BAYELSA STATE PRIMARY HEALTH CARE MINIMUM SERVICE PACKAGE (MSP)

May 2025

Table of Contents

1. **List of Acronyms**
2. **Executive Summary**
3. **Foreword**
4. **Acknowledgements**
5. **1.0 Introduction**
   1.1 Background and Rationale
   1.2 Goal and Objectives of the MSP
6. **2.0 The Minimum Service Package (MSP) by Facility Level**
   2.1 Health Post Level
   2.2 Health Clinic (Ward PHC) Level
   2.3 Primary Health Care Centre (LGA PHC) Level
7. **3.0 Organizational Structure and Management**
   3.1 Bayelsa State Primary Health Care Board (BSPHCB)
   3.2 Local Government Area PHC Team (LGAPHC Team)
8. **4.0 Funding and Resource Allocation**
   4.1 Core Funding Mechanisms
   4.2 Resource Allocation Strategy
9. **5.0 Monitoring, Supervision, and Evaluation**
   5.1 Integrated Supportive Supervision (ISS)
10. **6.0 Conclusion and Next Steps**
11. **Annexes**
    Annex A: List of Tables
    Annex B: Integrated Supportive Supervisory Schedule

List of Acronyms

Acronym	Definition
ANC	Antenatal Care
BHCPF	Basic Health Care Provision Fund
BHIS	Bayelsa State Health Insurance Scheme
BSPHCB	Bayelsa State Primary Health Care Board
CHEW	Community Health Extension Worker
CHO	Community Health Officer
DHIS2	District Health Information System 2
EHO	Environmental Health Officer
FP	Family Planning
HF	Health Facility
IMCI	Integrated Management of Childhood Illnesses
ISS	Integrated Supportive Supervision
IUD	Intrauterine Device
JCHEW	Junior Community Health Extension Worker

Acronym	Definition
LGA	Local Government Area
LGAPHC	Local Government Area Primary Health Care
M&E	Monitoring and Evaluation
MCH	Maternal & Child Health
MSP	Minimum Service Package
NPI	National Programme on Immunization
ORS	Oral Rehydration Solution
PHC	Primary Health Care
PNC	Postnatal Care
TB	Tuberculosis
UHC	Universal Health Coverage
WASH	Water, Sanitation, and Hygiene
WDC	Ward Development Committee
WHO	World Health Organization

Executive Summary

This document outlines the Bayelsa State Minimum Service Package (MSP) for Primary Health Care (PHC). The MSP is a strategic framework designed to standardize the delivery of essential, high-impact, and cost-effective health services across all public PHC facilities in the state. Its primary goal is to ensure that every citizen, regardless of their location, from the capital, Yenagoa, to the most remote riverine community—has access to a defined, quality standard of care.

The MSP delineates the specific services, staffing, equipment, and infrastructure required at three core levels of the PHC system: **Health Posts, Health Clinics (Ward PHC)**, and **Primary Health Care Centres (LGA PHC)**. Key service components include Maternal and Child Health, Family Planning, Health Promotion, Disease Prevention and Control, and Treatment of Common Illnesses.

Successful implementation hinges on a clear organizational structure led by the Bayelsa State Primary Health Care Board (BSPHCB) and operationalized by the Local Government Area (LGA) PHC Teams. Sustainable financing will be mobilized through State Government allocations, the Basic Health Care Provision Fund (BHCPF), the Bayelsa State Health Insurance Scheme (BHIS), and development partner support.

A robust system of **Integrated Supportive Supervision (ISS)** and performance-based resource allocation will ensure accountability, continuous quality improvement, and the ultimate achievement of Universal Health Coverage (UHC) for the people of Bayelsa State.

Foreword

The vision of the Bayelsa State Government, under the leadership of His Excellency, the Governor, is firmly rooted in achieving Universal Health Coverage (UHC) for all its citizens. We recognize that this vision is only attainable when the foundation of our health system—Primary Health Care (PHC)—is robust, accessible, and standardized.

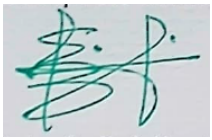
PHC represents the first and often only point of contact between our people and the healthcare system, especially those in our unique and challenging riverine communities.

This Minimum Service Package (MSP) for Primary Health Care is a landmark document that embodies the State's commitment to equity and quality. It moves us beyond ad-hoc service delivery by clearly defining the essential package of high-impact, cost-effective services that must be available and functional at every level of care, from the Health Post up to the Comprehensive PHC Center, across all eight Local Government Areas.

This MSP provides the necessary framework to standardize inputs, processes, and outputs, ensuring that a Bayelsa citizen in Brass LGA receives the same quality of care as one in Yenagoa LGA.

The Ministry of Health will champion the implementation of this MSP, working closely with the Bayelsa State Primary Health Care Board (BSPHCB) and all our partners. This document is a social contract that quality healthcare is a right, not a privilege.

I charge all stakeholders to commit to its successful execution and institutionalization.



Professor Seiyefa Brisibe
Honourable Commissioner
Ministry of Health, Bayelsa State

Acknowledgements

The development of the Minimum Service Package (MSP) for Bayelsa State Primary Health Care has been a collaborative effort, bringing together diverse expertise and unwavering commitment to the health of our communities. On behalf of the Bayelsa State Primary Health Care Board (BSPHCB), I extend profound gratitude to all who contributed to this monumental work.

We are indebted to His Excellency, the Governor, and the Honourable Commissioner for Health, for their tireless political will and sustained investment in strengthening the PHC system. Their vision provided the initial impetus and guidance for this document.

Special thanks go to the Technical Working Group (TWG), which comprised experts from the BSPHCB, the Ministry of Health, relevant state agencies, academic institutions, and our esteemed development partners. Your rigorous analysis, technical depth, and diligent consensus-building ensured that this MSP is evidence-based, contextually relevant to the Niger Delta terrain, and financially feasible.

We particularly acknowledge our partners, including the World Health Organization (WHO), UNICEF, and various donor organizations, whose technical support and advocacy were invaluable.

Finally, we appreciate the Local Government Area PHC Teams and community representatives whose grassroots insights were crucial in defining a package that truly meets the needs of our people. The BSPHCB commits to using this MSP as the definitive guide to drive accountability, improve infrastructure, enhance workforce capacity, and ultimately, save lives in Bayelsa State.



Chief Dr. Williams Weri Appah
Executive Secretary
Bayelsa State Primary Health Care Development Board

1.0 Introduction

1.1 Background and Rationale

Primary Health Care is the cornerstone of an effective health system, providing the first level of contact for individuals and communities. In Bayelsa State, with its unique riverine geography, ensuring equitable access to quality PHC services is both a critical need and a significant challenge. Disparities in service availability and quality across the eight Local Government Areas (LGAs) have historically hindered health outcomes. This Minimum Service Package (MSP) is designed to address these gaps by establishing a uniform standard for all public PHC facilities, ensuring that every citizen has access to a defined set of essential health services.

1.2 Goal and Objectives of the MSP

Goal: To achieve equitable access to quality Primary Health Care services for all residents of Bayelsa State, contributing to the attainment of Universal Health Coverage (UHC).

Objectives:

- To define the minimum set of health services to be provided at each level of the PHC system.
- To specify the minimum staffing, infrastructure, and equipment requirements for each facility level.
- To establish a clear management, financing, and accountability framework for PHC service delivery.
- To provide a benchmark for monitoring, evaluation, and quality improvement.

2.0 The Minimum Service Package (MSP) by Facility Level

2.1 Health Post Level

The Health Post is the lowest level of facility-based care, designed to provide basic, high-impact services directly within the community. It serves as a close-to-client touchpoint, focusing heavily on preventive care and community mobilization.

Table 1: Minimum Service Package for Health Posts

Service Component	Essential Activities
A. Maternal & Child Health (MCH) / Family Planning (FP)	- Basic Immunization (as per NPI schedule) - Basic Antenatal Care (ANC) registration and health education - Referral of complicated ANC/delivery cases - Provision of short-acting contraceptives (pills, condoms) and basic counseling
B. Health Promotion & Education	- Health talks on hygiene, nutrition, malaria prevention, and sanitation - Community mobilization for immunization and PHC activities
C. Disease Prevention & Control	- Simple treatment of minor ailments and injuries (First Aid) - Management of diarrhea using ORS/Zinc - Provision of IPTp and Vitamin A supplements - Screening and referral for tuberculosis and HIV/AIDS
D. Treatment of Common Illnesses (IMCI)	- Simple screening and counseling - Referral of all complicated cases to the nearest Ward PHC or PHC Centre
E. Facility Management & Administration	- Maintenance of basic facility records (registers, tally sheets) - Monthly reporting to the Ward PHC/LGA - Upkeep of facility cleanliness and environmental hygiene

Table 2: Minimum Staffing and Resource Requirements: Health Post

Category	Requirement
Minimum Staffing	1 Community Health Extension Worker (CHEW) or Junior CHEW (JCHEW) who resides within the community.
Essential Equipment	Weighing scales (adult & child), height board, MUAC tape, basic first aid kit, thermometer, BP apparatus, standard facility records.
Essential Infrastructure	Single room structure with adequate ventilation, a waiting area, storage cabinet, water source, and a clean latrine.

2.2 Health Clinic (Ward PHC) Level

The Health Clinic (Ward PHC) serves as the hub for the Ward Development Committee (WDC) and is the functional focal point for all Health Posts and outreach services within the ward. It offers a slightly expanded service package, including basic supervised delivery.

Table 3: Minimum Service Package for Health Clinics (Ward PHC)

Service Component	Essential Activities
A. Maternal & Child Health (MCH) / Family Planning (FP)	- Full routine immunization - Comprehensive Antenatal Care (ANC) and Postnatal Care (PNC) - Clean, Supervised Delivery services (uncomplicated deliveries) - Referral of all complicated cases - Provision of short-acting FP methods, plus IUD insertion (if trained staff available)

Service Component	Essential Activities
B. Health Promotion & Education	- Health education and promotion activities coordinated for the entire Ward - Mobilization of communities for health programs and campaigns
C. Disease Prevention & Control	- Full range of routine immunization - Screening, counseling, and referral for communicable diseases (TB, HIV, Malaria) - Basic Environmental Health services (e.g., waste disposal monitoring)
D. Treatment of Common Illnesses	- Integrated Management of Childhood Illnesses (IMCI) - Adult Care: Treatment of common ailments, minor injuries, and basic wound care
E. Laboratory Services	- Basic point-of-care diagnostics: Malaria RDT, Hemoglobin check, Urine dipstick, HIV testing
F. Facility Management & Administration	- Regular data compilation (DHIS2) and submission to LGA - Management of supplies and drug stock, including cold chain maintenance - Supervision and support for all Health Posts within the Ward

Table 4: Minimum Staffing and Resource Requirements: Health Clinic (Ward PHC)

Category	Requirement
Minimum Staffing	1 Officer-in-Charge (OIC - CHO/Senior CHEW), 1 Midwife/Nurse, 1 Environmental Health Officer/Technician, 2 Junior CHEWs.
Essential Equipment	Delivery couch, basic resuscitator, fetal Doppler/Pinard, cold chain equipment, basic lab equipment, weighing scales, BP apparatus, sterilization kit.
Essential Infrastructure	Separate ANC room, fully equipped delivery room, immunization room, consultation room, pharmacy/dispensing area, two clean latrines, reliable water source.

2.3 Primary Health Care Centre (LGA PHC) Level

The PHC Centre is the highest level of Primary Health Care within the LGA and serves as the administrative and technical headquarters for the entire LGA. It is the designated referral point for all lower-level facilities within the LGA.

Table 5: Minimum Service Package for PHC Centres (LGA PHC)

Service Component	Essential Activities
A. Maternal & Child Health (MCH) / Family Planning (FP)	- Comprehensive ANC and PNC - 24-Hour Supervised Delivery services, including initial stabilization of obstetric emergencies - Full range of FP methods (short-acting, long-acting, and permanent methods via counseling/referral)
B. Health Promotion & Education	- Coordination of all LGA-wide health promotion campaigns (Measles, Polio, WASH) - Training and capacity building for lower-level facility staff

Service Component	Essential Activities
C. Disease Prevention & Control	- Comprehensive routine immunization - DOTS centre for TB treatment - Comprehensive management of HIV/AIDS (PMTCT, ARV dispensing)
D. Treatment of Common Illnesses & Outpatient Care	- Management of severe childhood and adult illnesses (IMCI/IMAI) - In-patient care (short stay/observation) - Minor surgical procedures (e.g., suturing, incision & drainage)
E. Laboratory & Pharmacy Services	- **Laboratory:** Full basic services (FBC, Blood Grouping, Urinalysis, basic chemistry, microscopy) - **Pharmacy:** Licensed dispensing of a wide range of essential drugs and LGA-wide stock management
F. Management & Coordination	- Houses the LGA PHC Team - Central point for LGA data collection (DHIS2) and analysis - Technical and administrative supervision of all Ward PHCs and Health Posts in the LGA

Table 6: Minimum Staffing and Resource Requirements: PHC Centre (LGA PHC)

Category	Requirement
Minimum Staffing	PHC Coordinator (Medical Officer/Senior CHO), 3 Midwives/Nurses, 2 CHOs, 1 Laboratory Scientist/Technician, 1 Pharmacist/Pharmacy Technician, 1 Health Records Officer, 1 Environmental Health Officer.

Category	Requirement
Essential Equipment	Full range of PHC equipment plus: resuscitation equipment, autoclave, delivery kits, basic surgical tools, reliable power source (generator/solar), ambulance/reliable transport.
Essential Infrastructure	Administrative Block, separate male/female wards, labor/delivery room, comprehensive laboratory, dedicated pharmacy, clean water, and reliable waste disposal system.

3.0 Organizational Structure and Management

The success of the MSP rests on a well-defined and functional management structure.

3.1 The Bayelsa State Primary Health Care Board (BSPHCB)

The BSPHCB is the technical agency responsible for managing, coordinating, and implementing PHC services in Bayelsa State. Key functions include:

- **Policy Formulation:** Setting state-specific policies to achieve MSP goals.
- **Quality Assurance:** Developing standards and tools for quality service delivery.
- **Logistics & Supplies:** Centralized procurement and distribution of essential drugs, vaccines, and equipment.
- **Human Resources:** Recruitment, deployment, and capacity building for PHC staff.
- **Financial Oversight:** Managing state and national funds, ensuring equitable resource distribution.

3.2 Local Government Area PHC Team (LGAPHC Team)

The LGAPHC Team is the operational arm, responsible for day-to-day management and MSP delivery at the grassroots level.

Position/Role	Primary MSP Responsibility
PHC Coordinator	Head of the team; ensures overall implementation, resource mobilization, and coordination.
Monitoring & Evaluation Officer	Ensures timely data collection (DHIS2) and reporting on MSP indicators.
Disease Surveillance Officer	Coordinates LGA-wide disease prevention, control, and response.
Logistics/Supply Officer	Manages the receipt, storage, and distribution of all MSP commodities to facilities.

4.0 Funding and Resource Allocation

4.1 Core Funding Mechanisms

- **State Government Allocation:** The State Government must commit to ring-fencing adequate funds in the annual budget for personnel, infrastructure, and essential drugs, aligned with MSP requirements.
- **Basic Health Care Provision Fund (BHCPF):** BSPHCB will utilize BHCPF funds for operational costs, essential drugs, and facility upgrades, guided by the MSP.
- **Bayelsa State Health Insurance Scheme (BHIS):** PHC facilities implementing the MSP will be accredited and capitated by the BHIS to provide the basic health benefit package, ensuring sustainable revenue.
- **Development Partner Support:** Funds from partners (e.g., UNICEF, WHO) will support integrated public health programs within the MSP.

4.2 Resource Allocation Strategy

Resource allocation will be guided by:

- **Equity:** Disproportionately channeling resources to underserved and hard-to-reach riverine LGAs and wards.

- **Performance:** Tying a portion of funds to performance against key MSP indicators (e.g., immunization coverage), as measured through ISS and DHIS2 data.

5.0 Monitoring, Supervision, and Evaluation

5.1 Integrated Supportive Supervision (ISS)

Supervision under this MSP is an integrated, supportive, and collaborative process for continuous quality improvement. Its objectives include providing technical assistance, mentoring staff, problem-solving, and measuring service quality and implementation progress.

Key Principles:

- Conducted according to a pre-defined annual schedule and M&E work-plan.
- Utilizes a standardized checklist, a copy of which is left with the facility for action.
- Supervision reports provide feedback to decision-makers.
- The BSPHCB and LGAPHC Teams will institutionalize ISS into all PHC activities.

Table 7: Integrated Supportive Supervisory Schedule

Supervisors	Supervisee	Frequency
State Team (BSPHCB)	Local Government Areas (LGAs)	Quarterly
LGA Team (LGAPHC)	Wards	Monthly
Ward Team	Health Facilities within Ward	Monthly
HF (Officer-in-Charge)	CORPS & Health Posts	Weekly

6.0 Conclusion and Next Steps

The Bayelsa State Minimum Service Package represents a decisive step towards transforming the primary healthcare landscape. It is a commitment to equity, quality, and accountability.

Immediate Next Steps for Institutionalization:

1. **Official Dissemination:** Widespread dissemination of this final MSP document to all stakeholders across state, LGA, and community levels.
2. **Capacity Building & Orientation:** Conduct comprehensive training for BSPHCB, LGAPHC Teams, and facility staff on the provisions and implementation of the MSP.
3. **Resource Mobilization & Gap Analysis:** Conduct a state-wide gap analysis of all PHC facilities against the MSP standards and mobilize resources to address identified gaps.
4. **Development of Tools:** Finalize and roll out the integrated supportive supervision checklists and monitor frameworks linked to the MSP.
5. **Phased Implementation:** A phased implementation of the MSP begins with periodic reviews to assess progress, address challenges, and make necessary adjustments.

The collective commitment of the government, development partners, health workers, and communities is essential to make this vision of quality health for all a reality in Bayelsa State.

Annexes

Annex A: List of Tables

- Table 1: Minimum Service Package for Health Posts
- Table 2: Minimum Staffing and Resource Requirements: Health Post
- Table 3: Minimum Service Package for Health Clinics (Ward PHC)
- Table 4: Minimum Staffing and Resource Requirements: Health Clinic (Ward PHC)
- Table 5: Minimum Service Package for PHC Centres (LGA PHC)
- Table 6: Minimum Staffing and Resource Requirements: PHC Centre (LGA PHC)
- Table 7: Integrated Supportive Supervisory Schedule

Annex B: Integrated Supportive Supervisory Schedule (Detailed checklist to be developed separately).

Annex A: List of Tables & Detailed MSP Requirements

This annex provides the detailed, standalone tables for each facility level, which can be used as quick-reference guides and for gap analysis.

Annex A1: Health Post Level - Comprehensive MSP Table

Category	Minimum Requirement	Status (✓/X/Partial)	Gaps & Notes
SERVICE PACKAGE			
MCH/FP	• Basic Immunization (NPI schedule) • Basic ANC registration &		

Category	Minimum Requirement	Status (✓/X/Partial)	Gaps & Notes
	health education • Referral of complicated cases • Short-acting contraceptives (pills, condoms) & counseling		
Health Promotion	• Health talks (Hygiene, Nutrition, Malaria, Sanitation) • Community mobilization for immunization & PHC activities		
Disease Prevention	• First Aid for minor ailments/injuries • Diarrhea treatment (ORS/Zinc) • Provision of IPTp & Vitamin A • Screening & referral for TB/HIV		
Treatment (IMCI)	• Simple screening & counseling • Referral of all complicated cases		
Administration	• Maintain basic registers & tally sheets • Monthly reporting to Ward/LGA • Upkeep of facility cleanliness		
MINIMUM STAFFING			

Category	Minimum Requirement	Status (✓/X/Partial)	Gaps & Notes
Core Staff	1 x CHEW or JCHEW (must reside in the community)		
ESSENTIAL EQUIPMENT	• Weighing scale (adult & child) • Height board • MUAC tape • Basic first aid kit • Thermometer • BP apparatus • Standard facility records/registers		
ESSENTIAL INFRASTRUCTURE	• Single room with ventilation • Waiting area • Storage cabinet • Water source • 1 x Clean latrine		

Annex A2: Health Clinic (Ward PHC) Level - Comprehensive MSP Table

Category	Minimum Requirement	Status (✓/X/Partial)	Gaps & Notes
SERVICE PACKAGE			
MCH/FP	• Full routine immunization • Comprehensive ANC & PNC • Clean, supervised delivery (uncomplicated)		

Category	Minimum Requirement	Status (✓/X/Partial)	Gaps & Notes
	• Referral of complicated cases • Short-acting FP + IUD (if trained staff available)		
Health Promotion	• Ward-wide health education • Community mobilization for campaigns		
Disease Prevention	• Full routine immunization • Screening, counseling & referral for TB, HIV, Malaria • Basic environmental health (waste disposal monitoring)		
Treatment	• Full IMCI services • Adult care for common ailments & minor injuries		
Lab Services	• Malaria RDT/Microscopy • Hemoglobin (Hb) check • Urine dipstick • HIV Testing		
Administration	• Data compilation & DHIS2 submission to LGA • Management of supplies & drug stock (incl. cold chain) • Supervision of Health Posts in the Ward		
MINIMUM STAFFING			

Category	Minimum Requirement	Status (✓/X/Partial)	Gaps & Notes
Core Staff	• 1 x OIC (CHO or Senior CHEW) • 1 x Midwife/Nurse • 1 x EHO/Technician • 2 x JCHEWs		
ESSENTIAL EQUIPMENT	• Delivery couch • Basic resuscitator • Fetal Doppler/Pinard • Cold chain equipment (ice-lined refrigerator) • Basic lab equipment (e.g., microscope if available) • Weighing scales • BP apparatus • Sterilization kit		
ESSENTIAL INFRASTRUCTURE	• Separate ANC room • Fully equipped delivery room • Immunization room • Consultation room • Pharmacy/dispensing area • 2 x Clean latrines • Reliable water source		

Annex A3: PHC Centre (LGA PHC) Level - Comprehensive MSP Table

Category	Minimum Requirement	Status (✓/X/Partial)	Gaps & Notes
SERVICE PACKAGE			
MCH/FP	• Comprehensive ANC & PNC • 24-Hour supervised delivery & emergency stabilization • Full FP range (short-acting, long-acting, permanent methods)		
Health Promotion	• Coordinate LGA-wide campaigns (Measles, Polio, WASH) • Training for lower-level facility staff		
Disease Prevention	• Comprehensive routine immunization • DOTS centre for TB • Comprehensive HIV/AIDS management (PMTCT, ARVs)		
Treatment & Care	• Management of severe childhood & adult illnesses (IMCI/IMAI) • In-patient care (short-stay/observation) • Minor surgical procedures (suturing, incision & drainage)		
Lab & Pharmacy	**Lab:** FBC, Blood Grouping, Urinalysis, basic chemistry, microscopy, stool analysis **Pharmacy:** Licensed dispensing & LGA-wide stock management		

Category	Minimum Requirement	Status (✓/X/Partial)	Gaps & Notes
Management	• Houses LGA PHC Team • Central DHIS2 data collection & analysis point • Technical/administrative supervision of all Ward PHCs & Health Posts		
MINIMUM STAFFING			
Core Staff	• 1 x PHC Coordinator (Medical Officer/Senior CHO) • 3 x Midwives/Nurses (24-hr coverage) • 2 x CHOs • 1 x Lab Scientist/Technician • 1 x Pharmacist/Pharmacy Technician • 1 x Health Records Officer • 1 x EHO		
ESSENTIAL EQUIPMENT	• All Ward PHC equipment, plus: • Advanced resuscitation equipment • Autoclave/Sterilizer • Delivery kits • Basic surgical tool set • Reliable power source (Generator/Solar) • Ambulance/Reliable transport (e.g., motorized boat)		

Category	Minimum Requirement	Status (✓/X/Partial)	Gaps & Notes
ESSENTIAL INFRASTRUCTURE	• Administrative Block • Separate male & female wards • Labor/Delivery room • Comprehensive laboratory • Dedicated pharmacy • Clean water supply • Reliable waste disposal system		

Annex B: Integrated Supportive Supervision (ISS) Tools

This annex contains the operational tools for conducting Integrated Supportive Supervision.

Annex B1: Integrated Supportive Supervisory Schedule & Reporting Flow

Supervision Hierarchy & Reporting Flowchart

text

[State Level: BSPHCB]

|

| (Quarterly Supervision & Consolidated Report)

▼

[LGA Level: LGAPHC Team]

|

| (Monthly Supervision & Consolidated Report to BSPHCB)

▼

[Ward Level: Ward Team]

|

| (Monthly Supervision & Consolidated Report to LGAPHC)

▼

[Facility Level: OIC of Health Clinic]

|

| (Weekly Supervision & Support)

▼

[CORPS & Health Posts]

Key Reporting Principles:

1. **Timeliness:** All reports must be submitted within 5 working days of the supervision visit.
2. **Action-Oriented:** Every supervision report must include an agreed-upon Action Plan with responsible persons and deadlines.
3. **Feedback Loop:** The BSPHCB M&E Unit will analyze all reports and produce a quarterly State PHC Performance Bulletin to share findings and recommendations.

Annex B2: Generic Integrated Supportive Supervision Checklist

(This is a generic template. Specific checklists for each facility level should be derived from the detailed MSP tables in Annex A.)

Facility Name: _____ **LGA:** _____
Date of Supervision: _____ **Supervisors:** _____
Facility Level: ( ) Health Post ( ) Health Clinic ( ) PHC Centre

Domain	Key Indicator	Check	Score (1-5)	Observations & Recommendations
1. Leadership & Administration	• OIC/CHEW is present and knowledgeable • Updated annual			

Domain	Key Indicator	Check	Score (1-5)	Observations & Recommendations
	work plan available • Minutes of last staff/WDC meeting available			
2. Human Resources	• Staff roster corresponds with MSP requirement • Staff have clear job descriptions • Attendance register is maintained			
3. Service Delivery - MCH	• ANC register is up-to-date • Immunization tally sheets & records are accurate • Partograph used correctly in deliveries (if applicable)			
4. Service Delivery - FP & Others	• FP commodities and register available • IMCI/IMAI protocols are displayed and followed • Functional referral system in place			

Domain	Key Indicator	Check	Score (1-5)	Observations & Recommendations
5. Drugs & Logistics	• Essential drug list is available and visible • No stock-out of tracer drugs (e.g., ORS, ACT, Oxytocin) • Drug storage conditions are adequate (FEFO)			
6. Equipment & Infrastructure	• Critical equipment is functional and maintained • Water and power sources are available • Waste disposal system is functional and safe			
7. Data Management	• All required registers are available and used • Data is reported to DHIS2 timely and accurately • Data is used for decision-making at the facility			
8. Infection Prevention	• Handwashing facility with soap/water available • Sharps and			

Domain	Key Indicator	Check	Score (1-5)	Observations & Recommendations
	infectious waste are disposed of safely • Cleaning schedule is visible and adhered to			

Scoring Guide: 1=Absent/Non-functional, 2=Poor, 3=Fair, 4=Good, 5=Excellent/Exemplary

Summary of Findings, Strengths & Critical Action Plan

Strengths Noted:

Critical Gaps Identified:

Action Plan

Recommendation	Person Responsible	Deadline

Supervisor's Signature: _____
Facility OIC's Signature: _____
(Signature denotes discussion and understanding of content, not necessarily agreement)

Annex B3: Supervision Report Template

Bayelsa State Primary Health Care Board
Integrated Supportive Supervision Report

Cover Page

- **Report Title:** ISS Report for [LGA Name] LGA

- **Supervision Period:** [e.g., Q1 2025]
- **Date of Report:** [Date]
- **Prepared by:** [Names of Supervisors, BSPHCB/LGA]

Body

1. **Executive Summary:** Brief overview of key findings, major strengths, and critical areas requiring state-level intervention.
2. **Introduction:** Objectives of the supervision, areas covered, and LGAs/Wards/Facilities visited.
3. **Methodology:** Description of tools used (e.g., checklist, interviews) and the sampling method.
4. **Detailed Findings:** Presented by domain (e.g., Service Delivery, Resources, M&E) and by LGA/Ward. Use graphs and charts for key indicators (e.g., % of facilities with no stock-out of vaccines).
5. **Case Studies:** Include brief, anonymized examples of best practices and major challenges.
6. **Conclusions and Recommendations:** Actionable recommendations for the BSPHCB, LGAPHC Teams, and development partners.
7. **Annexes:** Copies of completed checklists for sampled facilities