



# ADOPT-A-HEALTHCARE FACILITY PROGRAMME (ADHFP)

Q1 IMPACT REPORT (JANUARY - MARCH) 2026

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## LIST OF ABBREVIATIONS

ABBREVIATION	FULL MEANING	ABBREVIATION	FULL MEANING	ABBREVIATION	FULL MEANING
ADHFP	Adopt-A-Healthcare Facility Programme	HOW Foundation	Herbert Onyebuchi Wigwe Foundation	SGBV	Sexual and Gender-Based Violence
AIF	Aig-Imoukhuede Foundation	IPTp	Intermittent Preventive Treatment in Pregnancy	SPHCDA	State Primary Health Care Development Agency
ANC	Antenatal Care	MEAL	Monitoring, Evaluation, Accountability and Learning	SPHCB	State Primary Health Care Board
BHCPF	Basic Health Care Provision Fund	MoA	Memorandum of Agreement	TOS	The Osasu Show Foundation (TOS Foundation Africa)
DRF	Drug Revolving Fund	MTN	Mobile Telecommunications Network	U5	Under Five
FCT	Federal Capital Territory	NPHCDA	National Primary Health Care Development Agency	UNHCR	United Nations High Commissioner for Refugees
FMET	Forensic Medical Examination Training	OIC	Officer-in-Charge	UNICEF	United Nations Children's Fund
FP	Family Planning	OPD	Outpatient Department	WARIF	Women at Risk International Foundation
HFMC	Health Facility Management Committee	PHC	Primary Healthcare Centre	WDC	Ward Development Committee
HMIS	Health Management Information System	PHCs	Primary Healthcare Centres	WHO	World Health Organization
		PSHAN	Private Sector Health Alliance of Nigeria		



## INTRODUCTION

For millions of Nigerians, access to reliable primary healthcare begins at the local level. The Adopt-A-Healthcare Facility Programme (ADHFP), an initiative of the Private Sector Health Alliance of Nigeria (PSHAN), is working to make that access a reality — with a fully functional, high-quality Primary Healthcare Centre (PHC) targeted for each of the country's 774 Local Government Areas.

In Q1 2026 (January to March), ADHFP built on strong momentum from 2025 to deliver sustained improvements in healthcare service delivery, community engagement, and programme governance. This report presents key achievements, service delivery data, and programme impacts across all supported facilities during the quarter.



# PROGRAM REACH AND EXPANSION

At the start of Q1 2026, ADHFP maintained its expanded presence across Nigeria.





**60** PHCs Revitalized & Operational

**33** States + FCT  
*Geopolitical Coverage*

**04** Adopter Partners  
*Active Adopters*

**60** Facilities Reporting  
*Q1 2026*

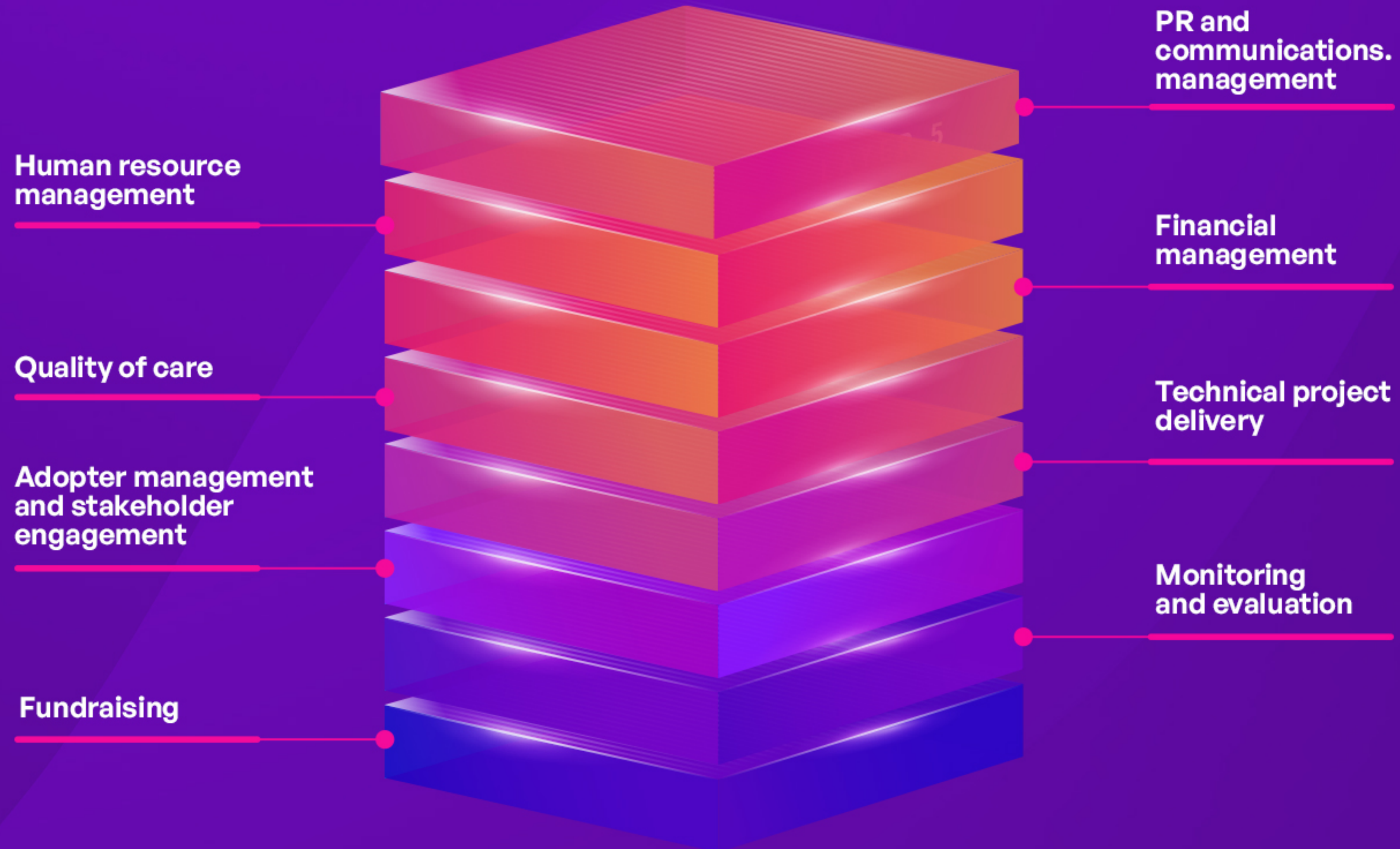
## Partner Contributions

Adopter	PHCs	Geopolitical Focus	States
 MTN Foundation	49	National (all 6 zones)	26 States + FCT
 Aig-Imoukhuede Foundation	4	South South – Edo State	Edo
 THE HOW FOUNDATION	5	South South – Rivers State	Rivers
 Private Sector Health Alliance of Nigeria	2	South South + North East	Delta & Bauchi
<b>TOTAL</b>	<b>60</b>	<b>6 Geopolitical Zones</b>	<b>33 States + FCT</b>



# THE ADHFP OPERATION MODEL

ADHFP is guided by **eight** operational pillars



# THE ADHFP OPERATION MODEL

## FUNDRAISING

In Q1 2026, ADHFP continued engaging stakeholders to secure funding for expanding the programme's reach. Strategic discussions were advanced with TOS Foundation and Zenith Bank Plc on proposed adopter partnerships. The current adoption models remain:



### FULL ADOPTION

Fund capital and operational costs of a PHC for 5 years, starting from N100 million



### PARTIAL ADOPTION

Partner with PSHAN for 1-2 years, from N45 million.



### CO-ADOPTION

Collaborate with individuals or organizations to collectively adopt a PHC, from N100 million.



### IN-KIND DONATION

Provide specific facility needs like equipment or medical supplies, from N6.7 million.



### CIVIL WORKS DONATION

Provide a civil works team to handle PHC renovation, costs from N30 million.

## MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING (MEAL)

ADHFP's monitoring and evaluation efforts in Q1 2026 provided comprehensive insights into programme performance and service utilization across all 60 revitalized PHCs. Data was collected from 60 reporting facilities across 33 states + FCT covering January through March 2026.

# ADHFP CUMULATIVE **IMPACT DATA TO DATE**



**711,272**

People Accessed Healthcare  
*General Attendance*



**274,612**

Children Immunized  
*Fully immunized <1yr*



**16,677**

Deliveries  
*Attended deliveries*



**76,500**

ANC Attendance  
*Total ANC visits*



**38,860**

FP Acceptors  
*Family planning*



**38,117**

U5 Malaria Treated  
*Under-5 treatment*



# Q1 2026 PROGRAMME **IMPACT SUMMARY**

## Cumulative Q1 2026 Impact

The following highlights key healthcare indicators recorded across all revitalized PHCs during Q1 2026 (January – March):

### Q1 2026 KEY PERFORMANCE HIGHLIGHTS | January – March 2026

**84,355**

People Accessed Healthcare  
*General Attendance*

**37,665**

Children Immunized  
*Fully immunized <1yr*

**2,604**

Deliveries  
*Attended deliveries*

**11,531**

ANC Attendance  
*Total ANC visits*

**4,765**

FP Acceptors  
*Family planning*

**217**

Community Outreaches  
*Outreaches conducted*

**6,009**

U5 Malaria Treated  
*Under-5 treatment*

**8,231**

Adult Malaria Treated  
*Adult treatment*

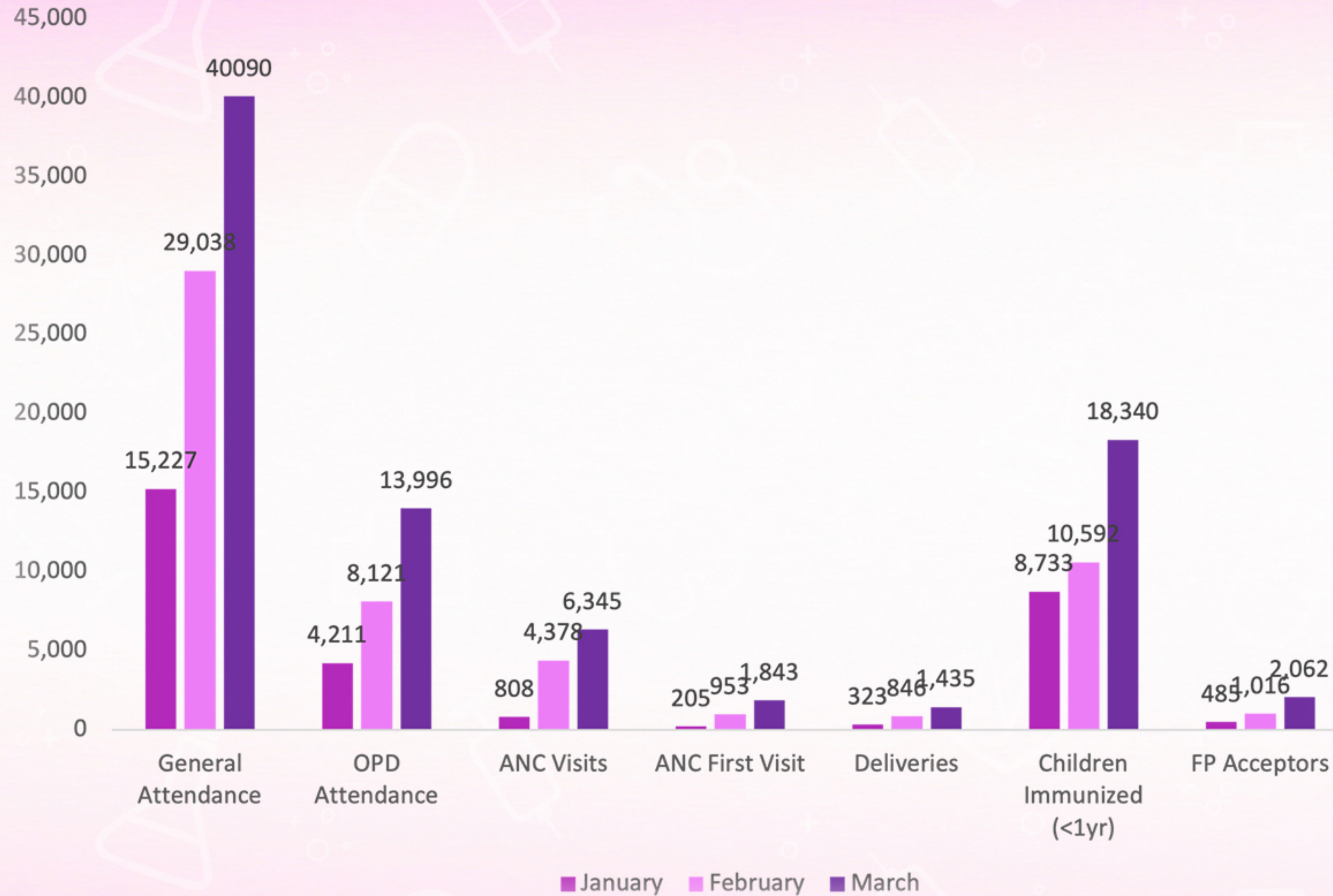
**9,528**

IPTp Doses  
*IPTp1 + IPTp2 + IPTp3*

## MONTHLY TREND ANALYSIS – Q1 2026

Indicator	January	February	March	Q1 Total
General Attendance	15,227	29,038	40,090	84,355
OPD Attendance	4,211	8,121	13,996	26,328
ANC Visits	808	4,378	6,345	11,531
ANC First Visit	205	953	1,843	5,114
Deliveries	323	846	1,435	2,604
Children Immunized (<1yr)	8,733	10,592	18,340	37,665
FP Acceptors	485	1,016	2,062	3,563

## Q1 2026 PERFORMANCE SUMMARY



## TECHNICAL IMPLEMENTATION AND CAPACITY BUILDING

### **Workshop on Forensic Medical Examination Training (FMET) and SGBV Referral Pathway Development Initiative**

In Q1 2026, PSHAN, in collaboration with the Aig-Imoukhuede Foundation (AIF) and in partnership with the Women at Risk International Foundation (WARIF), conducted a comprehensive workshop on Forensic Medical Examination Training (FMET) and the Sexual and Gender-Based Violence (SGBV) Referral Pathway Development Initiative in Edo State.

The workshop trained 18 healthcare workers drawn from 9 Primary Healthcare Centres (PHCs) across the state. The training programme covered the following key areas:

- Forensic examination procedures for sexual and gender-based violence (SGBV) survivors
- Trauma-informed counselling and survivor-centred care
- Evidence documentation and reporting standards for medico-legal cases
- Case simulations and role-play exercises to build practical, hands-on skills
- Multi-sector stakeholder engagement for strengthening referral pathways

The training brought together healthcare workers, multi-sector stakeholders, and government actors from Edo State. It reinforced ADHFP's integrated approach to healthcare quality directly connecting clinical capacity building to the programme's broader infrastructure, power, and data systems strengthening activities within ADHFP-supported PHCs.

## TECHNICAL IMPLEMENTATION AND CAPACITY BUILDING



*Pictures from the Forensic Medical Examination Training (FMET) and Sexual and Gender-Based Violence (SGBV) Referral Pathway Development Initiative with the Aig-Imoukhuede Foundation (AIF), Women at Risk International Foundation (WARIF), Training Participants and Multi-Sector Stakeholders in Edo State*

## BHCPF INFRASTRUCTURE SUPPORT: EVBUODIA PHC

Following a PSHAN facility assessment at Evbuodia PHC, Edo State, funding from the Basic Health Care Provision Fund (BHCPF) supported the procurement of a 6kVA generator to address critical power and water supply gaps. The intervention directly improved service delivery and facility functionality, ensuring continuity of care for the community. The PSHAN Project Associate visited the facility alongside staff to oversee successful implementation.



*Olisa Wilson Nkollo, Project Associate, ADHFP and PSHAN Representative (second from the left), with facility staff during the visit.*



*Newly procured generator supporting power and water supply at the facility, funded through the BHCPF intervention.*

## ADOPTER MANAGEMENT AND STAKEHOLDER ENGAGEMENT

During Q1 2026, ADHFP strengthened its strategic engagement with adopters, government partners, and community stakeholders. Key activities included:

- i Health Facility Management Committee (HFMC) Meetings with Ward Development Committee (WDC) members and facility staff were held in both Edo State and Rivers State to discuss project progress and collectively address emerging operational issues at facility level.
- ii Strategic discussions were advanced with TOS Foundation on a proposed partnership under the ADHFP to support the revitalization of selected PHCs, with both parties progressing toward the finalization of a Memorandum of Agreement (MoA).
- iii Engagement with Zenith Bank Plc was initiated on a proposed adopter partnership for the revitalization of selected PHCs, leveraging the bank's sustainability and social impact platform. A proof-of-concept phase is planned across select locations, with potential for scale-up based on impact and outcomes.

## HIGH-LEVEL REPRESENTATION: SECURING FUTURES CONFERENCE 2026

The Private Sector Health Alliance of Nigeria (PSHAN), in collaboration with the World Health Organization (WHO) and UNICEF Nigeria, co-hosted a high-level panel at the UNHCR Securing Futures Conference 2026 in Lagos.

The panel was themed: "Building Resilient Communities: Integrated Health & Education Solutions for Internally Displaced Populations in Nigeria". The panel convened leaders from government, business, finance, and civil society to explore market-based solutions to displacement.

Key discussion areas included:

- Strengthening health systems through public-private partnerships
- Innovative financing mechanisms for healthcare in displacement contexts
- Digital solutions for health service delivery and data management
- Multisectoral collaboration frameworks for integrated health and education responses



***Pictures from the Securing Futures Conference with Government Leaders, International Development Agencies, Private Sector Actors, and Civil Society***



## **POLICY AND GOVERNMENT COORDINATION**

PSHAN engaged the Executive Secretary of the State Primary Health Care Development Agency (SPHCDA) to advocate for the use of system-integrated referral pathways already existing within the health system, as opposed to the creation of parallel frameworks. This engagement reinforced ADHFP's alignment with government-owned health structures. PSHAN also reinforced ADHFP's alignment with national health priorities by explicitly connecting the FMET and SGBV Referral Pathway initiative to the programme's broader infrastructure, power, and data systems strengthening activities across ADHFP-supported PHCs.

## **HUMAN RESOURCES**

To strengthen coordination and implementation of project activities, a new Project Officer resumed on the ADHFP programme in February 2026, providing additional capacity for field coordination, data management, and stakeholder liaison.

## **FINANCIAL MANAGEMENT**

Financial accountability remained a key focus during Q1 2026. Investment activities included BHCPF-funded procurement of a generator for Evbuodia PHC, Edo State. Ongoing engagement with TOS Foundation and Zenith Bank Plc is expected to secure additional funding commitments in Q2 2026.

## **PR & COMMUNICATION**

Programme visibility was enhanced through participation in high-profile national and international platforms, including the UNHCR Securing Futures Conference. HFMC meetings held in Edo and Rivers States fostered accountability and participatory governance. Ongoing adopter discussions are expected to generate additional private sector interest in the programme.

# Voices from the Community





“

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, 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 Imoukhuede Foundation for the good work and making this clinic very accessible to us in this community

*Mrs. Imafidon, Uteh Community Resident, Edo State*

”

“

As the OIC of Jumberi PHC, I'm proud of our immunization programme's achievements. We have increased coverage rates and reduced defaulters through community outreach and effective 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 am honored to lead such a committed team!

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

”

## IMPLEMENTATION CHALLENGES & LESSONS LEARNED

CHALLENGE	LESSON LEARNED
Shortage of key technical personnel	Strategic advocacy and deployment of technical personnel through SPHCBs remain essential
Lack of reliable electricity in some communities and PHCs	Alternative power solutions, particularly solar, are critical to sustaining service delivery
Data reporting delays and inconsistencies in some health facilities	Routine data quality assessments and personnel training strengthen accuracy and reliability
Data reporting delays and inconsistencies in some health facilities	<ul style="list-style-type: none"> <li>. Integration into state health insurance schemes improves affordability and uptake.</li> <li>. Community trust built through WDC engagement directly translates to improved facility utilization rates.</li> </ul>



# PLANS FOR Q2 2026



Commence the next Phase of revitalization across 40 PHCs nationwide under MTN Foundation's adoption through the ADHFP



Commence Phase Two of revitalization across 9 PHCs in Edo State and 5 PHCs in other states adopted by the Aig-Imoukhuede Foundation



Finalize scope of engagement and execute Memoranda of Agreement with TOS Foundation and Zenith Bank Plc to formally onboard new adopters.



Strengthen PHC infrastructure through equipment supply, solar installations, and facility maintenance across 4 PHCs in Edo State adopted by the Aig-Imoukhuede Foundation



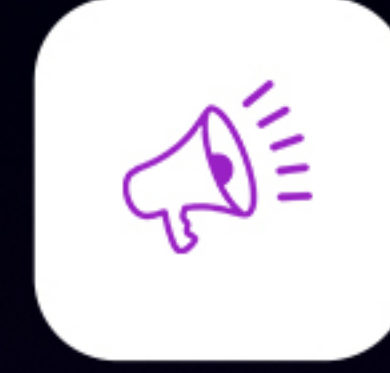
Engage stakeholders (NPHCDA, WHO, SPHCDA and Adopters, etc) through technical review meetings



Conduct capacity-building sessions on Drug Revolving Fund and data management and HMIS reporting.



Increase community engagement and mobilization to improve service uptake



Strengthen advocacy to attract more private sector involvement





# CONCLUSION

Q1 2026 marked a strong start to the year for ADHFP, with 84,355 patients accessing healthcare, 37,665 children immunized, 2,664 deliveries, significant progress in malaria treatment, maternal care, and family planning services across 60 revitalized PHCs, and important governance milestones including the FMET training, high-level conference participation, and new partnership development.

The programme continues to demonstrate the transformative power of private sector investment in primary healthcare. With continued partnerships, expanded funding commitments, and sustained community engagement, ADHFP remains committed to ensuring high-quality, accessible, and sustainable primary healthcare services for every Nigerian community it serves.



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