

Title: Enhancing PHC Managerial Capacity and Data Use Through Collaborative Learning: Interim Results from a Nigerian Implementation Study

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Background: Primary Healthcare (PHC) is crucial to improving population health, yet PHC facilities in Nigeria remain underperforming despite policy reforms such as the Basic Healthcare Provision Fund (BHCPF), aimed at enhancing facility readiness and service access. This gap is driven partly by the limited capacity of PHC facility managers to use data for planning and resource allocation. Collaborative learning, an evidence-based approach to peer-driven capacity-building, was tested to strengthen managerial capacity, enhance fund utilization, and evidence-based decision making.

Methods: This is a longitudinal study covering 204 PHC facilities (102 intervention, 102 control) across six Nigerian states. It involved a baseline assessment of facility management knowledge and practice, and data use practices of PHC managers; facility readiness for infrastructure, equipment, and utilities, drugs and commodities, and health workforce; and utilization of essential maternal and child health services. Managers in intervention facilities received structured training and six months of clustered mentoring, and a bi-monthly performance review focusing on key service indicators.

Results: A total of 102 PHC facility managers of the intervention facilities were trained and mentored in 34 clusters of 4-5 facilities. Attendance averaged 98%, with quiz scores rising from 70% to 83% and action point completion increasing from 89% to 93%. The BHCPF Quarterly Business Plan Implementation Rate improved by 23% from 60% to 83%, while the average Penta 1 coverage marginally improved from 63% at the first performance review to 65% at the third review.

Conclusion: Preliminary findings suggest that collaborative learning can enhance PHC managerial performance and fund utilization. While early improvements in service indicators were modest, the approach demonstrates potential for broader application in the rollout of BHCPF 2.0 to optimize capacity for implementation at the service delivery level. The final comparative analysis will confirm sustained impact.