ADHFP
ADOPT A HEALTHCARE FACILITY PROGRAMME

ADOPT-A-HEALTHCARE FACILITY PROGRAMME (ADHFP)
Impact Report Q2 2025

APRIL - JUNE 2025

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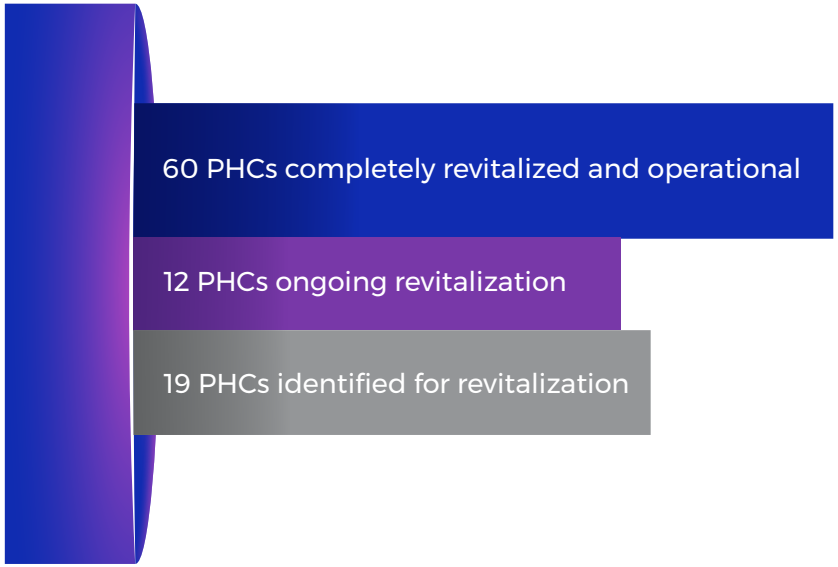
INTRODUCTION

The Adopt-A-Healthcare Facility Programme (ADHFP), an initiative of the Private Sector Health Alliance of Nigeria (PSHAN), continues to strengthen Nigeria's primary healthcare system. The programme aims to establish at least one fully functional, high-quality Primary Healthcare Centre (PHC) in each of the country's 774 Local Government Areas.

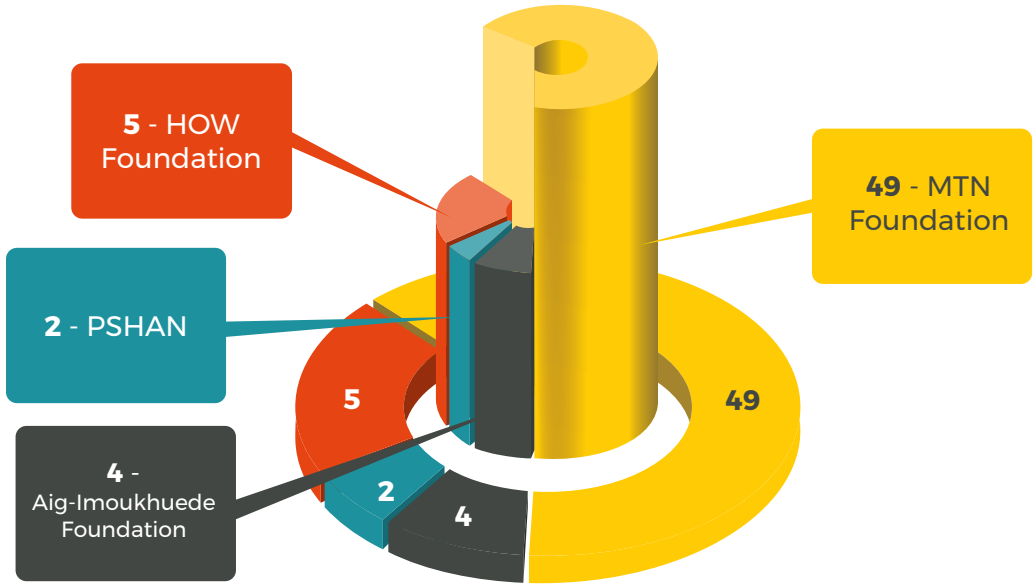
In Q2 2025, ADHFP built on previous efforts to deliver concrete improvements in infrastructure, service delivery, and community engagement. This report highlights key achievements, and programme impacts during the quarter.

PROGRAM REACH AND EXPANSION

At the end of Q2, 2025, ADHFP expanded its presence and operations across Nigeria.



Number of PHCs Revitalized by Each Partner



THE ADHFP OPERATING MODEL

Operating sustainable healthcare facilities requires strategic focus across multiple areas. The ADHFP is guided by eight operational pillars that collectively strengthen Nigeria's primary healthcare system: fundraising, monitoring and evaluation, adopter management and stakeholder engagement, technical project delivery, quality of care, financial management, human resource management, and PR and communications.

1. **Fundraising:**

In Q2 2025, ADHFP continued engaging stakeholders to secure funding for expanding the programme's reach. Presentations of the programme's vision and adoption models were delivered to high-net-worth individuals and corporate partners. Flexible adoption options are available, ranging from full and partial adoption to in-kind donations and civil works contributions.

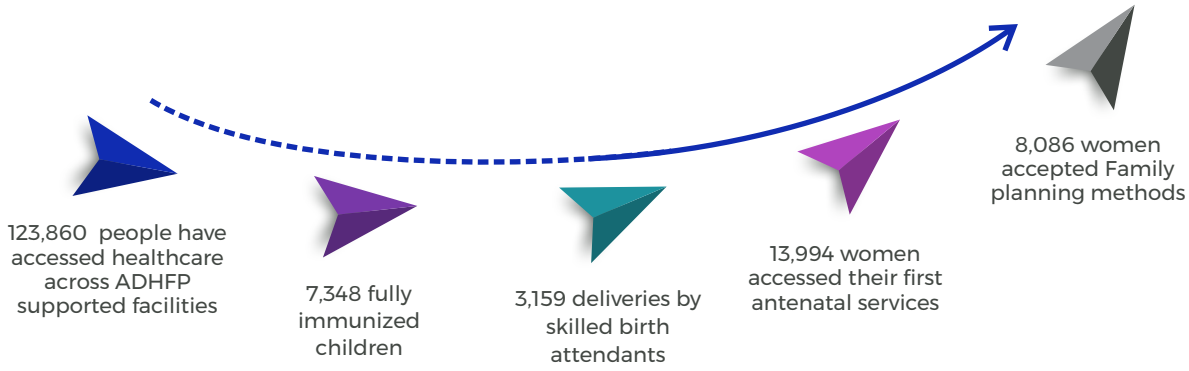
The current adoption models include:

- Full adoption: Fund capital and operational costs of a PHC for 5 years, starting from ₦100 million.
- Partial adoption: Partner with PSHAN for 1–2 years, with other adopters continuing thereafter, from ₦45 million.
- Co-adoption: Collaborate with individuals or organizations to collectively adopt a PHC, from ₦100 million.
- In-kind donation: Provide specific facility needs like equipment or medical supplies, from ₦6.7 million.
- Civil works donation: Provide a civil works team to handle PHC renovation while benefiting from the expertise of PSHAN in commissioning and operationalization, costs from ₦30 million.

2. Monitoring, Evaluation, Accountability and Learning (MEAL):

In Q2 2025, ADHFP's monitoring and evaluation efforts provided insights into programme performance and service utilization.

ADHFP Q2 IMPACT



GENERAL ATTENDANCE

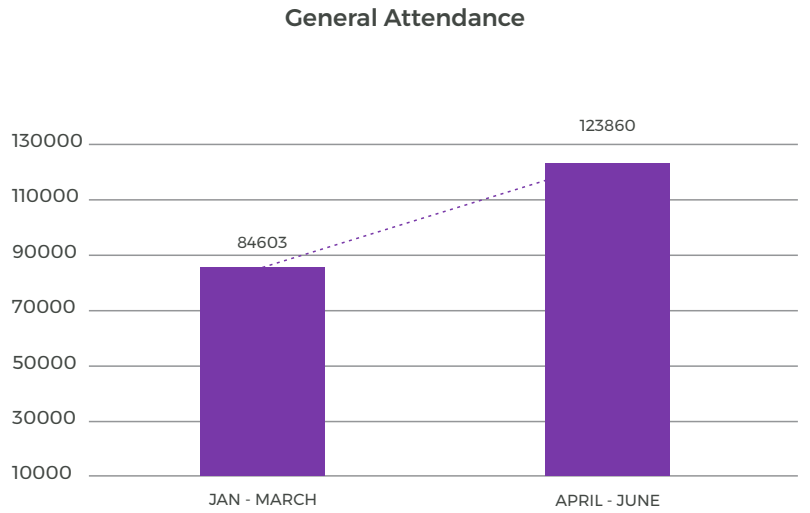


Figure 1: General attendance increased by approximately 46% across all revitalized PHCs in Q2.

OUT-PATIENT ATTENDANCE

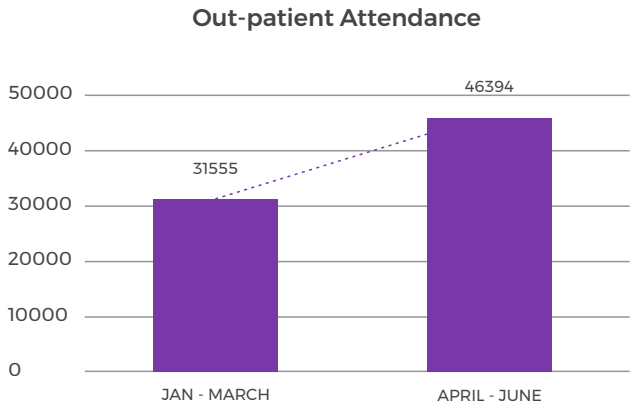


Figure 2: OPD attendance increased by over 47% in Q2 across the revitalized PHCs.

ANTENATAL CARE VISITS

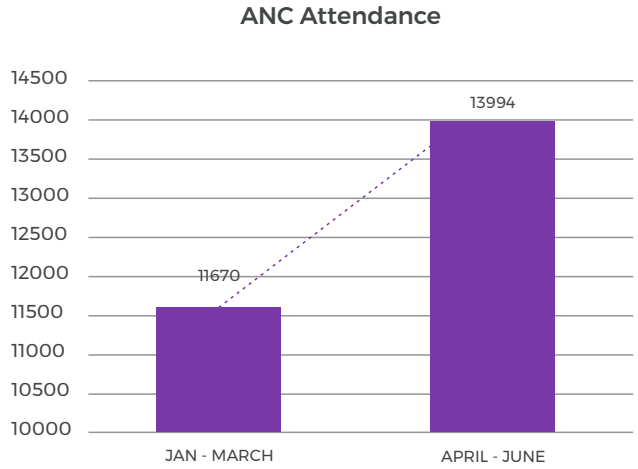


Figure 3: Graphical representation showing a 20% increase in total ANC attendance in Q2

ANTENATAL CARE VISITS

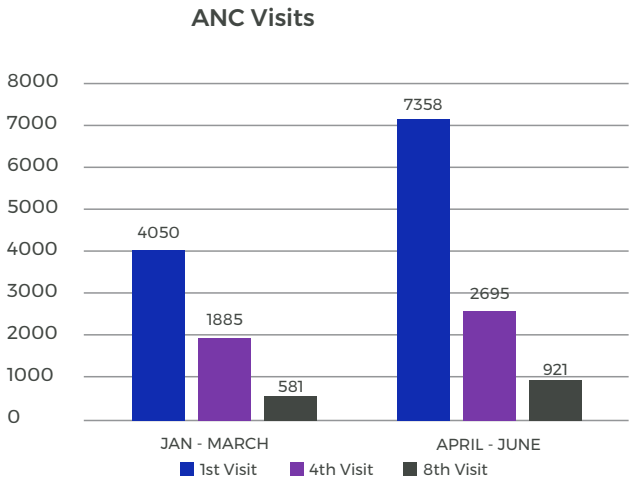


Figure 4: Visual representation showing the trends in ANC Visit between Q1 and Q2, illustrating the continuity and uptake of antenatal care services, which is an indicator of access to, and quality of maternal health services all adopted facilities.

IMMUNIZATION

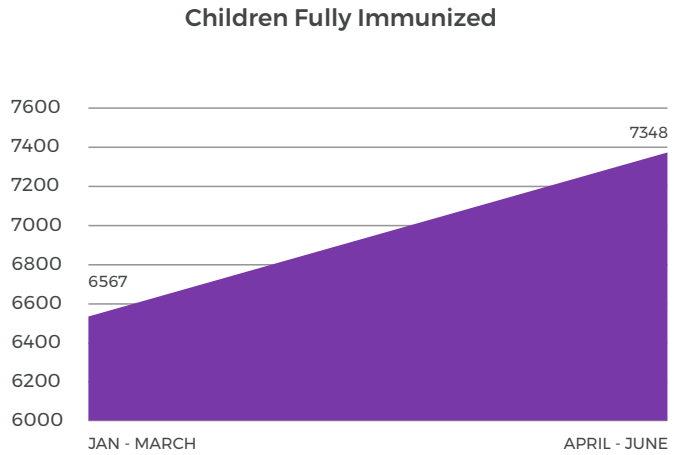


*Figure 5: The number of children who were fully immunized increased from **6567** in Q1 to **7348** in Q2, representing a 12% increase across all revitalized facilities.*
This indicates improved uptake of routine immunization services.

DELIVERIES

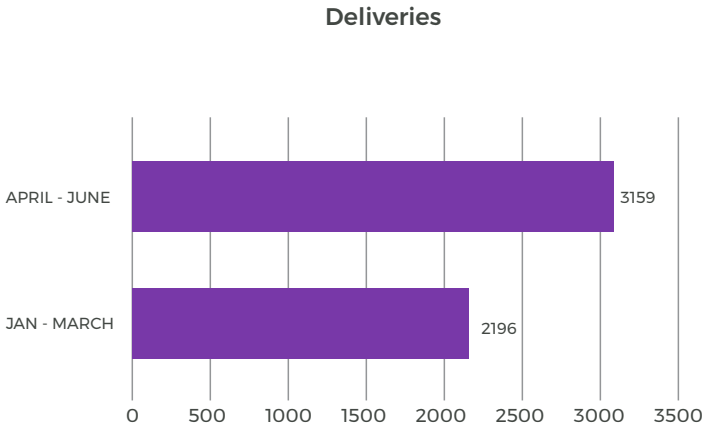


*Figure 6: A total of **3159** deliveries were attended to by skilled birth attendants across the revitalized facilities. Data shows an increase in the number of deliveries in Q2, compared to Q1.*

MALARIA

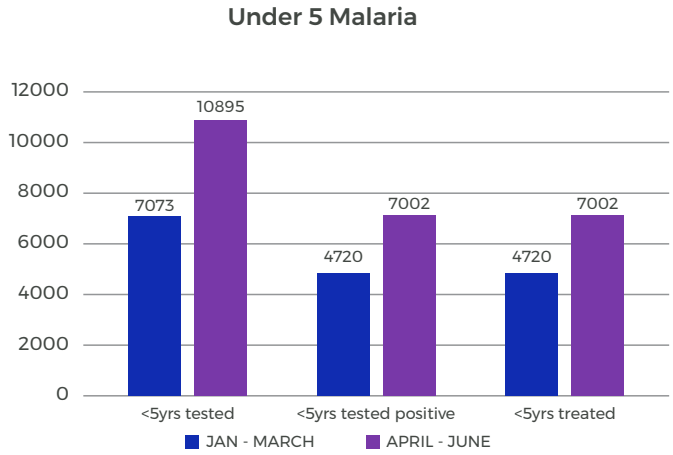


Figure 7: Graphical presentation of the trend in the diagnosis and treatment of Under 5 children for Malaria across the adopted and revitalized facilities.

MALARIA

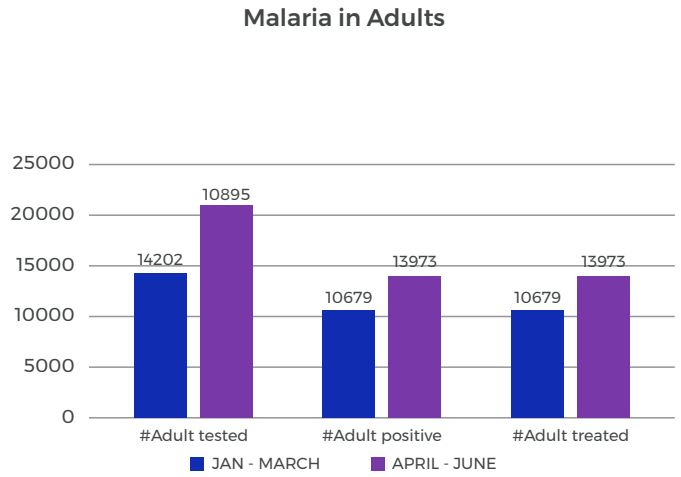


Figure 8: Graphical presentation of the trend in the diagnosis and treatment of adults for Malaria across the adopted and revitalized facilities.

MALARIA PREVENTION IN PREGNANCY

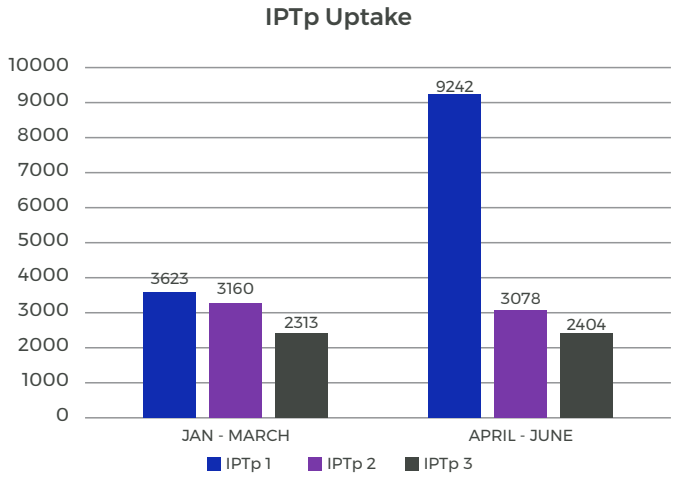


Figure 9: Data showing the trend in Intermittent Preventive Treatment (IPT) uptake among pregnant women in Q1 and Q2, showing women have access to malaria preventive services in the revitalized PHCs.

FAMILY PLANNING

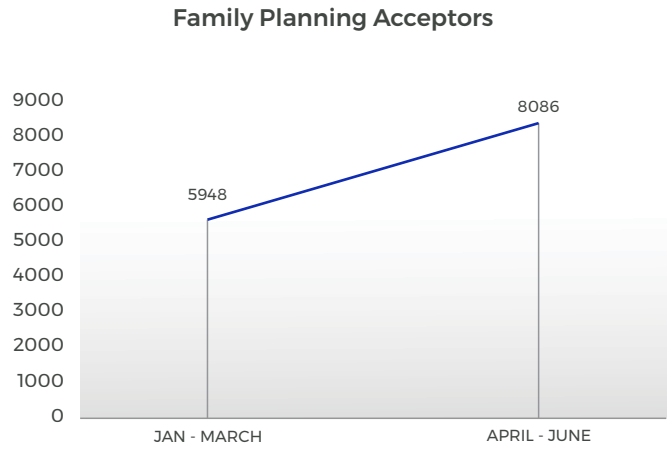


*Figure 10: Data showing the number of family planning acceptors across the revitalized PHCs in Q1 and Q2. A total of **8086** people accepted family planning options across the revitalized PHCs in Q2.*

COMMUNITY OUTREACH & ENGAGEMENT

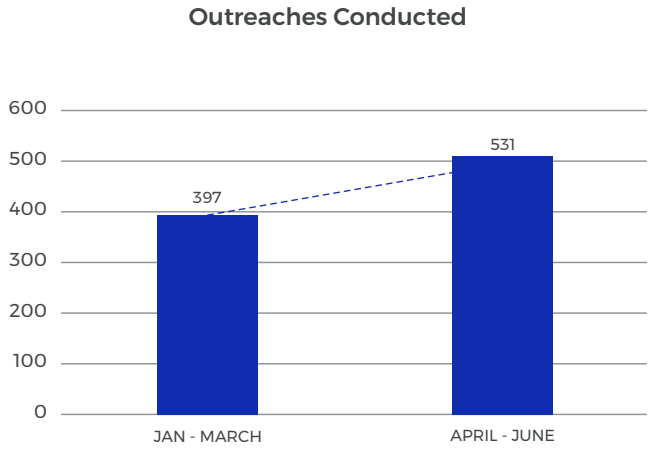


Figure 11: Chart showing a 34% increase in the number of outreaches conducted in Q2 across revitalized facilities, reflecting the positive impact of community engagement and advocacy efforts facilitated through Health Facility Management Committee (HFMC) meetings.

3. Adopter Management and Stakeholder Engagement:

During Q2, ADHFP strengthened engagement with adopters and partners to enhance collaboration and governance. Key activities included:

- Strategic sessions with National Primary Healthcare Development Agency (NPHCDA) and World Health Organization (WHO) to align programme data and plans.
- Progress Reviews with Edo State Primary Health Care Development Agency (EDOSPHCDA) to assess performance across the four revitalized PHCs in Edo State.
- Hosting Health Facility Management Committee (HFMC) Meetings in Edo State, engaging facility staff, Ward Development Committee (WDC) members and EDOSPHCDA to promote joint ownership and improve local governance.
- Signing of a Memorandum of Agreement between PSHAN, EDOSPHCDA, and the Aig-Imoukhuede Foundation.


Health Facility Management Committee Meeting with Facility Staff, WDC members and PSHAN Liaison Officer in attendance at Evubodia PHC, Edo State


Health Facility Management Committee Meeting with Facility Staff, WDC members and PSHAN Liaison Officer in attendance at Uteh PHC (Left) and Iduwungha PHC (Right), Edo State

4. Technical project delivery:

Technical project activities progressed in Q2 2025. Under MTN Foundation's 'What Can We Do Together' initiative, three PHCs in Bayelsa, Kebbi, and the FCT were fully revitalized, including upgraded infrastructure, alternative power solutions, solar-powered water systems, and provision of medical equipment and supplies.

Other technical milestones included the supply of essential medicines to 20 PHCs by MTN Foundation, deployment of a drug utilization tracker to enhance stock management, supportive supervision visits across 11 PHCs in Edo, Rivers, and Bauchi States, and capacity-building sessions for Liaison Officers to improve facility-level coordination and reporting.

Pictures showing Gamafoi PHC, Jigawa State receiving drugs from MTN Foundation

Pictures showing Tsakuwawa PHC, Jigawa State receiving drugs from MTN Foundation

5. Quality of Care:

Quality improvement remained central to ADHFP activities in Q2. A three-day virtual training on Gender-Based Violence (GBV) case management was conducted for over 90 frontline health workers. Delivered in collaboration with WHO, the Aig-Imoukhuede Foundation, MTN Foundation, and NPHCDA, the training strengthened capacity to identify, manage, and appropriately refer GBV cases, supporting better patient care and building community trust.

6. Financial Management:

Financial accountability remained a key focus during Q2. The ADHFP received a USD 1,000 donation via the Global Giving Project, while the MTN Foundation invested ₦175,367,151.90 in revitalizing three PHCs and contributed essential medicines valued at approximately ₦60,000,000.

7. PR & Communication:

Efforts in Q2 continued to enhance programme visibility and stakeholder engagement. The ADHFP newsletter reached over 1,300 recipients, and HFMC meetings held in Edo State fostered accountability and participatory governance.

Success Stories

The impact of ADHFP is reflected in the experiences of community members and healthcare workers:

"Before now we women found it hard to visit this clinic to access antenatal care because of the bad state of the facility but right now we are happy and confident to access care here as well as register for antenatal and bring our kids for immunization. I for one, immediately after the revitalization registered for antenatal and successfully gave birth to my son a few months later in this facility and was given proper care by the clinical staff. Thank you PSHAN and AIG Imoukhede Foundation for the good work and making this clinic very accessible to us in this community".

Mrs. Imafidon – Uteh community resident

"As the OIC of Jumberi PHC, I'm proud of our immunization program's achievements. We've increased our coverage rates and reduced defaulters through our community outreach efforts and record-keeping. Our team works tirelessly to ensure every child and eligible adult receives life-saving vaccines. Witnessing the impact on our community's health and well-being is truly rewarding. I'm honored to lead such a committed team!"

Usman Salihu- Officer-in-Charge (OIC), Jumberi PHC

8. Human Resource Management:

In Q2 2025, ADHFP focused on strengthening human resources to ensure consistent delivery of quality services across revitalized PHCs. Capacity-building sessions were conducted for facility staff and field officers, equipping them with essential skills in data reporting, patient care, and operational management.

IMPLEMENTATION CHALLENGES & LESSONS LEARNED

Despite progress, challenges persisted during Q2. Some facilities remained non-responsive, delaying timely data collection. Political transitions in several states affected implementation timelines, while high staff turnover impacted continuity and skill retention. ADHFP is addressing these issues through increased stakeholder engagement, periodic data reviews, and expanded training to maintain service quality.

PLANS FOR Q3, 2025

- Commence Phase two of revitalization across 9 PHCs in Edo State and 5 PHCs in other states in collaboration with Aig-Imoukhuede Foundation.
- Increase community engagement and mobilization across the ADHFP facilities to drive demand for PHC services.
- Integration of all identified, revitalized, and operational PHCs into the Basic Health Care Provision Fund (BHCPF) Scheme.
- Strengthen advocacy and communication to attract more private sector involvement.
- Capacity building: Train Officer in Charge (OICs) and Liaison Officers across ADHFP sites on data management.

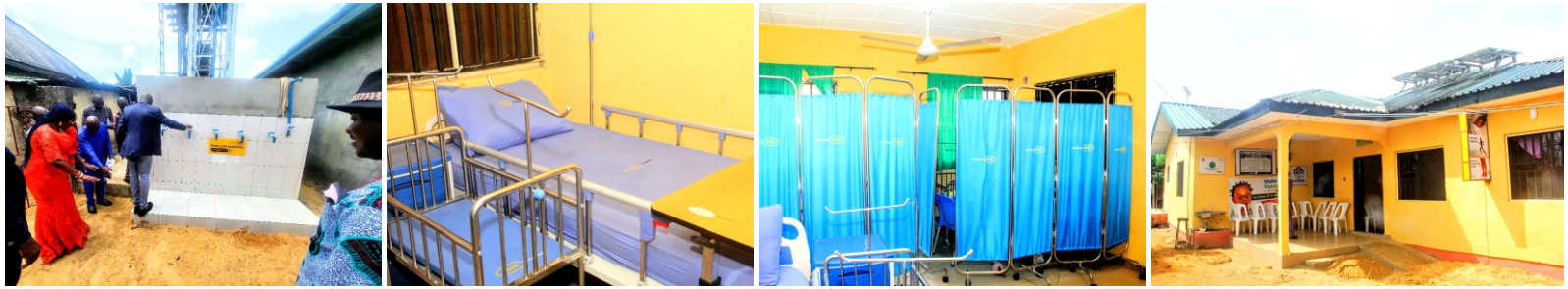
CONCLUSION

Q2 2025 marked significant progress for ADHFP, delivering improvements in infrastructure, service delivery, and community engagement. With continued partnerships and investment, the programme remains committed to ensuring high-quality primary healthcare services across Nigeria.

PARTNERS and ADOPTERS

We sincerely appreciate the support of our partners whose unwavering commitment and collaboration remain vital to achieving sustainable, high quality primary health care services across Nigeria. Together, we are transforming health outcomes for communities nationwide.

PICTURES OF NEWLY REVITALISED PHCs BY MTN FOUNDATION



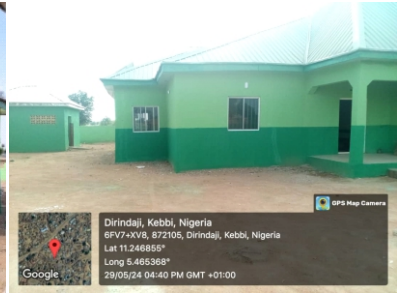
Akaba PHC, Bayelsa State

PICTURES OF NEWLY REVITALISED PHCs BY MTN FOUNDATION









Gelwasa Primary Healthcare Centre, Kebbi State

PICTURES OF NEWLY REVITALISED PHCs BY MTN FOUNDATION






Zuba Primary Healthcare Centre, Abuja

ADHFP

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www.adhfp.org
www.pshan.org
Private Sector Health Alliance
@pshan_alliance
@pshan_alliance
communications@pshan.org
6th Floor, Zenon House, 2 Ajose Aeogun Street, Victoria Island, Lagos, Nigeria
+234 (01) 4544024, (01) 45490790