BASIC HEALTHCARE PROVISION FUNDS 2024 Q1 ACTIVITIES REPORT

STATE: BAYELSA

DATE: May 31st, 2024

OUTLINE

- BHCPF 2024 ACTIVITIES
  - 2024 Q1 Quality Assessment Performance
  - Priority Area Scorecard
- Challenges

BHCPF 2024 Overview

BHCPF 2024 ACTIVITIES

NO DISBURSEMENT OF FUNDS FOR Q1 & Q2

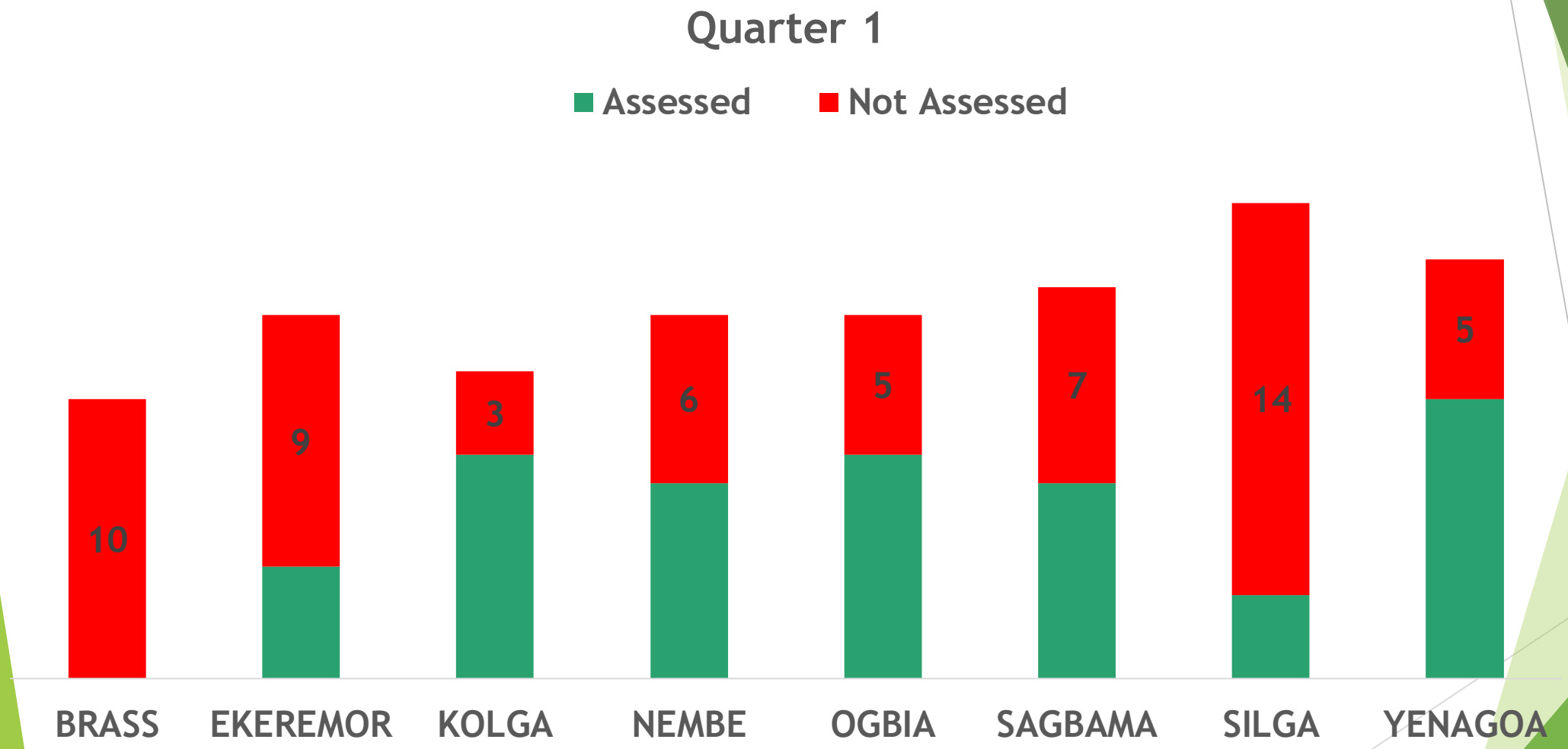
Refresher Training on BHCPF Quality Assessment for 24 staff in Q1 2024 supported by CHAI

Quality Assessment for Q1 2024 & M&E Program Assessment (50 HFs) supported by CHAI

BHCPF Nurse/Midwives refresher training for February 28 - March 2, 2024

Awaiting Development of workplan from 2024

2024 QUALITY ASSESSMENT PERFORMANCE



Source: NPHCDA BHCPF QA

2024 Quality Assessment Performance (Q1)

LGA	Q1 (QA score)
BRASS	
EKEREMOR	66%
KOLOKUMA/OPOKUMA	84%
NEMBE	73%
OGBIA	74%
SAGBAMA	73%
SOUTHERN IJAW	81%
YENAGOA	88%

Source: NPHCDA BHCPF QA

2023 Priority Area Scorecard for Bayelsa State

ity Area	Q1 (QA score)	Q2 (QA score)	Q3 (QA score)	Q4 (QA score)
Administrative systems and infrastructure	76%	82%	75%	81%
Financial Systems	89%	96%	91%	95%
Human Resources Management	61%	86%	66%	74%
Maternal and Child Health Services	82%	79%	83%	86%
Patient Care Management	74%	34%	79%	80%
Essential Drugs and Commodities	90%	88%	84%	89%
Laboratory	72%	85%	56%	63%
Health Management Information System	69%	66%	68%	74%
Clinical service utilization	100%	100%	100%	100%
Community Involvement	86%	74%	84%	83%
Total:	79.9%	79%	78.6%	82.5%

Source: NPHCDA BHCPF QA

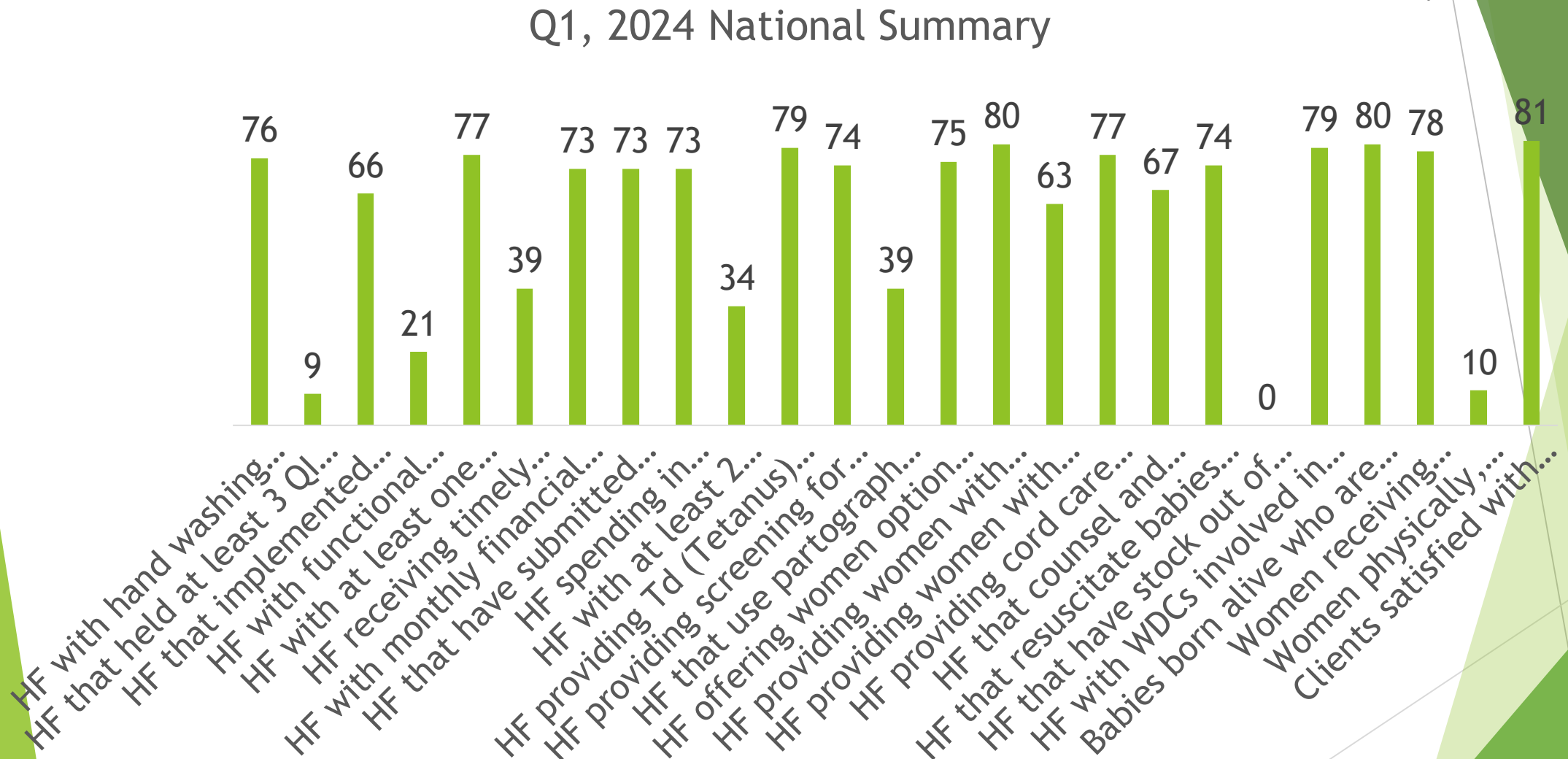
2024 Priority Area Scorecard for Bayelsa State

Priority Area	Q1 (QA score)
Administrative systems and infrastructure	76%
Financial Systems	74%
Human Resources Management	55%
Maternal and Child Health Services	86%
Patient Care Management	86%
Essential Drugs and Commodities	84%
Laboratory	70%
Health Management Information System	66%
Clinical service utilization	100%
Community Involvement	86%
Total:	78.3%

Source: NPHCDA BHCPF QA

Health Facility QA Indicators

Source: NPHCDA BHCPF QA



CHIPS Program Overview

2024 ACTIVITIES

- CHIPS programme assessment and evaluation visit(February 2024)

CHIPS Programme Implementation: State

S/N	Thematic Areas	Best Practices	Challenges	Recommendations
1	State PIU Coordination	None	Lack of clarity of the roles of the SCC, DC&FHS, DHPRS Interference on the role of the SCC and conflict of interest from sister department(s) SSO has not been supporting the SCC optimally	Terms of reference should be clearly defined and adhered to. State to consider allocating running costs to the CHIPS PIU
2	Human resource for Health: CHIPS Personnel Stipends, Attrition and Service Provision	Regular stipend payments since July 2023	Attrition was improperly addressed Service provision is below expectation	Plan to train the 'engaged' CHIPS Agents Refresher training recommended
3	Support from state government	None	CHIPS strictly dependent on BHCPF	BYSG to consider having a budget line for CHIPS

CHIPS Programme Implementation: State Continued

S/N	Thematic Areas	Best Practices	Challenges	Recommendations
4	Support from partners	None	Partner/stakeholder meetings are not being conducted	State must engage partners on awareness and possible collaboration National to continue advocating to partners on including CHIPS in Bayelsa in their support areas
5	Implementation Processes: Selection, Training, KYC, Kitting, Deployment,	Non-interference in the selection		Continue with the guidelines

CHIPS Programme Implementation: State Continued

S/N	Thematic Areas	Best Practices	Challenges	Recommendations
6	Commodities	None	The supply chain for procurement of commodities is not being followed Expiration of commodities despite complains of lack of commodities by CHIPS Agents	State to follow the recommended supply chain There should be deliberate supervision of the commodities at all levels
7	Data Management	Adequate supply of data tools	No review of the CHIPS Data at the state level	State to review the CHIPS Data both at the PIU level and quarterly review meetings

CHIPS Programme Implementation: LGA

S/N	Thematic Area	Best Practices	Challenges	Recommendation
1	Governance	None	Lack of interest in the programme by the LGA Desk officer SCC communicates directly with the CHIPS personnel and boycotts the programme organogram	Change of Desk officer Communication to follow the proper channel
2	Data Management	None	Data tools supplied not distributed when needed No form of data review meetings Lack of commitment by LGA M&E	Data tools should be promptly distributed Monthly meetings to include review of CHIPS Data Appropriate data flow to be adhered to
3	Logistics Management	Non	Breech of recommended	Recommended

CHIPS Programme Implementation: LGA CNTD

S/N	Thematic Area	Best Practices	Challenges	Recommendation
3	Logistics Management	Non	Breech of recommended supply chain	Recommended supply chain to be followed
4	ACSM	None	Lack of integration of PHC services	PHC integration
5	Capacity building	None	No refresher training as ward review meetings do not hold Recommended on the job mentoring not done	Ward review meetings to hold regularly Recommended mentoring to be followed

CHIPS Programme Implementation: Ward

S/N	Thematic Area	Best Practices	Challenges	Recommendation
1	Governance	Non	Lack of awareness of individual roles in governance	TOR should be well spelt out
2	Data Management	None	Improper use of data tools secondary to poor understanding	Refresher training recommended
3	Logistics Management	None	CHIPS Agents not aware of their roles Ward level supervisors not interested	CHIPS agent role in logistics be re-emphasized Continuous engagement by the state CHIPS PIU

CHIPS Programme Implementation: Ward continued

S/N	Thematic Area	Best Practices	Challenges	Recommendation
4	ACSM	Going to local radio houses and use of town criers	None	Commend, encourage to continue following guideline
5	Capacity building	None	No refresher training as ward review meetings do not hold Recommended on the job mentoring not done	Ward review meetings to hold regularly Recommended mentoring to be followed

Challenges

- Inadequate funding
- Delay of annual operational plan
- Delay in approval of budgets
- No counterpart funding
- Sharp practices of WDCs and OICs
- The program's reception among Health Workers (HWs) at the Local Government Area (LGA) level, particularly from the supervising Community Health Extension Workers (CHEWs), is unsatisfactory.

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QUESTIONS AND COMMENTS