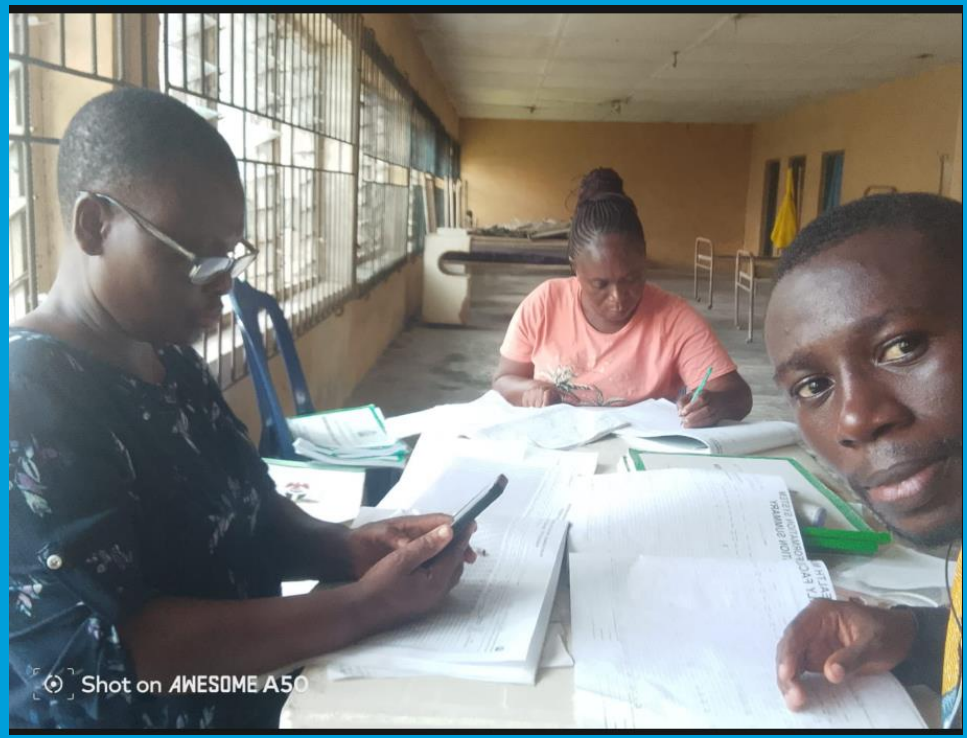
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REPRODUCTIVE CHOICES

BAYELSA STATE FACILITY ASSESSMENT



THE CHALLENGE FUND PROJECT

FUNDED BY CHILDREN INVESTMENT FUND FOUNDATION (CIFF)

Our Vision

“A world in which every birth is wanted.”

This vision drives everything we do — from policy advocacy to the last-mile delivery of reproductive health services across Nigeria's 36 states.



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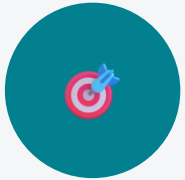


Our Mission

Children by Choice, Not Chance.

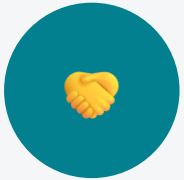
Empowering individuals with the information, services, and support to make their own reproductive choices.

Overview of MSIN



Our Focus

MSIN is dedicated to the delivery of Sexual and Reproductive Health (SRH) services and products across Nigeria, prioritizing the needs of underserved communities.



Government Partnership

We work in close collaboration with the Government of Nigeria to meet the SRH needs of Nigerians and strengthen the national health system.



National Reach

MSIN is an internationally registered organization operating in all 36 states of Nigeria, including the FCT, providing services at scale.

Public Sector Support

5,203
Facilities Supported

35
States Covered

1977
Facilities in Project States

Facilities per Project State:

Bayelsa
150

Key Activities:

- Robust government partnership and high-level state advocacy
- Health facility assessment and selection
- Competency-based clinical training and certification
- Continuous supportive supervision exercises
- Commodity logistics support for all project states
- Guided in-reach sessions to catchment communities
- Facility clinical quality, data quality and equipment support

Outreach Services

1

Widest Reach

Our outreach channel is the most important in delivering services to the hardest-to-reach populations at scale.

2

Integrated SRHR

Delivery of integrated Sexual and Reproductive Health and Rights (SRHR) services including CCSPT, HIV & STI testing, and implant removals.

3

Cost-Effective

One of the most cost-effective service delivery channels — our outreach teams reach the poorest communities efficiently.

📍 **36 Outreach Units (OUs) deployed across Nigeria's 36 states | 1 OU team serving Bayelsa State since the Project inception**

Marie Stopes Ladies (MS Ladies)

Entrepreneurial Model

MS Ladies operate under an entrepreneurial model rooted in the principles of self-sufficiency and community-based service.

Ongoing Training & Support

Each MS Lady is supported with continuous, high-quality training and supervision to maintain service standards.

Sustainability Focus

The model drives long-term sustainability while expanding access to women in areas where other Channels may not be available.

National Presence

716 MS Ladies service delivery points operating in Nigeria.









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Updates on CIFF Challenge Fund Project

Background

In 2025, the facility baseline assessment was conducted in seven Challenge Fund project States (Ebonyi, Bayelsa, Bauchi, Gombe, Jigawa, Kogi, and Sokoto). About 2513 facilities were assessed in the seven states, and 1977 facilities were selected (October 2025 – March 2027)



The first round selected is doing well and CIFF wants further expansion to be able to show a positive shift in mCPR in the seven states.



Scaling up to 1250 facilities in seven supported states



Collect Baseline information about these facilities to guide decision making at different levels.



CIFF Project Overview - Bayelsa State

Since the project inception meeting conducted in Bayelsa with support from the stakeholders, MSIN has been able to record the following achievements in the state:

The project is supporting about 150(58%) of the overall public facility and 1 Outreach team in Bayelsa state

A total of 48 healthcare providers have been trained and majority of them are actively delivering SRH services, including comprehensive FP services, as well as data and logistics management

A total of 55,013 annualized Client were reached between Q4 2024 and Year 2025 across the different delivery channels (PSS and Outreach)

The project aims to increase the facility coverage from 58% to 78% in 2026.

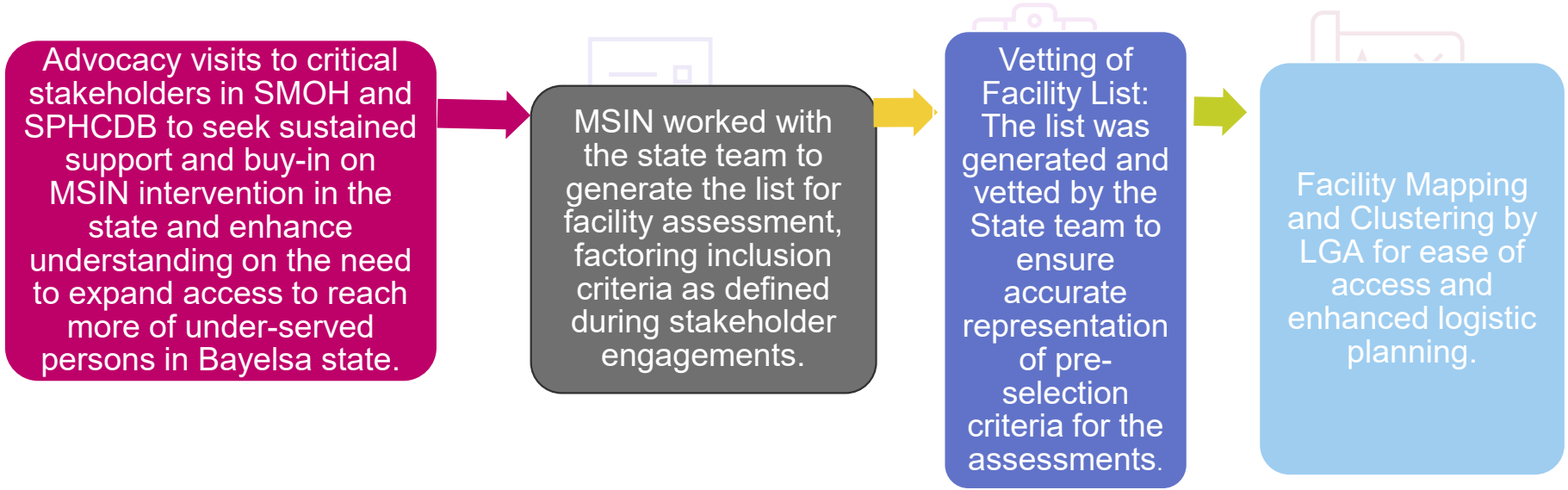
Objectives

The overall objective was to identify, assess, and collect baseline information from potential public health facilities to guide the selection of the scale up.

1. **Identify** and assess public primary health care facilities that are not providing family planning (FP) services
2. **Document** Human Resources: Document the types and cadres of human resources for health available in each facility
3. **Analyze** Service Uptake: Assess the client flow for reported services, such as antenatal care, delivery, and child immunization, in the selected health facilities
4. **Assess** for the availability of referral site
5. **Assess** Health Management Information System (HMIS): Evaluate the availability and usage of the national health management information systems, including key documents such as client record forms and FP Registers, while identifying strengths and gaps

Facility Identification Processes

The following steps show the engagements at the state level to identify facilities for assessment:



Methodology



Study design

A cross-sectional design involving mixed methods.

Data was collected using a quantitative facility assessment tool designed on ODK Collect Mobile App .

Research Assistants and LGA M&E officers as supervisors were engaged and trained on the assessment expectation and data collection process.



Study sites & Size

The study covered 87 facilities across 48 Wards in 8 LGAs in Bayelsa State, with priority for the BHCPF facilities and facilities with at least minimum of 2 rooms.
Data source include:

- Bayelsa facility list from the (DHIS2)
- Basic Health Care Provision Fund facilities
- MSI facility list of facilities under support.



Respondents

The officer-in-charge of the facilities or the designated officer was interviewed using a structured questionnaire designed on the ODK.

The research assistants visited the facility profiled for the assessment.
The LGA M&E Officer and state team supervised the field work.

Criteria for facility selection

The following Criteria were considered in selecting facilities to be included in the assessment;

- Facilities not supported by MSI Nigeria
- BHCPF facilities not in previous selection
- Facilities located in areas with no insecurity issues
- Facility with minimum cadre of SCHEW
- Other public health facilities not supported by other IPs providing family planning services, especially short-term methods
- Facilities that reported data at least once in the last three months on DHIS2 prior to the assessment period

Why Bayelsa Needs Scale-Up

Low contraceptive prevalence and high unmet need require urgent investment in FP service access.

16.9%
Modern CPR
Ranked 14th in Nigeria

27.7%
Unmet Need for FP
1 in 4 women underserved

3.8
Total Fertility Rate
Slightly lower than the national average

97%
HFs Offering FP

Bayelsa State Health Infrastructure

8	258	32	249	150
LGAs	Public Primary HFs	Public Secondary/Tertiary HFs	HFs Providing FP Services	MSI Currently Supporting

Source: NDHS 2023, DHIS2

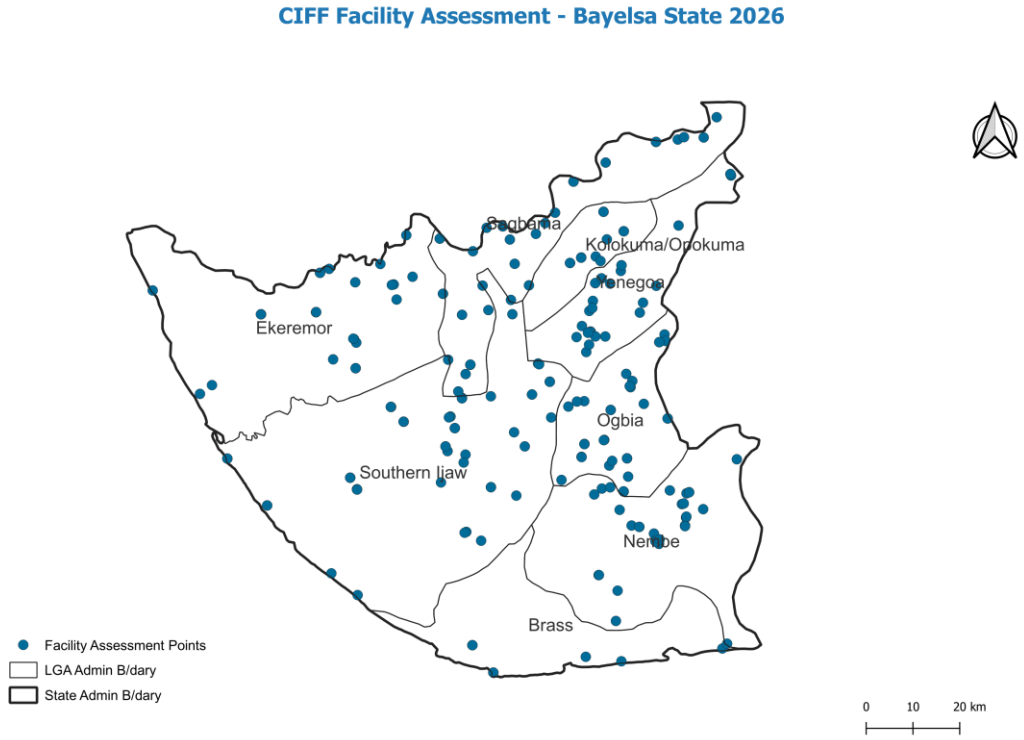
Distribution of Facilities Assessed in Bayelsa State

8
Assessors

87
Health Facilities

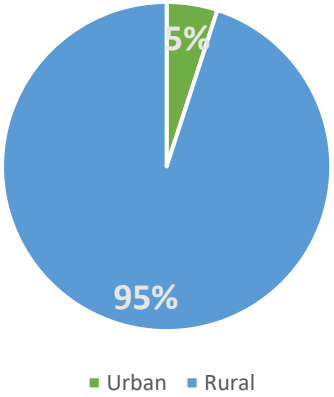
8
LGAs

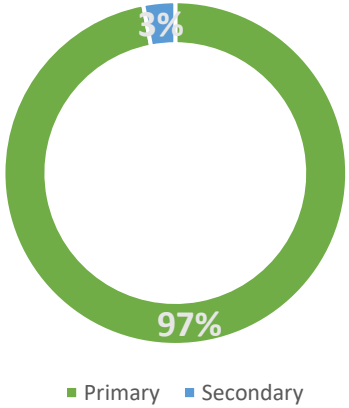
48
Wards



Key Highlights

Assessment Coverage & Selection Funnel





Selection Funnel

87 Facilities Assessed

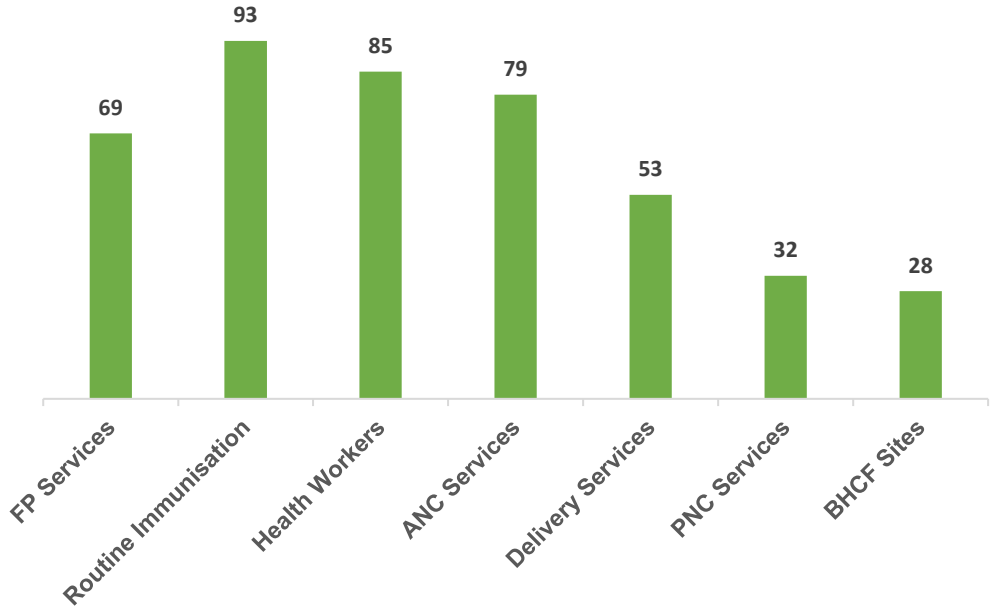
60 Providing FP Services (69%)

50 Proposed for Approval

200 Total After Approval (50+ 150 existing)

Facility Readiness: Service Availability

Across 87 assessed facilities service breadth supports integrated FP delivery.



Strengths

- 93% offer routine immunization
- 85% have health workers on-site
- 69% already provide FP services
- 79% provide ANC services

Gaps to Address

- 31% not providing any FP services
- Only 28% are BHCPF-enrolled sites
- PNC services at 32% limits LARC (PPFP)
- Delivery services at 53% presents some lost opportunities

FP Opportunity: Where Support Can Shift Access

Three distinct facility groups require different intervention strategies.

No FP Services

27 sites (31%)

Priority: Start-Up Support

- 52% lack equipment/commodities
- 85% have no trained providers

STM-Only / Low Mix

~75 sites

Priority: LARC Expansion

- Providing pills/condoms only
- No LARC insertion capacity
- Need LARC training + kits
- Priority for method mix shift

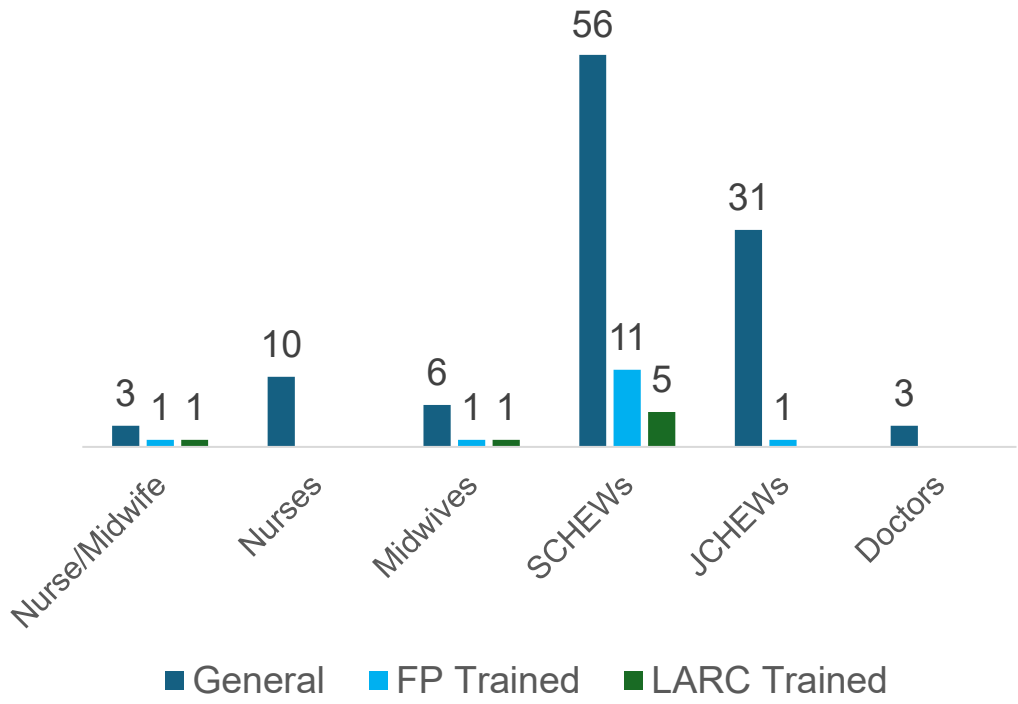
Existing FP/LARC

~44 sites

Priority: Quality + Commodities

- 52% of FP sites reported LARC
- Focus on quality improvement
- Commodity assurance needed
- Data quality strengthening

Human Resource Readiness



Key Workforce Insights

74 sites have health workers (99%)

56 SCHEWs 76% of total workforce

14 sites with FP-trained staff (16%)

7 sites with LARC-trained staff (8%)

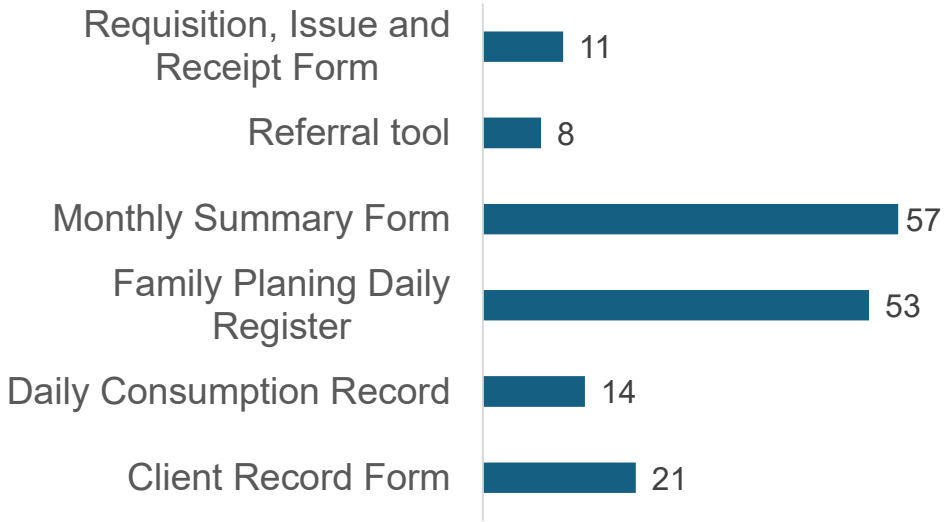
9 sites with CLMS-trained staff

Facility Readiness Indicators

Readiness Domain	Status
Counselling space (audio-visual privacy)	96% of FP sites
Private insertion/removal room	92% of FP sites
Referral within 20km	29% of FP sites
Written referral arrangements	29% of FP sites
Water source available	84% of all sites
Toilet facility available	82% of all sites
Electricity (any source)	43% of all sites
Roof in fair/good condition	49% of all sites
Minimum 2 rooms	93% of all sites
Waste Management	63% of all sites

HMIS & Data Readiness

Monthly summary forms and FP register are at 63% on the average, but FP-specific data tools, archival, and digital reporting need investment.



Data System Findings

57% lack archival space/cabinet

94% not using mobile DHIS2

53% have designated data staff

100% submit data via LGA M&E

11% publicly display FP data

DHIS2 Mobile Challenges (reported by 6% using it): data quality, network connectivity, operational/logistics barriers, lack of trained operators.

Distribution of selected health facilities by LGA

S/N	LGAs	Number facilities selected	MAMII Facilities	Number of BHCPF facilities	After Scale up	MAMII LGA Facilities
1	Brass	2	N/A	2	14	N/A
2	Ekeremor	8	N/A	4	24	N/A
3	Kolokuma/Opokuma	5	N/A	1	19	N/A
4	Nembe	6	N/A	5	20	N/A
5	Ogbia	7	N/A	4	26	N/A
6	Sagbama	12	12	1	33	33
7	Southern Ijaw	5	5	3	26	26
8	Yenagoa	5	N/A	2	38	N/A
	Grand Total	**50**	**N/A**	**22**	**200**	**N/A**

Summary of proposed facilities

Proposed Implementation Activities Include:

- Training of clinical service providers in the facilities, including short-term, LARC, commodity logistics management, counseling, adolescent reproductive health, client-centered care, infection prevention, data management, and clinical quality
- Post-training supportive supervision – clinical and data quality
- Demand generation – in-reaches and clinic support days
- Integrated supportive supervision (ISS) with the state
- Selection, training, and mentoring of master trainers

Indicators	Number/Proportion
# of sites proposed	50
# of primary	49
# of secondary	1
# BHCPF facilities	22(44%)
# Site currently supported	150
# Total Site upon approval	200
# MAMII LGA Sites	59

Recommended Implementation Package

Four workstreams to ensure selected facilities are activated and sustained.

1. **Training**

   FP & LARC service delivery, counselling, adolescent SRH, infection prevention, commodity logistics, data management

2. **Post-Training Supervision**

   Clinical quality assurance, data quality verification, integrated supportive supervision with state, master trainer mentoring

3. **Demand Generation**

   In-reaches and clinic support days, community-based mobilizer engagement, WDC/TBA/peer educator activation, IEC material distribution

4. **Systems Strengthening**

   Commodity supply chain, HMIS tools (FP registers, client forms, referral tools), data archival systems, referral network linkages

Challenges

- Movement of trained service providers from MSI-supported facilities to non-supported facilities.

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Thank you

Questions or Clarification?

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0909 90 22252



22252 or
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