BAYELSA STATE PRIMARY HEALTHCARE BOARD

BASIC HEALTHCARE PROVISION FUND (BHCPF)

2026 Programme Implementation Review

2026 JOINT ANNUAL REVIEW (JAR) WORKSHOP

Presented by the Bayelsa State Primary Healthcare Board

Presentation Outline

01 Executive summary and 2026 at a glance

02 What the BYSPHCB implemented in 2026

03 Facility onboarding and assessment coverage

04 Quality assessment performance and priority areas

05 Strengths and areas of weaker performance

06 Challenges, access bottlenecks and system issues

07 Lessons learnt and priority gaps

08 2027 priorities, action plan and decision points

Executive Summary

105	103	98%+	85.4%
Facilities scheduled	Facilities assessed	Completion rate	State average score

- Six major BHCPF activities delivered, from DFF payments to BHCPF 2.0 baseline.
- 103 of 105 facilities assessed across all 8 LGAs.
- Strongest: clinical utilisation 100%, financial systems 94%, drugs 92%.
- Weakest: human resources 71% and HMIS 74%.
- 2027 must fix workforce, data reporting and financing timeliness.

Source: Bayelsa State BHCPF 2026 Programme/Assessment Data

BHCPF 2026 at a Glance

105 Facilities scheduled	**103** Facilities assessed	**2** Not assessed (S. Ijaw)	**8** LGAs covered
98%+ Completion rate	**85.4%** State average score	**100%** Clinical utilisation	**71%** HRM score

KEY INSIGHT Near-complete coverage gives the Board a reliable statewide evidence base; workforce management is the lowest-scoring area and the clearest 2027 target.

Payments made and facilities onboarded under BHCPF 2.0: data not available.

Source: Bayelsa State BHCPF 2026 Programme/Assessment Data

What the BYSPHCB Implemented in 2026

M1 • Q4 2025 – Q1 2026

Direct Facility Financing

Payment of DFF for Q4 2025 and Q1 2026

M2 • 2026

Bank Accounts Opened

Accounts opened for newly onboarded facilities

M3 • 2026

Business Plans

Submitted by existing and new facilities

M4 • April 2026

Q1 Quality Assessment

Conducted across all 8 LGAs

M5 • Q2 2026

Q2 Quality Assessment

Ongoing at the time of reporting

M6 • 2026

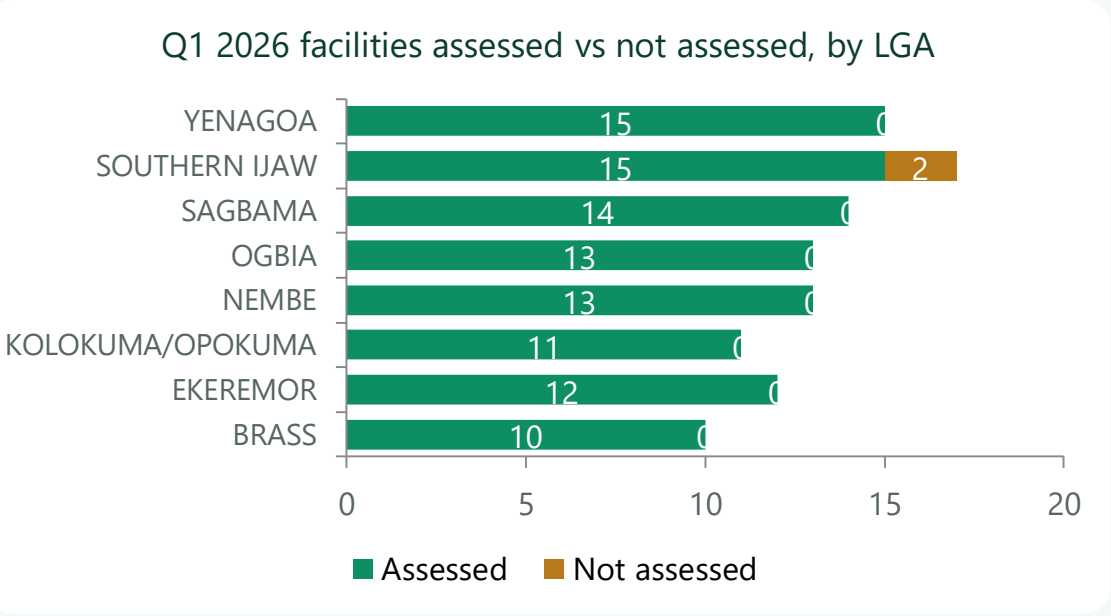
BHCPF 2.0 Baseline

Baseline assessment in selected LGAs

KEY INSIGHT 2026 combined recurring financing, system readiness and routine measurement, while extending coverage through BHCPF 2.0 baseline assessment.

Source: Bayelsa State BHCPF 2026 Programme/Assessment Data

Facility Onboarding and Assessment Coverage



105
Scheduled

103
Assessed

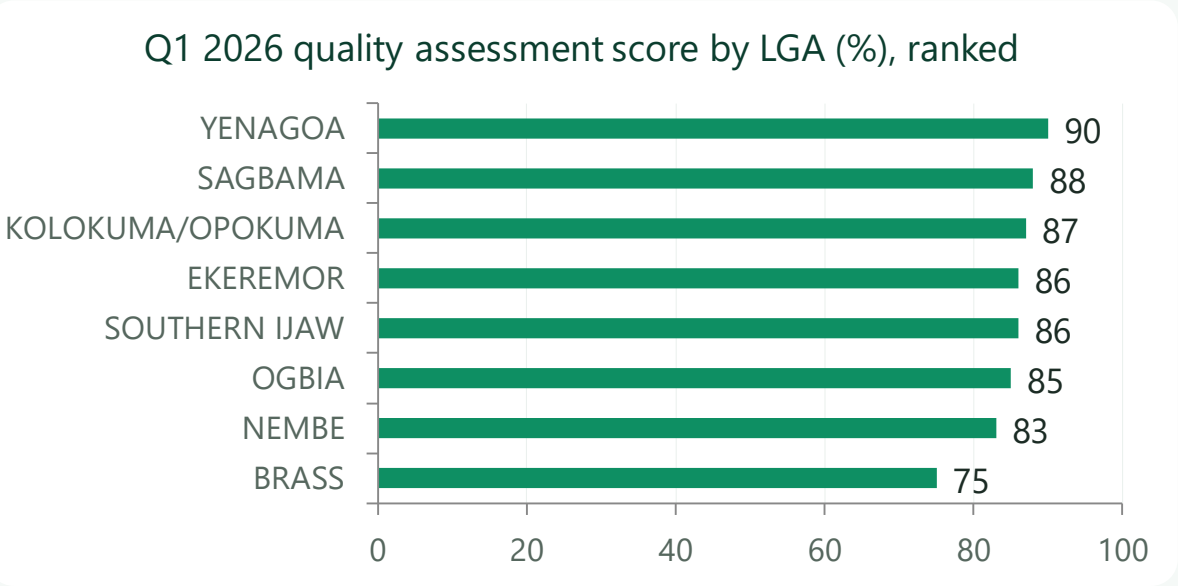
2
Not assessed

Not assessed, Southern Ijaw
Igbomotoru I PHC and Peremabiri PHC; delayed by accessibility and logistics.

KEY INSIGHT Coverage exceeded 98% in every LGA; the only shortfall is access-driven, not performance-driven, and needs a logistics solution.

Source: Bayelsa State BHCPF 2026 Programme/Assessment Data

Quality Assessment Performance by LGA



HIGHEST
Yenagoa, 90%

LOWEST
Brass, 75%

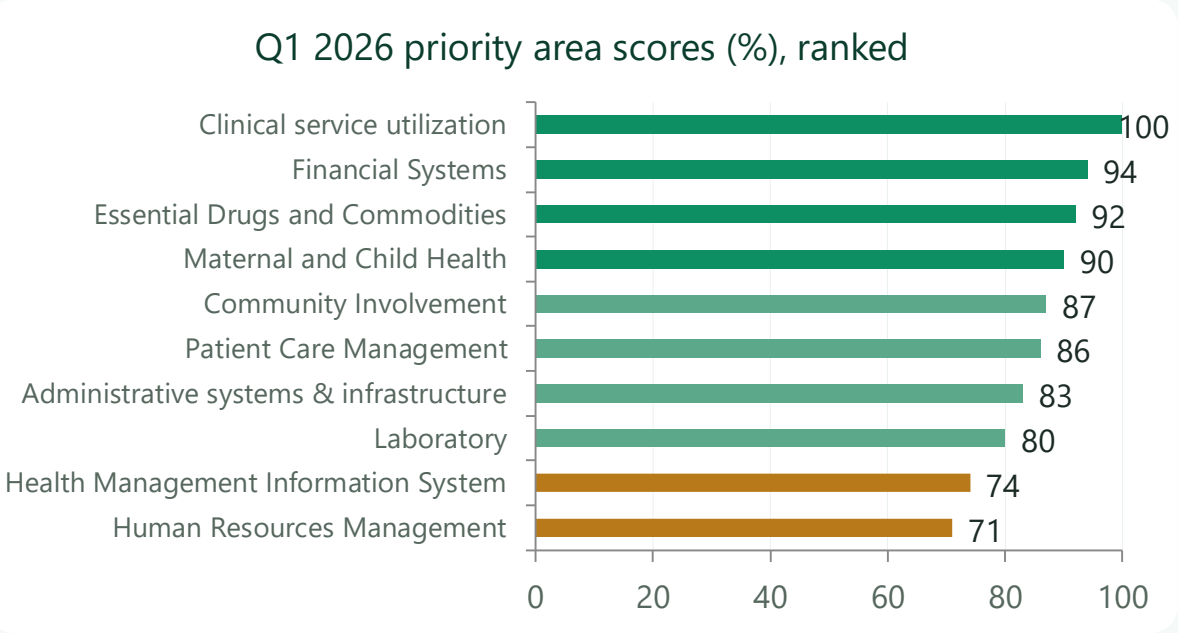
RANGE
15 points

STATE AVERAGE
85.4%

KEY INSIGHT Seven of eight LGAs scored above 80%, but the 15-point spread between Yenagoa and Brass shows performance is not uniform. Brass and Nembe need targeted supportive supervision rather than uniform statewide support.

Source: Bayelsa State BHCPF 2026 Programme/Assessment Data

BHCPF Priority Area Performance



STRONGEST 90–100%

Clinical utilisation, financial systems, essential drugs, maternal & child health

MODERATE 80–89%

Community involvement, patient care, admin systems, laboratory

WEAKEST BELOW 80%

HMIS (74%) and human resources management (71%)

SOURCE NOTE

The workbook records Financial Systems 93% and Community Involvement 86% for Q1. Both values shown as reported; not reconciled.

KEY INSIGHT The two weakest domains; HMIS and HRM, are the systems that sustain performance over time.

Sources: BHCPF 2026 Assessment Data; 2026 Health Systems Workbook

What BHCPF Is Doing Well

100%	**Clinical service utilisation**	Highest-scoring priority area statewide in Q1 2026.
94%	**Financial systems**	95% of facilities have monthly financial reports signed by the OIC.
92%	**Essential drugs & commodities**	No facility reported stock-out of ACT, ORS+Zinc, MgSO4 or oxytocin.
98%+	**Assessment completion**	103 of 105 scheduled facilities assessed across all 8 LGAs.
98%	**Business plan adherence**	96% of WDCs were involved in developing facility business plans.

Source: Bayelsa State BHCPF 2026 Programme/Assessment Data

Where BHCPF Performance Is Weaker

Human Resources Management — 71%

EVIDENCE Lowest priority area. Only 43% of facilities have at least two registered nurses or midwives.

IMPLICATION Constrains capacity to deliver and sustain BHCPF-financed services.

Health Management Information System — 74%

EVIDENCE DHIS2 reporting had not been opened for newly onboarded facilities.

IMPLICATION BHCPF results for new facilities cannot be measured or verified.

Laboratory — 80%

EVIDENCE Brass 45%, Nembe 72% and Ekeremor 74% sit below the state average.

IMPLICATION Diagnostic support for BHCPF service packages is uneven across LGAs.

Administrative Systems & Infrastructure — 83%

EVIDENCE Brass scored 61%; only 4% of facilities have a functional ambulance or vehicle.

IMPLICATION Referral and supervision logistics are constrained, especially in riverine LGAs.

Source: Bayelsa State BHCPF 2026 Programme/Assessment Data

LGA × Priority Area Performance Variation

LGA	Admin & Infra	Financial Systems	HRM	MCH Services	Patient Care	Essential Drugs	Lab	HMIS	Clinical Utilisation	Community Involve.	Cumulative
Brass	61%	92%	63%	86%	78%	90%	45%	46%	100%	84%	**75%**
Ekeremor	85%	95%	76%	91%	82%	92%	74%	82%	100%	86%	**86%**
Kolokuma/Opokuma	89%	97%	65%	89%	87%	90%	87%	77%	100%	88%	**87%**
Nembe	78%	98%	69%	86%	91%	93%	72%	59%	100%	85%	**83%**
Ogbia	86%	88%	61%	90%	83%	88%	89%	82%	100%	84%	**85%**
Sagbama	87%	95%	80%	88%	88%	92%	82%	81%	100%	87%	**88%**
Southern Ijaw	84%	88%	70%	91%	80%	93%	84%	78%	100%	87%	**86%**
Yenagoa	87%	96%	78%	93%	89%	95%	91%	81%	100%	87%	**90%**

Score band: ≥90% 80–89% 70–79% 60–69% <60%

KEY INSIGHT Variation is domain-driven, not uniformly LGA-driven: clinical utilisation is 100% everywhere while HRM is below 80% in seven of eight LGAs. Brass is the clear outlier and needs a dedicated improvement plan.

Source: Bayelsa State BHCPF 2026 Programme/Assessment Data

BHCPF 2026 Challenges

CHALLENGE	EFFECT ON BHCPF IMPLEMENTATION
ACCESS / GEOGRAPHY Assessment delayed in two Southern Ijaw facilities.	A coverage gap remains in the state evidence base.
HMIS / DATA DHIS2 reporting not opened for newly onboarded facilities.	New facilities cannot report routine data for monitoring.
FINANCING Delay in DFF payment to newly added health facilities.	New facilities cannot execute business plans on schedule.
HRH / CAPACITY Delay in training of newly onboarded facilities.	Facility readiness to meet quality standards is slowed.

Only challenge categories documented in the source presentation are shown. Supply chain, governance and community engagement challenges: data not available.

Source: Bayelsa State BHCPF 2026 Programme/Assessment Data

Access and Implementation Bottlenecks

CASE: SOUTHERN IJAW LGA

- 17 facilities scheduled, the largest load of any LGA.
- 15 assessed; Igbomotoru I PHC and Peremabiri PHC were not.
- Documented reason: accessibility and logistics in riverine communities.
- The LGA still scored 86%, above the state average, the constraint is reach, not quality.

Facility assessments
Two facilities unassessed in Q1.

Supervision
Riverine facilities are harder and costlier to reach.

Implementation
Only 4% of facilities have a functional ambulance or vehicle.

Service availability
Data not available.

KEY INSIGHT Access is the only documented reason for incomplete coverage in 2026. The response required is logistical, planned riverine transport and sequenced scheduling, not a quality intervention.

Source: Bayelsa State BHCPF 2026 Programme/Assessment Data

Health-System Issues Affecting BHCPF Performance

Human resources for health

43% of facilities have ≥2 registered nurses/midwives; HRM 71% statewide.

Relevance: Limits capacity to deliver BHCPF service packages.

HMIS / DHIS2

HMIS 74% statewide; as low as 46% in Brass and 59% in Nembe.

Relevance: Weakens reporting and verification of BHCPF results.

Quality improvement systems

Only 8% of facilities held ≥3 QI team meetings last quarter.

Relevance: QI structures function inconsistently despite plan execution.

Infrastructure & transport

4% of facilities have a functional ambulance or vehicle.

Relevance: Constrains referral, supervision and outreach.

Financing timeliness

45% of facilities received timely quarterly DFF.

Relevance: Delayed disbursement slows business plan execution.

Clinical practice systems

42% of facilities use the partograph correctly in labour.

Relevance: A quality-of-care gap for supervision and mentorship.

WASH, e-LMIS and wider supply chain indicators: data not available in the supplied files.

Sources: 2026 Health Systems Workbook; BHCPF 2026 Assessment Data

2026 Lessons Learnt

WHAT WORKED

- Assessment machinery delivered 98%+ coverage across all 8 LGAs.
- DFF and business plan processes are established and adhered to.
- Commodity availability held, with no reported stock-outs.

WHAT DID NOT WORK

- DHIS2 reporting was not opened in time for new facilities.
- DFF payment and training for newly added facilities were delayed.
- Riverine access prevented assessment of two Southern Ijaw facilities.

WHAT SHOULD CHANGE

- Onboard facilities as one package: account, DHIS2, training, first payment.
- Differentiate support by LGA, Brass and Nembe need dedicated plans.
- Plan riverine assessment logistics ahead of each quarterly round.

Source: Bayelsa State BHCPF 2026 Programme/Assessment Data

Priority Gaps to Carry into 2027

Gap	Evidence	Affected LGAs	Implication	Priority
Human resource management	HRM 71%; 43% of facilities with ≥2 nurses/midwives	All 8 LGAs; lowest Ogbia 61%, Brass 63%	Limits capacity to sustain BHCPF services	**HIGH**
HMIS / DHIS2 reporting	HMIS 74%; DHIS2 not opened for new facilities	Brass 46%, Nembe 59%; all new facilities	Results cannot be measured or verified	**HIGH**
Timeliness of DFF	45% of facilities received timely quarterly DFF	Newly onboarded BHCPF facilities	Delays business plan execution	**HIGH**
Brass LGA performance	Cumulative 75% vs state 85.4%; Lab 45%, HMIS 46%	Brass LGA facilities	Widest performance gap in the state	**HIGH**
Riverine assessment access	2 facilities unassessed in Q1 2026	Southern Ijaw LGA	Incomplete state evidence base	**MEDIUM**

Sources: BHCPF 2026 Assessment Data; 2026 Health Systems Workbook

2027 BHCPF Priorities

01 Strengthen human resource management
Evidence: Lowest priority area (71%)

02 Improve HMIS and routine data reporting
Evidence: HMIS 74%; DHIS2 not opened

03 Sustain timely Direct Facility Financing
Evidence: 45% received DFF on time

04 Complete onboarding of new facilities
Evidence: Training and payment delays

05 Target supervision at weaker LGAs
Evidence: 15-point spread; Brass 75%

06 Improve laboratory and diagnostics
Evidence: Laboratory 80%; Brass 45%

07 Strengthen infrastructure and transport
Evidence: 4% with functional vehicle

08 Complete outstanding riverine assessments
Evidence: 2 facilities unassessed

Sources: BHCPF 2026 Assessment Data; 2026 Health Systems Workbook

2027 BHCPF Action Plan

Priority	Action (SMART)	Responsible	Timeline	KPI	Resources
HRM	Deploy nurses/midwives so every BHCPF facility has ≥2 registered staff	BYSPHCB HR; LGA teams	Q1–Q3 2027	% facilities with ≥2 nurses/midwives (base 43%)	Staff establishment
HMIS	Open DHIS2 data elements for all new facilities; quarterly data quality checks	BYSPHCB M&E Unit	Q1 2027	% facilities reporting on DHIS2	DHIS2 access; ICT
Financing	Disburse quarterly DFF to all eligible facilities within the agreed window	BYSPHCB Finance	Quarterly 2027	% receiving timely DFF (base 45%)	BHCPF gateway funds
Onboarding	Complete account, training and first DFF payment as one package	BYSPHCB Programme Unit	Q1–Q2 2027	% new facilities fully activated	Training budget
Supervision	Quarterly targeted supervision for Brass and Nembe with improvement plans	LGA teams; QA Team	Quarterly 2027	QA score: Brass (base 75%), Nembe (83%)	Supervision logistics
Access	Pre-plan riverine transport so both outstanding PHCs are assessed quarterly	QA Team; S. Ijaw LGA	Each round 2027	Completion rate (base 98%, target 100%)	Boat hire; fuel

No monetary values are assigned; costing is not available in the supplied source files.

Resource Implications for 2027

Human resources

- Additional nurses and midwives
- LGA data officers for DHIS2
- QA and supervision capacity

Financing

- Timely quarterly DFF for all facilities
- Funding for BHCPF 2.0 facilities

Infrastructure

- Functional transport capacity
- Facility upgrades, led by Brass

Commodities

- Sustained essential drug stocks
- Laboratory consumables

Data / ICT

- DHIS2 access and activation
- Devices and connectivity

Supervision & M&E

- Quarterly supervision rounds
- Riverine transport for assessment

Partner support

- Technical assistance for QI teams
- Support for facility training

Costs are not stated in the supplied source files, data not available. Requirements are listed without monetary values.

What Needs to Be Decided for 2027?

1 Approve HRH deployment

Authorise redistribution or recruitment so every facility meets minimum staffing.

2 Direct DHIS2 activation

Instruct immediate opening of data elements for all new facilities.

3 Guarantee DFF payment window

Commit to a fixed quarterly disbursement window for all facilities.

4 Endorse differentiated support

Approve a dedicated improvement plan for Brass, then Nembe.

5 Fund riverine logistics

Approve advance transport so Southern Ijaw is assessed every quarter.

6 Mandate functional QI teams

Require and monitor three quarterly QI meetings per facility (now 8%).

BHCPF 2026 IMPLEMENTATION REVIEW

From 2026 Performance to 2027 Action

WHAT WE ACHIEVED

Six BHCPF activities delivered and 103 of 105 facilities assessed, at a state average of 85.4%.

WHAT WE LEARNT

Service delivery, financing and commodities perform strongly; workforce, data and payment timeliness do not.

WHAT REMAINS

HRM at 71%, HMIS at 74%, Brass at 75%, and two riverine facilities still to be assessed.

WHAT CHANGES IN 2027

Onboard as one package, differentiate LGA support, guarantee the DFF window, activate DHIS2 everywhere.

Sources: BHCPF 2026 Programme/Assessment Data; 2026 Health Systems Workbook

Thank You

Questions and Comments

Bayelsa State Primary Healthcare Board

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