

Research Article

Charting the Course: A Policy Perspective on the Evolution of Kebbi State's Health Sector Annual Operational Planning

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Abstract

Aim: This study aims to provide a comprehensive overview of the Annual Operational Planning (AOP) process, a key health sector planning and harmonization approach, in Kebbi State, Nigeria, from 2020 to 2024, focusing on nine optimal planning parameters: state ownership, stakeholder participation, sector harmonization, evidence-based, timeliness, executive sign-off, quarterly tracking, dissemination, and sustainability. **Methods:** Review of AOP program reports, state-relevant reports, and stakeholders' interviews. Employing a mixed-methods research design, the study integrates quantitative data derived from secondary sources like annual reports and policy documents with qualitative data from semi-structured interviews with key stakeholders. Descriptive statistics and time-series analysis are used for quantitative data to study progress and trends in each milestone, while thematic analysis of interview transcripts helps to elucidate factors influencing implementation and outcomes. **Results:** Findings highlight a progressive improvement in the annual operational planning across several of the planning parameters over the years from the baseline in 2020, including in participatory engagement of the lower levels of the health sector (bottom-up approach), using evidence to inform planning; timely development of the AOP to inform health budget; and regular tracking of the plan. However, challenges persist in the government funding of stakeholders' engagement, particularly the bottom-up approach at the Local Government Health Authorities (LGAs) level, which may affect the inclusiveness of the process in the future. **Conclusion:** The study concludes that the annual operational planning in Kebbi State has seen notable improvement across multiple planning parameters, assuring the effectiveness and sustainability of the process as a key planning tool. However, allocating adequate resources, including budget and human resources, to facilitate a participatory approach in the AOP development process is critical for continuous success. This study contributes to the broader discourse on health sector planning in developing contexts, offering valuable insights for policymakers, health managers, and stakeholders in designing and implementing effective and harmonized health plans.

Keywords

Annual Operational Plan (AOP), Strategic Planning, Health Sector, Kebbi State, Nigeria

1. Introduction

Harmonized and participatory health planning is key to effective health sector governance. The World Health Report 2000, published by WHO, outlines health planning as an

important element of a Sector-Wide Approach (SWAP)¹. [1]

¹ A sector-wide approach (SWAP) is a method of working that brings together

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Healthcare policy and planning are integral components of any well-functioning healthcare system. They set the strategic direction and align resources to address the healthcare needs of a population. The Annual Operational Plan (AOP) is one such strategic tool universally recognized for its role in providing a clear roadmap for health initiatives within a particular timeframe [2-4]. In resource-constrained settings such as Nigeria, the development and implementation of a harmonized and effective AOP are critical to improving health service delivery and achieving desired health outcomes. [5, 6]

Nevertheless, it is important to acknowledge that the process of operational planning within the health sector, conducted in a highly coordinated and inclusive manner, may give rise to various challenges that must be effectively navigated. [7, 8] These challenges arise due to the multifaceted nature of operational planning, which requires careful management of several key factors. These include ensuring optimal stakeholder involvement, judicious allocation of available resources, seamless alignment of policies, and timely implementation of planned actions. [9, 10] It is crucial for stakeholders involved in operational planning to deeply appreciate these subtleties, as doing so holds the key to improving the overall planning process and enhancing its efficacy. [11-13]

In order to contribute to a comprehensive understanding of operational planning, this study aims to assess the development and progress of the Annual Operational Plan (AOP) specifically in the context of Kebbi State, Nigeria. The timeframe of this assessment spans from 2020 to 2024, thus allowing for a thorough analysis of the various stages and aspects of the planning process. By focusing on this specific region and time period, valuable insights can be gained and applied to enhance operational planning efforts, not only in Kebbi State but also in other similar settings across the health sector.

By delving into the intricacies of the AOP, this study aims to shed light on the challenges and opportunities encountered during the planning process and provide evidence-based recommendations for improvement. It acknowledges that operational planning within the health sector demands the active participation and collaboration of multiple stakeholders, including government agencies, healthcare professionals, community leaders, and individuals directly affected by the planned initiatives. As such, this study seeks to highlight the importance of engaging all relevant parties in a meaningful and inclusive manner, ensuring that their perspectives, expertise, and contributions are taken into consideration. Furthermore, this study recognizes the significance of resource allocation in operational planning and aims to explore strategies for optimizing the utilization of available resources. It emphasizes the need for efficient and transparent allocation of funds, human resources, medical supplies, and infrastructure to maximize impact and ensure the successful implementation of planned interventions. The study also recognizes the complexities of aligning policies across various sectors and levels of governance and aims to identify potential barriers and facilitators in this regard.

Lastly, this study places great emphasis on the importance of timely implementation of planned actions. It recognizes that effective operational planning is not solely dependent on comprehensive plans and well-defined strategies but also on the successful execution of these plans within the specified timeframe. By addressing the challenges and barriers that may impede timely implementation, this study aims to provide actionable recommendations that can enhance the overall effectiveness of the planning process.

This study will enhance our comprehension of operational planning within the health sector by assessing the development of the AOP in Kebbi State, Nigeria, over a specific timeframe. By identifying challenges, opportunities, and best practices, it seeks to provide evidence-based recommendations for improving the planning process and increasing its efficacy. Through a coordinated and inclusive approach, this study aims to contribute to the overall advancement of operational planning efforts, not only in Kebbi State but also in other similar contexts, ultimately leading to improved healthcare delivery and outcomes for all.

In 2020, four Nigerian states (Kebbi, Bauchi, Sokoto, Ebonyi) and FCT defined the vision for a harmonized and effective annual operational planning to address the key challenges in the planning process outlined below: states were at different maturity levels of AOP development; AOP mostly not harmonized; led by a single agency (MoH or SPHCDA); a state-level AOP with no input from the LGAs and PHCs; produced “after” the budget cycles had been completed. [14-16] Hence, the state did not fund it; they were not normally disseminated as they were mostly in electronic versions and not accessible by all due to limitations in possessing or regularly using laptops; they were not signed off by the “executive” and not tracked. The AOP vision offered nine key parameters of success: AOP is state-owned and driven; all-participatory, emanating from the PHC level up to the state level; a state-level AOP that is a broad health sector harmonized AOP; developed using the approved template and LiST/OHT projections as the basis; developed timely before the states’ budget process; signed off as a policy document by the “executive;” tracked quarterly; preferably printed and disseminated to all that need it; and sustainably led by the state. [17-20]

Kebbi State provides a compelling case for this examination. As one of the 36 states in Nigeria, Kebbi presents diverse health needs and is emblematic of the resource constraints prevalent in many similar regions. Therefore, the state's AOP journey offers rich insights into the intricacies, challenges, and opportunities in health planning in such contexts.

Our analysis focuses on nine milestones defining the AOP vision - state ownership, stakeholder participation, sector harmonization, use of approved templates and projections, timeliness, executive sign-off, quarterly tracking, and information dissemination. This research also probes into the somewhat elusive concept of the sustainability of state-led leadership, an aspect often overlooked but crucial to the long-term efficacy of health plans.

This research employs a mixed-methods approach, integrating quantitative data from secondary sources with qualitative data gleaned through stakeholder interviews. Such an approach lends depth to the exploration, enabling a comprehensive understanding of the measurable progress and the underlying narratives influencing the AOP's journey.

This study is poised to contribute significantly to the discourse on health policy planning within developing regions. It aims to provide vital insights for policymakers, health managers, and stakeholders, informing the design and implementation of effective, inclusive, and sustainable health plans that can significantly enhance health outcomes.

2. Materials and Methods

2.1. Study Design

A comprehensive review of the progress of the AOP development in Kebbi State between 2020 and 2024 was conducted. Given the nature of the study, a mixed-methods research design would serve as the most appropriate approach. This design enables the integration of both quantitative and qualitative data, providing a more holistic understanding of the AOP's evolution. The parameters selected were determined due to their central importance in making operational planning meaningful, effective, and impactful. A collective consensus of the state and health implementing partners validated and agreed on these nine milestones as the vision of ideal operational planning.

2.2. Data Collection

2.2.1. Quantitative Data

Secondary data were collected from annual reports, policy documents, and relevant records related to the AOP. These resources helped capture the changes in nine specified milestones of the AOP vision over the studied period. Metrics such as the level of participation, timing of development, and adherence to approved templates and projections were quantitatively assessed.

2.2.2. Qualitative Data

Qualitative data were collected through semi-structured interviews with key stakeholders involved in the planning, implementation, and evaluation of the AOP. Interviewees included state health officials, PHC staff, and representatives from community-based organizations. These interviews would help gain insights into the nuances of the plan's implementation, challenges encountered, stakeholders' perceptions, and areas for improvement.

2.3. Data Analysis

2.3.1. Quantitative Data Analysis

The quantitative data was analyzed using descriptive statistics to study the progress and trends in each milestone. A time-series analysis was employed to capture the trajectory of each indicator over the five-year period.

2.3.2. Qualitative Data Analysis

Thematic analysis was employed to analyze qualitative data. Transcripts of interviews were coded and analyzed to identify recurring themes, patterns, and divergences. This provided rich insights into the underlying factors influencing the implementation and outcomes of the AOP.

2.4. Ethical Considerations

Before conducting interviews, informed consent was sought from all participants, ensuring they understood the purpose of the research and their rights as participants. The research also ensured confidentiality and anonymity, as the report will not use personal identifiers.

3. Results

Following is the progressive improvement in the process of annual operational planning across the various states.

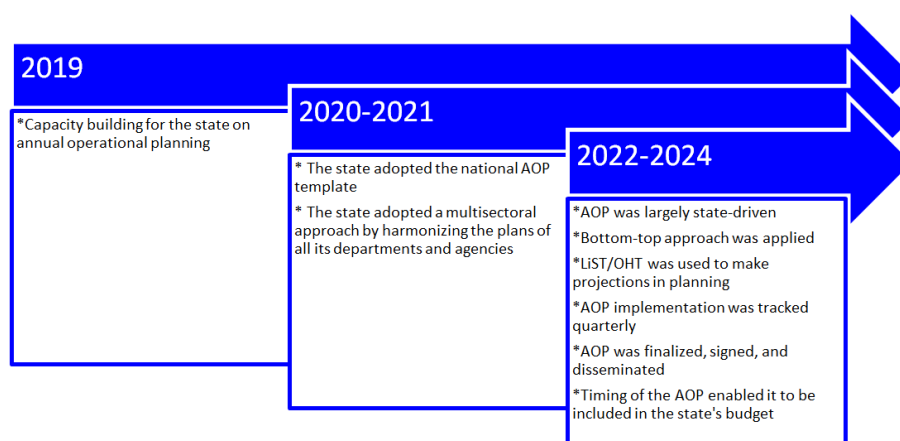


Figure 1. AOP Legacy Timelines.

The review examined nine parameters defined as part of the AOP vision over the course of five years (2020 – 2024).

Table 1. Time-Series Achievement of AOP Vision in Kebbi State (2020-2024).

S/N	PARAMETERS OF AOP VISION	2020	2021	2022	2023	2024
1	State-owned and driven	Yes	Yes	Yes	Yes	Yes
2	All-participatory, bottom-up approach, emanating from the PHC level up to the state level	No	Partially	Partially	Yes	No
3	A state-level AOP that is a broad health sector harmonized AOP	Yes	Yes	Yes	Yes	Yes
4	Developed using the approved template and LiST/OHT projections as the basis	No	Partially	Yes	Yes	Yes
5	Developed timely before the states' budget process	No	No	No	Yes	Yes
6	Signed off as a policy document by the "Executive"	No	No	No	Yes	Not Due
7	Tracked quarterly	No	No	Yes	Yes	Not Due
8	Preferably printed and disseminated to all that need it	No	No	No	Yes	Not Due
9	Sustainably led by the state	Can't say	Can't say	Can't say	Can't say	Can't say

4. Discussion

Referring to [Table 1](#), the parameters of the AOP vision are discussed in greater detail below:

4.1. State-Owned and Driven

Since the year 2020, the development of the AOP (Autonomy in Health Planning) has consistently been state-owned and driven, which serves as a clear manifestation of the state's unwavering dedication and pledge to autonomy in health planning. This unyielding commitment has paved the way for tremendous progress in the field of healthcare. However, it is crucial to acknowledge that the ever-evolving landscape of healthcare demands constant evaluation of local capacities so as to ensure the sustained momentum of this monumental initiative and effectively adapt to the dynamic and ever-changing needs of the populace. Through diligent evaluation and analysis of local capacities, the AOP can seamlessly navigate the intricacies of this realm, strategically transform challenges into opportunities, and forge an even brighter and more resilient future for the healthcare sector.

4.2. All-Participatory

As of 2020, there was no engagement of the lower levels of the health system in health planning. A participatory approach was introduced in 2021 and 2022 when LGAs and PHCs were engaged in the development of the AOP. Called a bottom-up

approach, nearly all LGAs and wards were able to provide their inputs to the process. By the end of 2022, there was a partial success, reflecting efforts in fostering engagement at all levels, from the PHC up to the state level. Surprisingly, despite achieving full participation in 2023, the following year recorded a downward shift, suggesting challenges in maintaining stakeholder engagement. Future research should explore the factors contributing to this decline and ways to reinvigorate inclusive participation.

4.3. Health Sector Harmonization

The state-level AOP was highly successful in achieving its pivotal role as a unifying and harmonizing factor in the broader health sector. Year after year, the meticulously crafted AOP stood tall as a powerful instrument that skillfully balanced and seamlessly unified a myriad of diverse health initiatives. Its remarkable efficacy lies in its steadfast commitment to ensuring perfect alignment towards the collective and noble goals of enhancing health outcomes in the State. Through careful deliberation and thoughtful implementation, the AOP played a crucial role in fostering collaboration, driving synergy, and promoting a holistic approach to healthcare, ultimately leading to an unprecedented level of success and accomplishment.

4.4. Use of Approved Template and LiST/OHT Projections

The years 2020 and 2021 were marked by a significant lack of utilization of the approved template and LiST/OHT pro-

jections. This unfortunate trend, however, gradually started to reverse itself in 2022, highlighting a notable shift towards a stronger dedication to data-driven planning. It is evident that the state has made considerable progress in harnessing the power of sophisticated planning tools to develop effective health strategies. This transformation signifies the state's ever-evolving capacity to navigate the intricacies of health strategy development and embrace a more innovative approach.

As the state ventured into the uncharted territory of health strategy development, it became increasingly apparent that a revolutionary change was needed to pave the way for progress. The tumultuous years of 2020 and 2021 served as a wake-up call, summoning policymakers and stakeholders to assess the shortcomings and reevaluate their approach. Consequently, a palpable shift took place in 2022, breathing new life into the realm of health planning. During this transformative period, the state honed its focus on embracing the array of tools at its disposal. The approved template, once underutilized and relegated to the shadows, emerged as a prominent beacon of hope. As its potential was unlocked, the state marveled at the possibilities, realizing the immense power that lay dormant.

In parallel, the LiST/OHT projections, often disregarded, forayed into the limelight, drawing attention to their invaluable insights. In this era of enlightenment, a renewed dedication to data-driven planning emerged, illuminating the path forward. No longer satisfied with mere assumptions and guesswork, the state vowed to immerse itself in a realm where informed decisions prevailed. The adoption of sophisticated planning tools became the cornerstone of this resolute effort, enabling the state to design strategies that yielded tangible results. With each step towards embracing this data-driven approach, the state witnessed its capacity for growth and progress expand exponentially.

It was no longer shackled by antiquated methodologies but rather propelled by a wave of innovation and adaptability. The intricate nuances and complexities of health strategy development no longer posed insurmountable challenges but rather opportunities for creative problem-solving. This transformative journey has not only elevated the state's ability to navigate uncharted waters but has also epitomized its unwavering commitment to excellence. By embracing a more innovative approach, the state has solidified its reputation as a forward-thinking entity, unafraid to challenge the status quo. As the years progress, it will continue to evolve, carving a path toward a future characterized by progressive health strategies and optimal well-being for all.

4.5. Timeliness

The AOP's development didn't align with the state's budgeting process until 2023, suggesting an initial disconnect between planning and resource allocation. However, the shift towards timeliness by 2023 demonstrates a positive evolution towards better integration of these two crucial aspects, a pat-

tern that continues into 2024.

4.6. Policy Document Sign-off

The Executive's sign-off on the AOP as a policy document didn't occur until 2023, highlighting a lag in administrative processes. This delay could have potential repercussions on policy implementation and calls for the streamlining of bureaucratic procedures to ensure faster policy endorsement.

4.7. Quarterly Tracking

The lack of quarterly tracking until 2022 indicates an initial oversight in monitoring and evaluation mechanisms. The initiation of these procedures by 2022, however, shows recognition of the need for regular performance checks to ensure the plan's objectives are being met.

4.8. Physical Printing and Dissemination

Finally, the physical printing and dissemination of the AOP only started in 2023, showcasing a delay in knowledge-sharing mechanisms. Timely distribution of information is crucial for effective implementation and needs to be prioritized in the future.

4.9. Sustainably Led by the State

The ability to conclusively determine whether the Annual Operational Plan (AOP) in Kebbi State, Nigeria, was sustainably led by the state from 2020 to 2024 remains uncertain, as indicated by the "Can't say" status each year. This could be attributed to several factors: the complexity of defining and measuring "sustainable leadership," potential gaps in data collection, or even a lack of consensus among stakeholders. This ambiguity underscores the crucial need for explicit definitions, robust data collection methods, and consensus-building for evaluating "sustainable leadership." It also highlights the importance of incorporating sustainability considerations into future AOP planning and implementation. Thus, while there are encouraging signs in the AOP's journey, effectively addressing the issue of sustainable state-led leadership remains a critical area for improvement.

4.10. Limitations of the Study

Despite the rigorous approach, this study acknowledges the existence of several limitations.

- 1) Data Availability: The study relies highly on existing secondary data sources, such as annual reports and policy documents. There may be inconsistencies, inaccuracies, or gaps in these documents, potentially influencing the analysis.
- 2) Subjectivity in Qualitative Data: The qualitative data derived from semi-structured interviews, while valuable

for deeper insights, bring an element of subjectivity. The interpretation of responses may vary, and the responses themselves might be influenced by individuals' perspectives or biases.

- 3) Limited Scope: While the study covers the key milestones of the AOP, it may not capture every element of the plan's implementation process. Therefore, some aspects of the journey may have been inadvertently overlooked.
- 4) Generalizability: Since the study is focused on Kebbi State, the findings may not be generalizable to other states or regions with different socio-political contexts.
- 5) Ambiguous Variables: The study recognizes the challenge of measuring "sustainable leadership," which might impact the clarity and depth of analysis related to this particular aspect.

Moving forward, these limitations underscore the need for continuous and more nuanced research approaches, including the development of clearer definitions for sustainability, more robust data collection methods, and a broader geographical scope to validate and extend the findings of this study.

In this section, authors are advised to provide a thorough analysis of the results and make comparisons with relevant literature, not a short summary or conclusion. Any future research directions could also be stated in the discussion.

5. Conclusions

In conclusion, the journey of the AOP in Kebbi State, while marked by notable achievements, illustrates the complexities inherent in health planning. There remain areas for improvement, particularly in fostering engagement, streamlining administrative processes, and improving monitoring and dissemination practices. Continuous evaluation and refinement of the AOP will be key to achieving better resident health outcomes.

This study offers an all-encompassing evaluation of the Annual Operational Plan (AOP) in Kebbi State, Nigeria, from 2020 to 2024. Investigating nine defined milestones provides a panoramic view of the multi-faceted journey of health policy planning and implementation. The findings show a complex interplay between policy design, stakeholder engagement, timely implementation, monitoring, and dissemination processes.

The consistent state ownership and sector harmonization stand as significant achievements of the AOP, demonstrating the power of locally owned and coordinated health policies. However, the variances in stakeholder participation, timing of development, executive signoffs, and tracking mechanisms signal inherent challenges that need to be systematically addressed to enhance the efficacy of health planning.

Notably, the study underlines the ambiguity surrounding the sustainability of state-led leadership as a critical concern. It emphasizes the need for clearer definitions, robust evalua-

tion mechanisms, and a stronger focus on sustainability in health planning, ultimately calling for a thoughtful re-examination and refinement of strategies to navigate these challenges.

In providing a comprehensive critique of the AOP's journey, this research contributes to the broader discourse on health policy in developing contexts. It underlines the complexities of operational planning, particularly within the resource-constrained and pluralistic environments often encountered in such settings. Furthermore, it underscores the importance of continuous policy evaluation and refinement for better health outcomes.

In conclusion, this study's findings offer valuable insights for Kebbi State and other regions grappling with similar health planning challenges. Importantly, they emphasize that while the path to effective health planning can be arduous, each challenge surmounted contributes to a richer understanding, ultimately influencing the design and implementation of more effective, inclusive, and sustainable health plans.

Abbreviations

AOP	Annual Operational Plan
LiST	Lives Saved Tool
OHT	One Health Tool

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Author Contributions

Kabiru Abubakar Gulma is the sole author. The author read and approved the final manuscript.

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Data Availability Statement

The datasets used and/or analyzed during the current study are available from the corresponding author upon reasonable request.

Conflicts of Interest

The authors declare no conflicts of interest.

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Biography



Kabiru Abubakar Gulma is an associate professor of global health and health systems optimization at Euclid University, The Gambia. He completed his MSc. and Ph.D. degrees in international public health from Euclid University. He has extensive field experience in the public health space in Nigeria, ranging from logistics and supply chain management to governance and leadership and health financing. He is also an adjunct faculty at Chandigarh University, India. Kabiru has significant research and writing experience.

Research Field

Kabiru Abubakar Gulma: Health governance, strategic planning, health financing, health logistics, health supply chain management