BASIC HEALTHCARE PROVISION FUNDS 2025 ACTIVITIES REPORT

STATE: BAYELSA

DATE: March 30, 2026

OUTLINE

- BHCPF 2024 ACTIVITIES
  - 2026 Activities Report
  - Priority Area Scorecard
  - Quality Indicators
- Challenges

BHCPF 2026 Activities

BHCPF 2026 ACTIVITIES

Mentorship Refresher Training (Introduction of BHCPF 2.0)

- Introduction of BHCPF 2.0
- Re-alignment with updated guidelines
- Participants: OICs, LGAs, State teams

Endline Assessment on BHCPF (CHAI Close-Out Activity)

- CHAI close-out assessment
- Covered 36 PHC facilities
- Identified lessons for sustainability

BHCPF 2026 ACTIVITIES

PHC Financial Management Systems Training

- Training on PHC-FMS
- Improved accountability and reporting
- Support for Quarterly Business Plans and financial tracking

CHAI-Supported PHC Mentorship and Transition Training (February 2026)

- Facility mentorship visits
- Capacity building for LGA M&E officers
- Ensured smooth transition to state ownership

Programme Implementation Updates

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1. DFF Implementation (Q3 & Q4 2025)

- The disbursement and implementation of Direct Facility Funding (DFF) for Q3 and Q4 2025 were successfully completed, with facilities adhering to approved Quarterly Business Plans and BHCPF guidelines.
  This led to improved service delivery at the facility level, strengthened financial accountability and reporting systems, and increased community trust in primary healthcare services.

2. 2026 Workplan Development

- The 2026 annual workplan has been successfully developed and submitted, outlining strategic priorities for BHCPF implementation, planned interventions across facilities and LGAs, and the required budget for execution.
  This workplan provides a clear roadmap to guide programme activities once funding is released.

3. Q1 2026 Funding Status

- As of the end of Q1 2026, no funds had been disbursed for programme implementation, which significantly limited the execution of planned service delivery and facility-level interventions.
  As a result, programme efforts during the quarter were primarily focused on capacity building, programme assessment, and transition planning.

Quality Assessment Scorecard

Health Facility Quality Assessment Scores

State Summary of HF Quality Assessment Scores - 2025

Priority Area	Q1 (QA score)	Q2 (QA score)	Q3 (QA score)	Q4 (QA score)
Administrative systems and infrastructure	78%	72%	80%	81%
Financial Systems	89%	100%	94%	92%
Human Resources Management	69%	89%	63%	66%
Maternal and Child Health Services	86%	80%	88%	89%
Patient Care Management	81%	80%	80%	79%
Essential Drugs and Commodities	88%	87%	89%	95%
Laboratory	65%	65%	70%	68%
Health Management Information System	75%	73%	70%	82%
Clinical service utilization	100%	100%	100%	100%
Community Involvement	84%	84%	86%	86%
Total:	81.50%	76.50%	82%	83.80%

Source: NPHCDA BHCPF QA

Key Insights: Mid-year dip in Q2 → ✓ steady recovery and strongest performance in Q4
Indicates **system resilience and effective corrective actions**

Top Performing Areas (Strengths)

- **Clinical Service Utilization:** 100% (consistent all year)
- **Financial Systems:** High & stable (89% → 100% → 94% → 92%)
- **Essential Drugs & Commodities:** Improved to **95% (Q4)**

Status: Strong / Best Practice Areas
Suitable for **replication across other domains**

Most Improved Areas

- **Administrative Systems:** 72% → 81%
- **HMIS:** 70% → 82%

Status: Significant Improvement
Reflects **successful second-half interventions**

Key Insights:

Areas of Concern (Declining/Unstable)

- **Human Resources Management:** 69% → 89% → 63% → 66% (highly volatile)
- **Patient Care Management:** 81% → 79% (gradual decline)

Status: Unstable Performance
Risk to **service quality and consistency**

Critical Low-Performing Area

- **Laboratory Services:** 65%–70% (consistently low)

Status: Chronic Underperformance
Requires **urgent targeted investment**

Key Insights:

Stable Mid-High Performers

- Maternal & Child Health: 80%–89% (⬆slight improvement)
- Community Involvement: 84%–86% (steady)

Status: Stable but Plateaued
Opportunity for optimization and scaling

Critical Low-Performing Area

- Laboratory Services: 65%–70% (consistently low)

Status: Chronic Underperformance
Requires urgent targeted investment

Stable Mid-High Performers

Key Takeaways and Priority Action for 2026

Key Takeaways

- System **recovered strongly after Q2 dip**
- Strengths driven by:
  - Clinical services
  - Financial systems
  - Commodity availability
- Weak systems in:
  - Human resources
  - Laboratory services

2026 Priority Actions

- Stabilize Human Resources
- Strengthen Laboratory Systems
- Sustain HMIS & Administrative Gains
- Scale best practices from high-performing areas

Bottom Line

- Strong service delivery + weak system foundations = sustainability risk
  Focus should shift from performance to system strengthening

Quality Assessment Indicators

Health Facility Quality Assessment Indicators

State Average Summary -2025

Indicator	Proportion
HF with hand washing facilities available in Outpatient & labour/delivery room	103%
HF that held at least 3 QI Team meetings in the last quarter	6%
HF that implemented >50% of the last quarter QIP	103%
HF with functional ambulance/vehicle	5%
HF with at least one functional toilet in outpatient areas & labour/delivery room	110%
HF receiving timely quarterly DFF	58%
HF with monthly financial reports correctly filled and signed by OIC	103%
HF that have submitted their financial report for last quarter to LGA based on the retirement protocol	101%
HF spending in accordance with their business plan	106%
HF with at least 2 registered Nurse/Midwife	52%
HF providing Td (Tetanus) vaccine during ANC sessions	106%
HF providing screening for HIV/AIDs during ANC sessions	101%
HF that use partograph correctly to monitor labour	41%
HF offering women option of experiencing labour & childbirth with companion of choice	110%
HF providing women with uterotonics within 1 minute of birth	111%
HF providing women with pre-eclampsia pre-referral loading dose of MgSO4 before referral	107%
HF providing cord care with 4% Chlorhexidine gel for newborns	110%
HF that counsel and support mothers of low birth weight newborns to initiate KMC for newborns	104%
HF that resuscitate babies with appropriate size bag and mask within 1 min of birth	111%
HF that have stock out of Artemisinin combined therapy, ORS (sachets) + Zinc (Co-pack), MgSO4 or Oxytocin injection	0%
HF with WDCs involved in development of their business plan	110%
Babies born alive who are breastfed within one hour of birth	111%
Women receiving respectful and confidential care during maternity visits	108%
Women physically, verbally or sexually abused by HW during labour or childbirth	6%
Clients satisfied with health services provided at facility during labour and childbirth	110%

Key Insights

Key Strengths (High-Performing Areas)

- Service Delivery & Clinical Care
- Very strong performance in maternal and newborn care:
  - Uterotonics within 1 minute: 111%
  - Newborn resuscitation: 111%
  - Early breastfeeding: 111%
  - Chlorhexidine cord care: 110%
- High adherence to ANC services:
  - Td vaccination: 106%
  - HIV screening: 101%

Overall Performance Snapshot
Most indicators scored above 100%, indicating targets were met or exceeded across many service delivery areas.
However, there are critical system and operational gaps hidden behind this strong overall performance.

Infrastructure & Hygiene

- Functional toilets: 110%
- Handwashing facilities: 103%
- Governance & Financial Accountability
- Financial reporting and compliance:
  - Monthly reports: 103%
  - Quarterly submissions: 101%
  - Spending aligned with plans: 106%

Client Experience

- Respectful care: 108%
- Client satisfaction: 110%
- Labour companionship: 110%
- These indicate strong quality of care, accountability, and patient-centered services.

Key Insights

Critical System Gaps (Very Low Performance)

- Governance & Quality Improvement
- QI team meetings: 6%
- Implementation of structured quality improvement processes is extremely weak, despite good outcomes elsewhere.
- Emergency & Referral Systems
- Functional ambulance/vehicle: 5%
  This is a major risk to emergency response and referrals.
- Workforce Capacity
- At least 2 nurses/midwives: 52%
  Suggests staff shortages affecting service sustainability.
- Clinical Practice Gaps
- Correct use of partograph: 41%
  Indicates gaps in labour monitoring quality, despite good outcomes.

Moderate Concerns

- Timely DFF (fund disbursement): 58%
  Could impact facility operations and service delivery consistency.
- Supply Chain Performance
- Stock-out indicator: 0%
  Indicates no reported stock-outs, reflecting excellent commodity availability and logistics management.
- Safeguarding & Ethics
- Reported abuse during labour: 6%
  While relatively low, this still signals serious concerns requiring zero-tolerance action.

Key Patterns & Interpretation

Paradox observed:

- High service delivery outcomes despite weak systems (QI meetings, HR, ambulance availability).

Suggests:

- Performance may be driven by individual effort rather than strong systems
- Sustainability risks if systemic gaps are not addressed

Priority Action Areas

Urgent

- Strengthen emergency transport systems
- Improve QI governance (meetings, QIP implementation)
- Address health workforce shortages
- Improve partograph usage and clinical monitoring

Medium-Term

- Improve fund disbursement timeliness
- Strengthen accountability systems around respectful care
- Sustain & Scale

Maintain high performance in:

- Maternal/newborn interventions
- Supply chain (zero stock-outs)
- Client satisfaction and respectful care

Bottom Line

- The system demonstrates strong service delivery outcomes, but weak foundational systems (HR, QI, emergency transport) pose a risk to long-term quality and resilience.

Challenges, Recommendations and Conclusion

Challenges

The following challenges were encountered during the reporting period:

- Data synchronization issues on the NPHCDA Dashboard
- **Delay in fund disbursement:** The absence of funding for Q1 2026 limited the implementation of planned activities.
- **Limited operational activities:** Most interventions were restricted to training and preparatory engagements due to funding constraints.
- **Inaccessibility of the NPHCDA dashboard:** At the time of reporting, the NPHCDA dashboard was not accessible, restricting the ability to conduct in-depth analysis of service uptake and facility quality assessment scorecards. This limited data-driven decision-making and comprehensive performance evaluation.

Recommendations

To improve programme implementation and outcomes, the following are recommended:

- **Timely release of funds** to enable full implementation of planned activities
- **Restoration and consistent access to the NPHCDA dashboard** to support data-driven planning and monitoring
- **Continuous capacity building and mentorship** for facility and LGA staff
- **Strengthening of state-led supervision systems** to sustain gains
- **Enhanced monitoring and evaluation frameworks** to track performance and inform decision-making

Conclusion

- Q1 focused on capacity building & transition
- Strong foundation from CHAI support
- Need funding & system strengthening going forward

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QUESTIONS AND COMMENTS