare worker capacity, enhance service delivery, and engage communities in the fight against HIV/AIDS. The activities include;

Data Reporting and Stakeholder Engagement

- Monthly Strategy Meetings:
A 1-day meeting with 25 participants from SASCP, CSOs, and partners will strategize on improving health facility data reporting.
- Quarterly Data Review Meetings:
Meetings with 17 LGA Monitoring and Evaluation Officers (M&EOs) and 13 HIV stakeholders will review and enhance reporting systems.

Capacity Building

- Training Programs:

- A 3-day training for 85 LGAs and 12 State Team HCWs will focus on PMTCT protocols and service delivery.
- A 1-day training for 42 laboratory technicians from PMTCT sites will enhance proficiency in dry blood sample (DBS) and viral load (VL) testing.
- Sensitization Workshops:
 - A 1-day sensitization workshop in three senatorial zones will engage 175 members of NEPHWAN on HIV transmission, prevention, and care.
 - Quarterly 1-day sensitization meetings with 50 community health workers, including TBAs and CHIPS, will improve linkages and referral systems for HIV-positive pregnant women.

Community Engagement and Advocacy

- World AIDS Day Commemoration:
A 1-day event with 500 participants in Q4 2025 will promote awareness and solidarity.
- Community Outreach:
 - Quarterly 5-day HIV screening campaigns targeting 10,000 individuals in the three senatorial zones will provide testing and counseling.
 - HIV counseling and support programs will cater to 100 orphans and widows and 100 trafficked persons quarterly.

Service Delivery and Support

- Renovation of Youth-Friendly Centers:
Three centers, one in each senatorial zone, will be renovated in Q2 2025 to provide counseling, HIV testing, and support for key populations.
- Supportive Supervision:
 - Quarterly 5-day visits to 40 HTS, ART, and PMTCT-supported sites will ensure quality service delivery.
 - Monthly 5-day supervision at 96 PMTCT facilities will enhance efficiency at spoke sites.

Prevention and Supply Management

- **Procurement of Condoms and Lubricants:**
By Q1 2025, 40,000 male condoms, 20,000 female condoms, and 1,000 lubricants will be procured to support prevention efforts.
- **Community Awareness:**
Advocacy and sensitization programs will focus on prevention through education and distribution of resources.

Technical Working Groups and Strategic Meetings

- **Technical Working Group Meetings:**
Quarterly 1-day Pediatric, Adolescent, and PMTCT TWG (PAP TWG) meetings with 30 participants will address technical and operational challenges.
- **Planning and Advocacy:**
A 1-day planning meeting with 50 stakeholders will prepare for World AIDS Day, and quarterly 1-day sensitization meetings will strengthen linkages for PMTCT services.

State Primary Health Care Board

The primary AOP activities for the SPHCB AOP for 2025 include:

1. Advocacy and Stakeholder Engagement

- **Key Activities:**
 - Orientation for legislative and local government leaders on PHC laws and reforms.
 - Advocacy visits to Commissioners, MDAs, and media outlets to strengthen partnerships.
 - Engagements with traditional leaders, community influencers, and local health committees to address vaccine hesitancy and promote health-seeking behaviors.

2. Capacity Building

- **Key Activities:**
 - Trainings on:
 - Integrated SBC strategies for community engagement.