



# ADHFP

ADOPT-A-HEALTH FACILITY PROGRAMME

Primary Healthcare Centre Revitalization by MTN Foundation

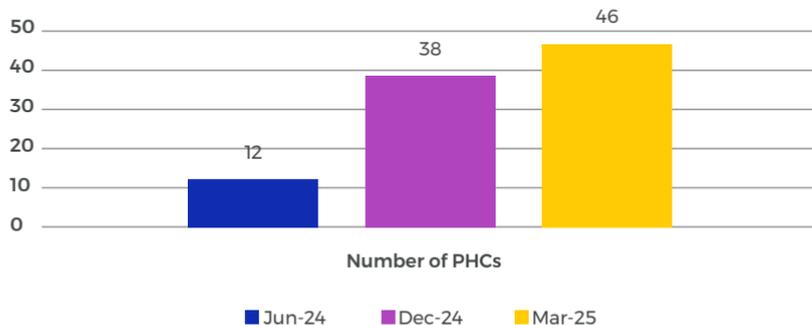
Q1 2025 Report



## 1. INTRODUCTION

The Adopt-A-Health Facility Programme (ADHFP), in partnership with The MTN Foundation, continues its commitment to strengthening primary healthcare delivery across the Federation, through their 'What Can We Do Together' (WCWDT) initiative. Through four workstreams—Civil Works, Solar Borehole, Alternative Power, and Medical Equipment & Consumables—the programme aims to revitalize 52 Primary Healthcare Centres (PHCs) across Nigeria.

PHC Revitalization



By June 2024, the first 12 PHCs were completed, and by December 2024, this number had grown to 38 PHCs. An additional 4 facilities were delivered in February 2025, with 4 more completed in March—bringing the total number of fully operational PHCs to **46**.

This report presents an update on the operational performance of these facilities as of February 2025, with a focus on patient utilization trends, service delivery improvements, and key performance metrics.

## 2. OPERATIONAL PERFORMANCE ANALYSIS

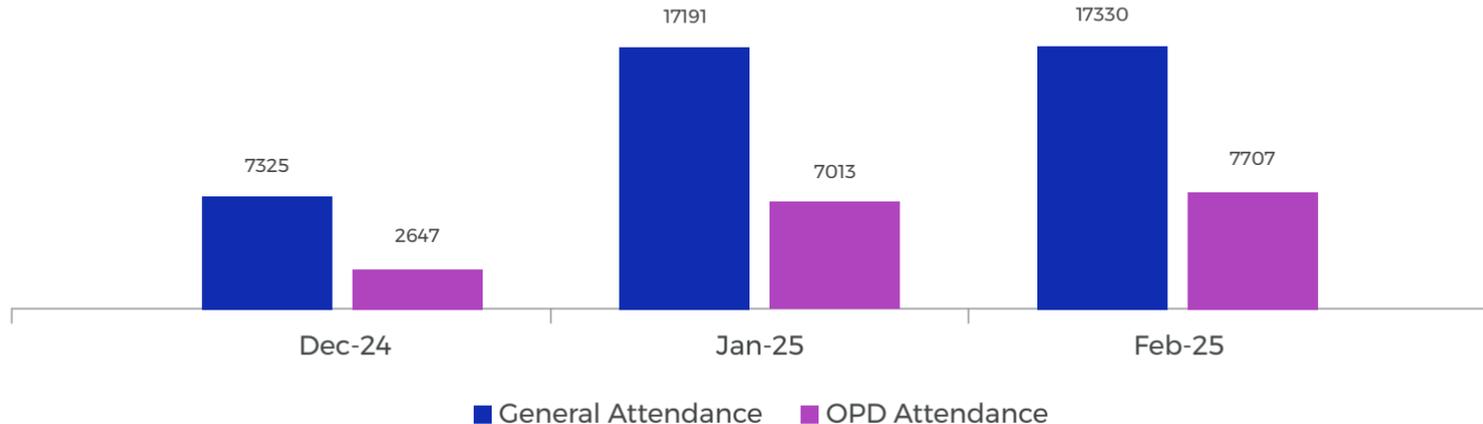
Data from facility assessments indicate increased patient attendance, antenatal care (ANC) visits, facility-based deliveries, immunization coverage, and malaria treatment.

Also, Health Facility Management Committees (HFMCs) and Ward Development Committees (WDCs) have been established/strengthened in each operational facility to oversee management, monitor service delivery, and promote community involvement.

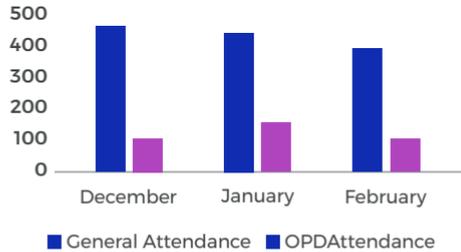
## 2.1 Facility Attendance

Facility attendance across the PHCs increased significantly, both in general attendance and outpatient consultations compared to pre-revitalization levels. Magajin Gari PHC recorded the highest attendance, followed by Tsakuwawa PHC.

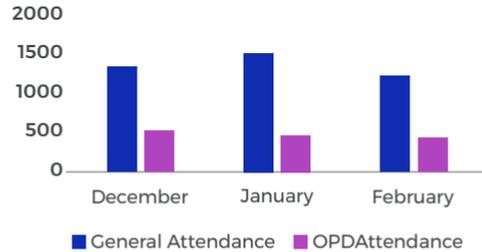
Facility Attendance Across PHCs



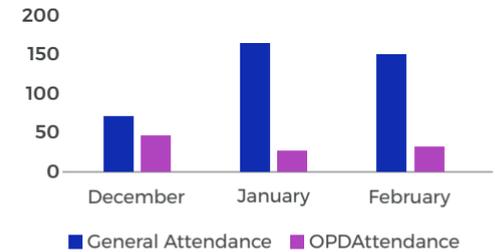
### Birin Bolewa PHC Facility Attendance



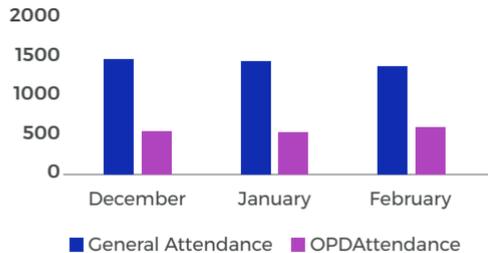
### Ilara PHC Facility Attendance



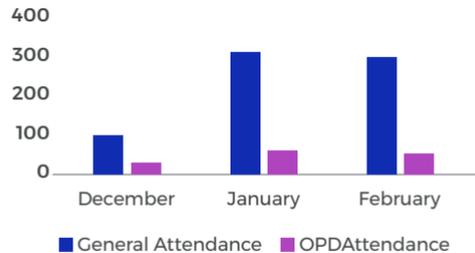
### Ifite Ogwari PHC Facility Attendance



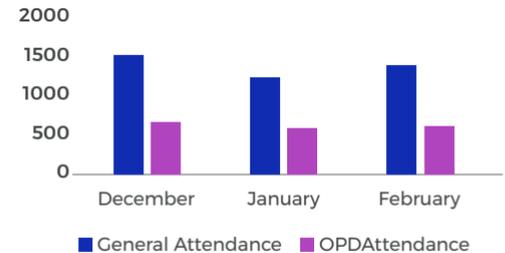
### Magajin Gari Facility Attendance



### Ilara PHC Facility Attendance



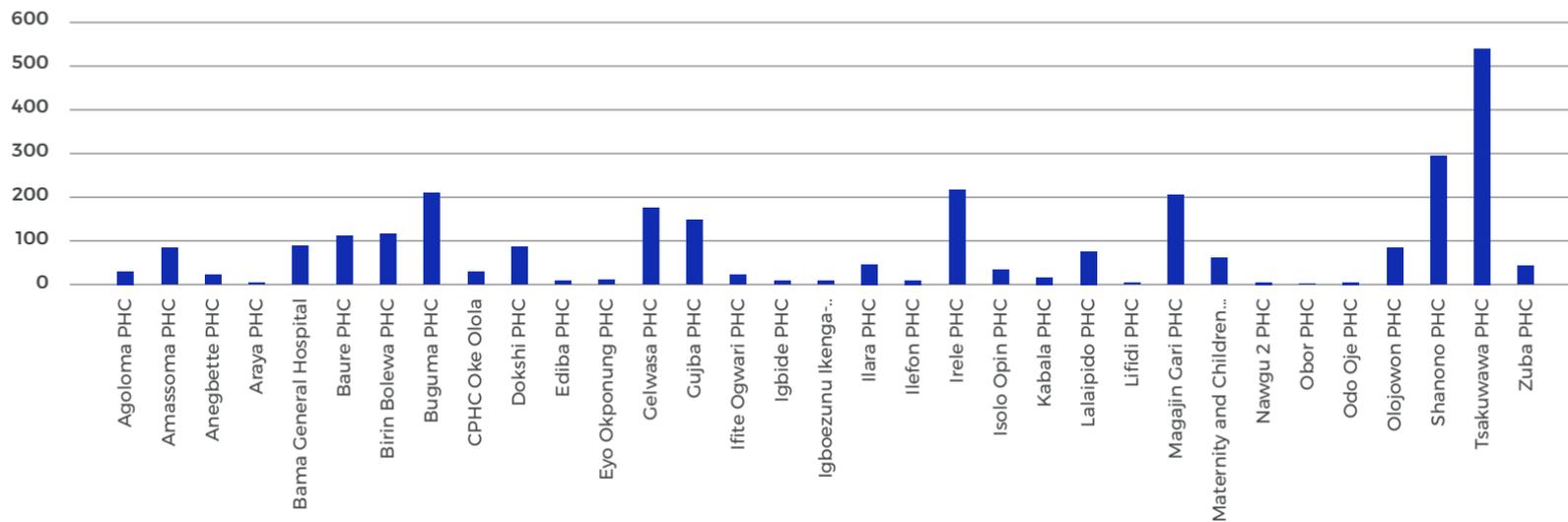
### Tsakuwawa PHC Facility Attendance



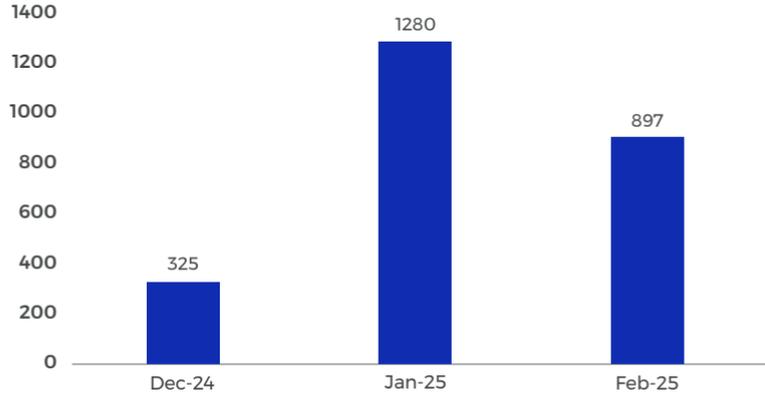
## 2.2 Antenatal Care (ANC)

There has been a significant rise in antenatal visits—exceeding **the 100% increase** between December and February. **This reflects improved utilization of maternal healthcare services and increased community trust.**

Cumulative ANC First Visits per Facility



### ANC First Visits Across Facilities



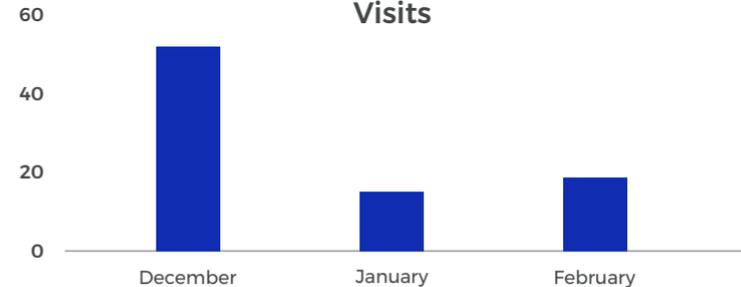
### Agoloma PHC ANC First Visits



### Baure PHC ANC First Visits



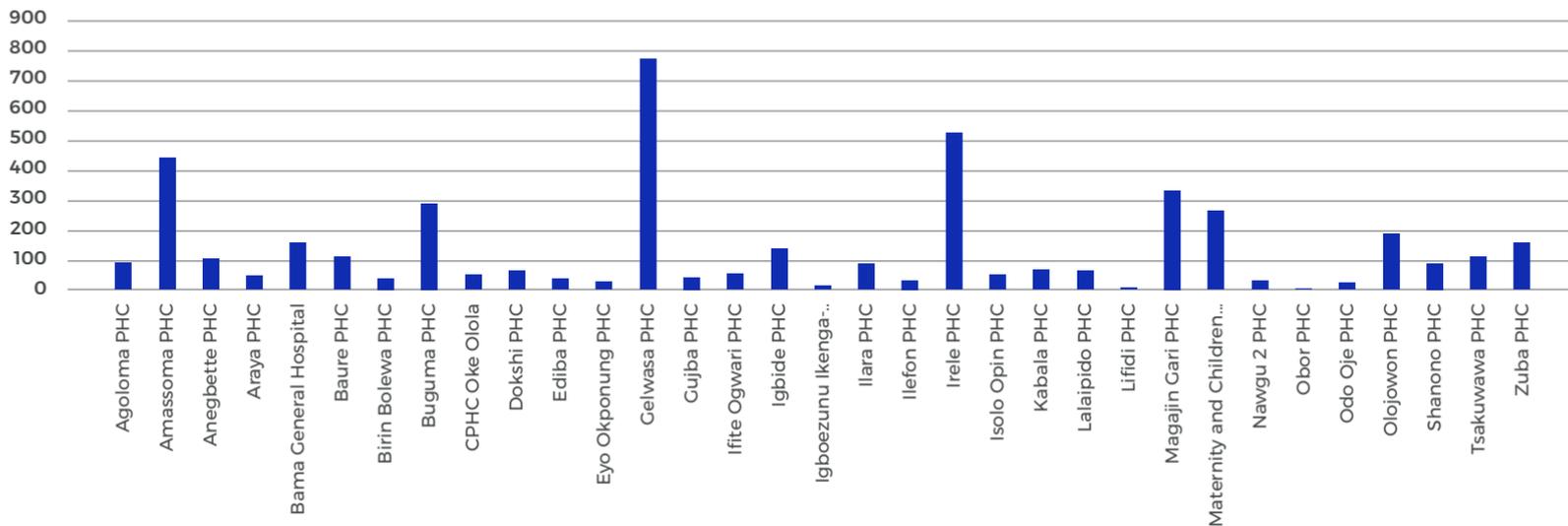
### Amassoma PHC ANC First Visits



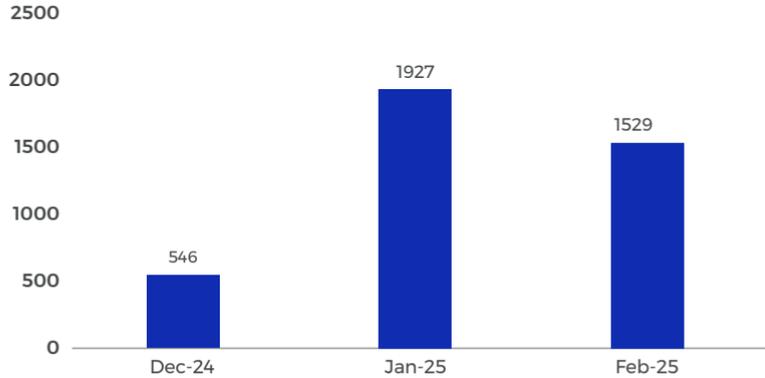
## 2.3 Immunization

Routine immunization coverage across the PHCs has improved due to enhanced services at the PHCs and better outreach programs.

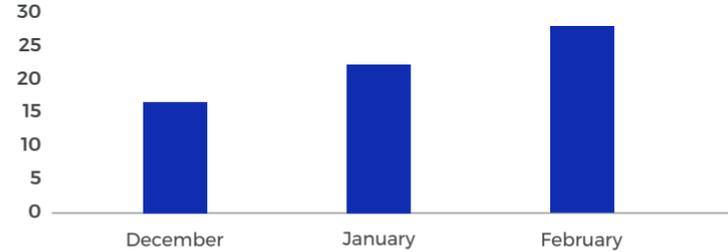
Cumulative Children Fully Immunized per Facility



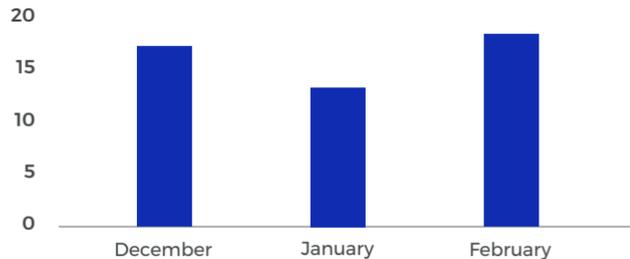
### Children Fully Immunized Across Facilities



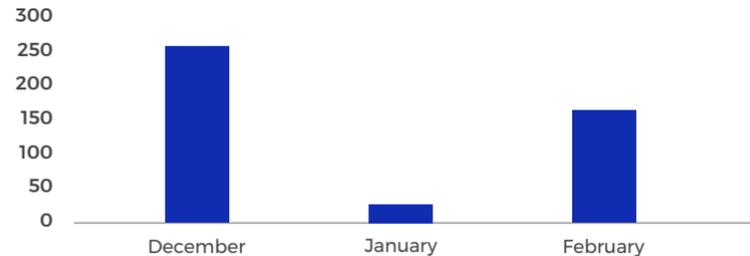
### Agoloma PHC Immunization



### Baure PHC Immunization



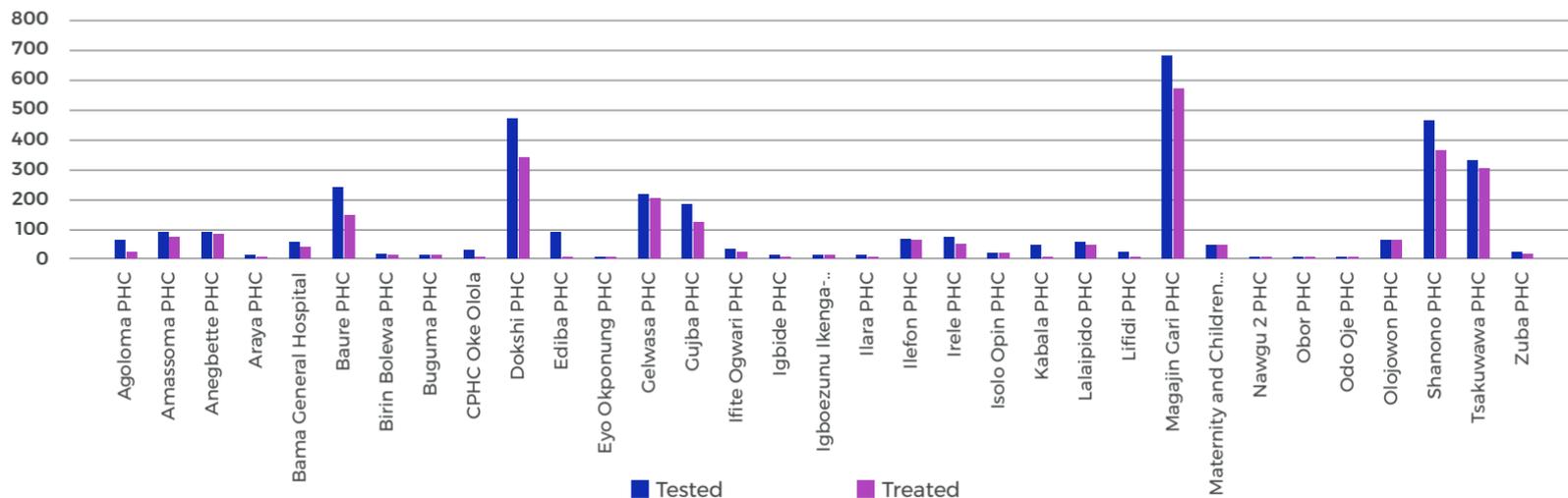
### Amassoma PHC Immunization



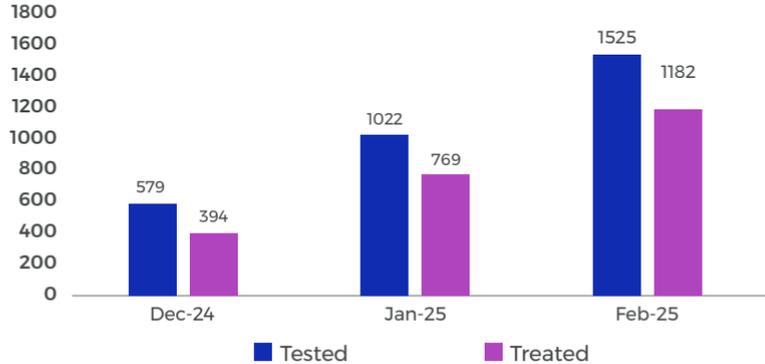
## 2.4 Malaria Cases & Treatment

A significant increase in the number of patients tested and treated for Malaria was recorded. This is largely as a result of improved diagnostic capacity and medication availability.

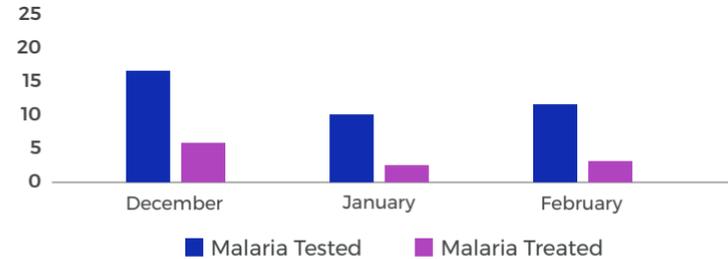
Cumulative Children tested and treated for malaria per Facility



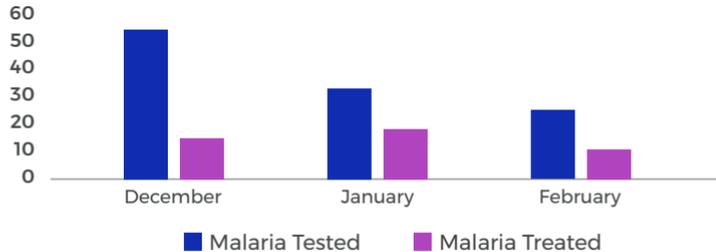
### Children Tested and Treated for Malaria Across Facilities



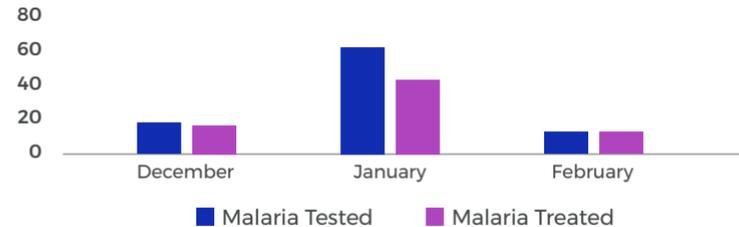
### Agoloma PHC Malaria Cases

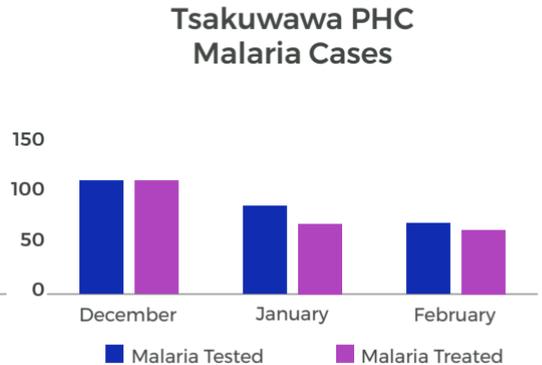
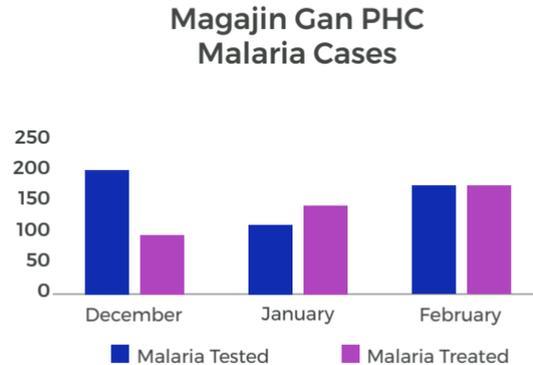
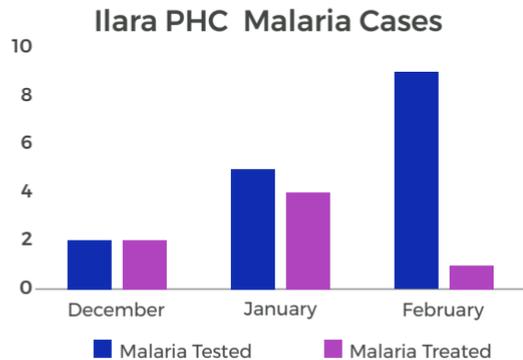
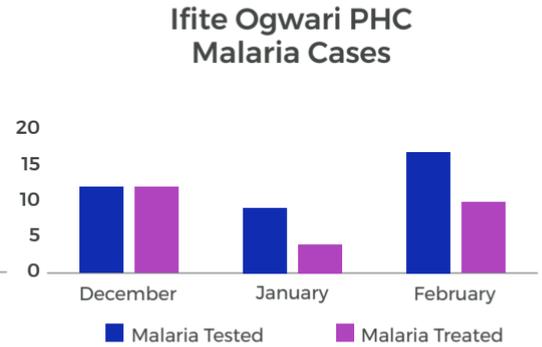
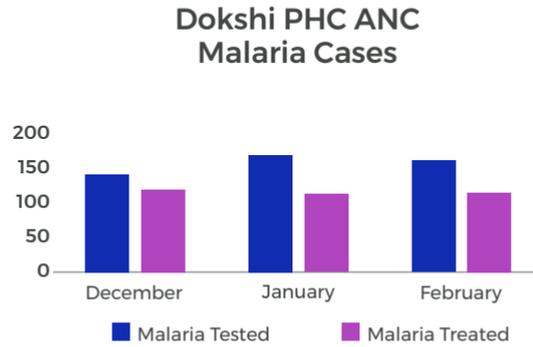
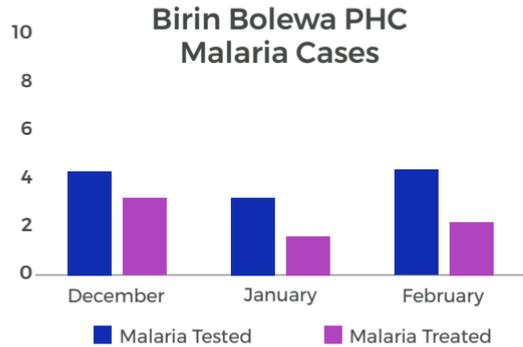


### Baure PHC Malaria Cases



### Amassoma PHC Malaria Cases

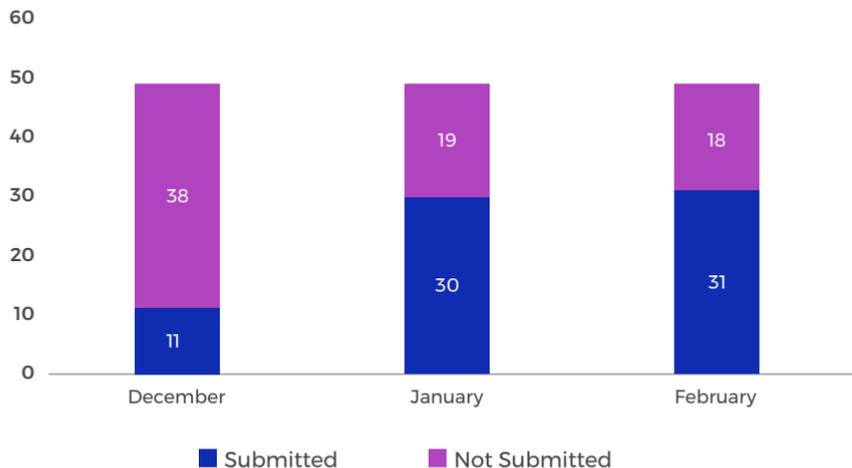




## 3. KEY CHALLENGES AND NEXT STEPS

### Challenges:

Facility Responsiveness



- **Data collection:** Despite increased utilization of services, data reporting remains inconsistent. Currently, **14 PHCs** are non-responsive, limiting a comprehensive view of performance.

- **Stakeholder Engagement at States:** Joint input to strengthen collaboration with State PHCDAs, local governments, and existing community structures to further improve participation/ownership



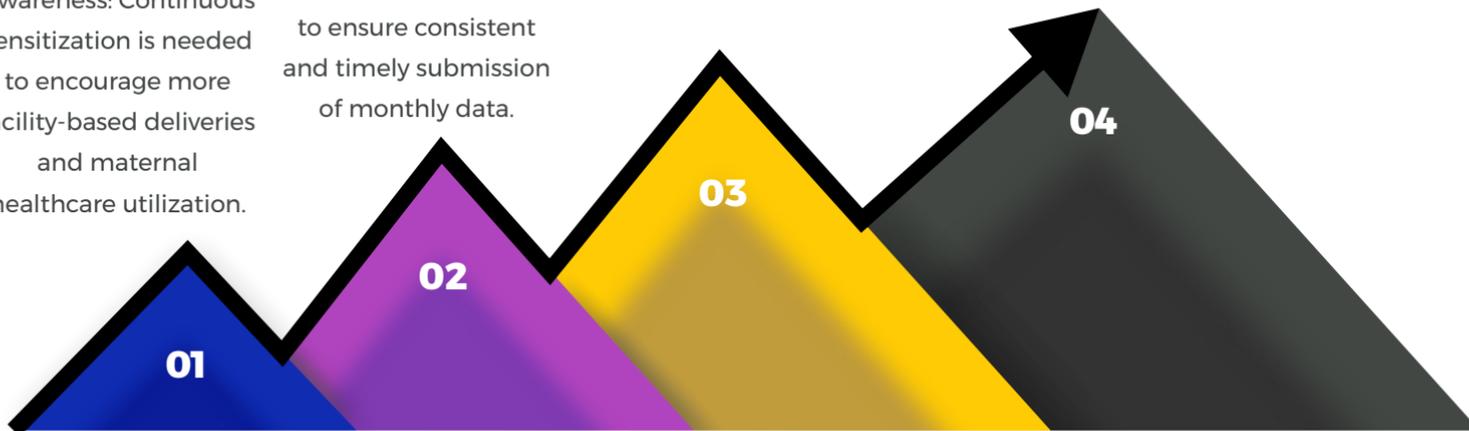
## Next Step:

Community Awareness: Continuous sensitization is needed to encourage more facility-based deliveries and maternal healthcare utilization.

Follow up with designated staff at nonresponsive facilities to ensure consistent and timely submission of monthly data.

Staff recruitment and Capacity Building:

Continuous facility data collection to improve evidence-based decision-making.



## FACILITY PICTURES GALLERY



Olojowon PHC, Apapa LGA, Lagos State



MPHC Okogbe, Ahoada West, Rivers State



Lalaipido PHC, Shongom LGA, Gombe State



Baure PHC, Awe LGA, Nasarawa State



Omala PHC, Omala LGA, Kogi State



Agoloma PHC, Patani LGA, Delta State



Katanga PHC, Warji LGA, Bauchi State



Irele PHC, Irele LGA, Ondo State



ADOPT A  
HEALTHCARE  
FACILITY  
PROGRAMME

connect with us

[www.adhfp.org](http://www.adhfp.org) 

[www.pshan.org](http://www.pshan.org) 

Private Sector Health Alliance 

@pschan\_alliance 

@pschan\_alliance 

communications@pschan.org 

6th Floor, Zenon House, 2 Ajose Aeogun Street, Victoria Island, Lagos, Nigeria 

+234 (01) 4544024, (01) 45490790 

