

**Building Resilient Systems through
Performance-Based Financing in Fragile &
Conflict-affected States:
Case of Insurgency Affected Districts in
Adamawa State, Nigeria**

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OUTLINE

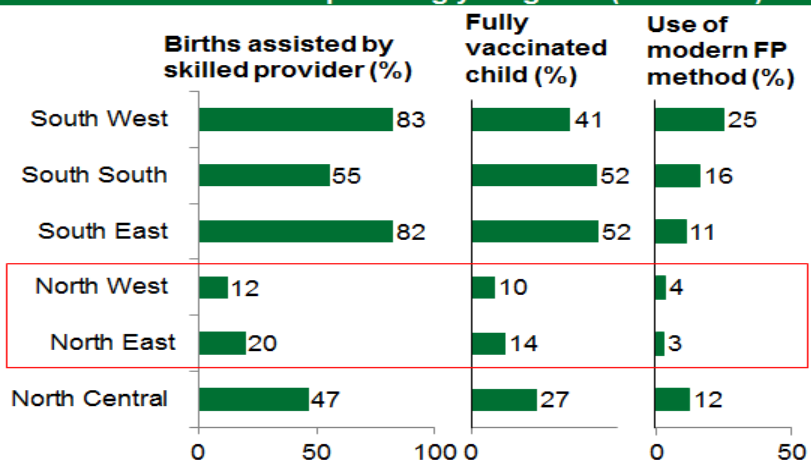
- Country and State Profile
- PBF in Nigeria – NSHIP
- Emergence of Insurgency in the Nigerian North-East
- Adamawa's response using PBF (contracts and subcontracts in IDP, hit and run in affected sites) using the WHO building blocks
- Lessons learnt and next steps

Nigeria Health Indicators at a Glance

Indicator	2003	2008	2013	2015 MDG target
Infant mortality rate (per 1,000 live births)	100	75	69	30
Under-5 mortality rate (per 1,000 live births)	201	157	128	60
Maternal mortality ratio (per 100,000 live births)	800	545	576	260
Births attended by skilled health personnel	36%	42%	38.1%	100%

Key Health Outcomes and Outputs by Geopolitical Zone

Northern States Depressingly Stagnant (DHS 2013)



Nigeria State Health Investment Project (NSHIP)

World bank supported MNCH project on PBF in partnership with the Nigerian Government

NSHIP is being implemented in three Pilot States in Nigeria which were selected based on:

- > Health needs
- > Willingness of their State governments to test out results-based approaches
- > They serve as representatives of their geopolitical zones with significantly different levels of performance in health indicators

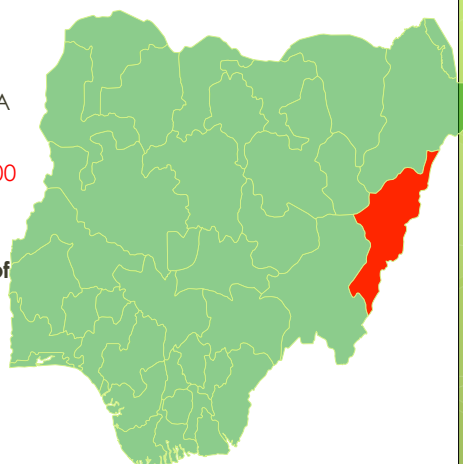
The three pilot States are:

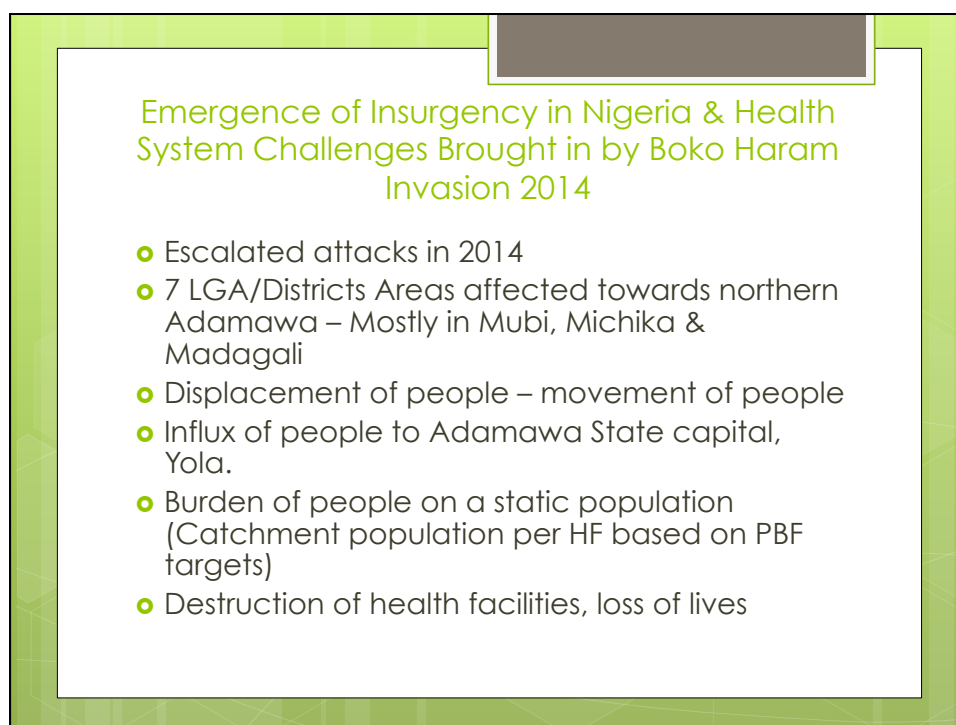
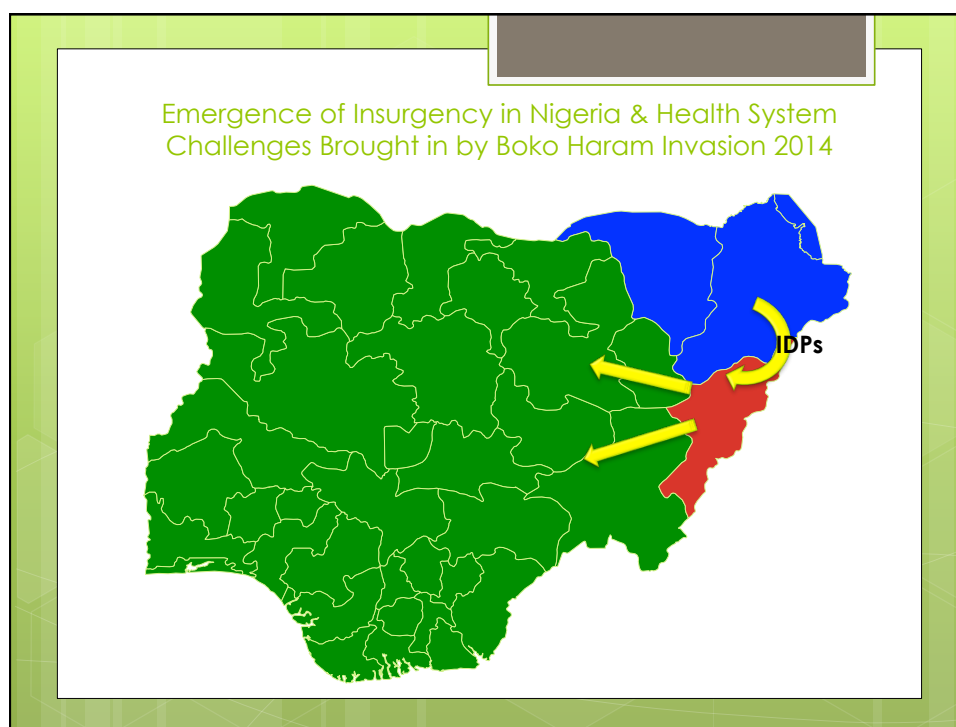
1. **Adamawa State in the North-Eastern zone**
2. **Nasarawa State in the North-Central zone**
3. **Ondo State in the South-Eastern zone**

- Project Development Objective:
 - To increase the delivery and use of high impact maternal and child health interventions and to improve the quality of care at selected health facilities in participating states

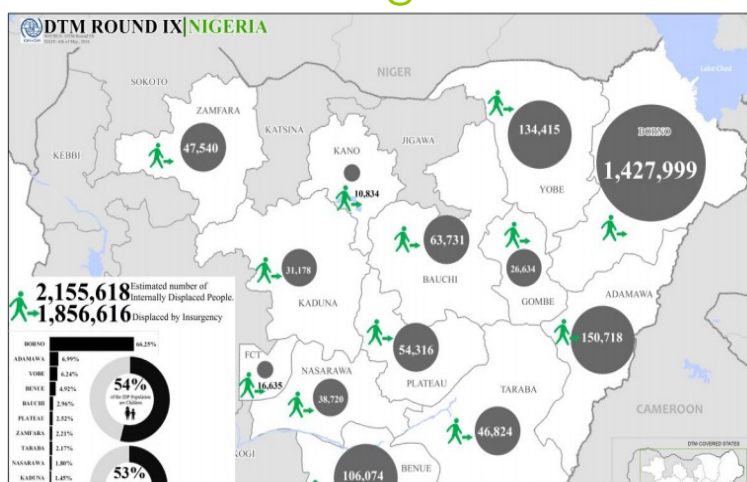
PBF in Adamawa State Pre-Invasion

- Pre-pilot LGA – Fufore 2011
- PBF Concepts
 - ◆ Predefined set of services (MPA and CPA) with set population targets
 - ◆ Investment seed **\$2,500 & \$5,000**
 - ◆ Targets based on static population
 - ◆ Clearly defined institutional arrangement with **separation of functions**
 - ◆ Contracted facilities have **autonomy**
 - ✓ Hire and fire
 - ✓ Availability of cash at the service point
 - ✓ Procure locally



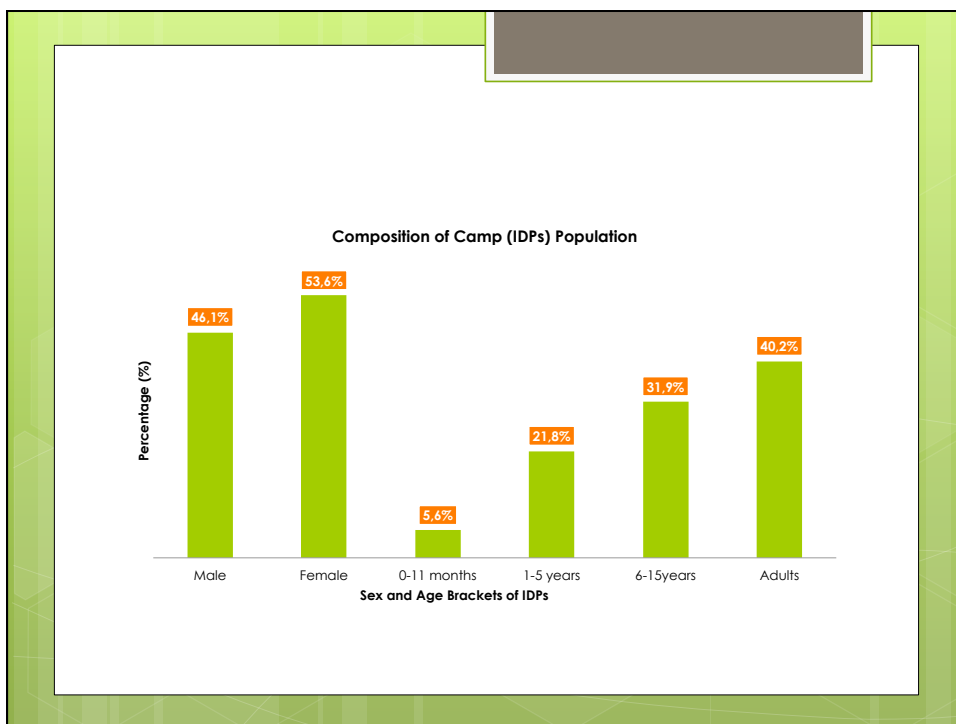
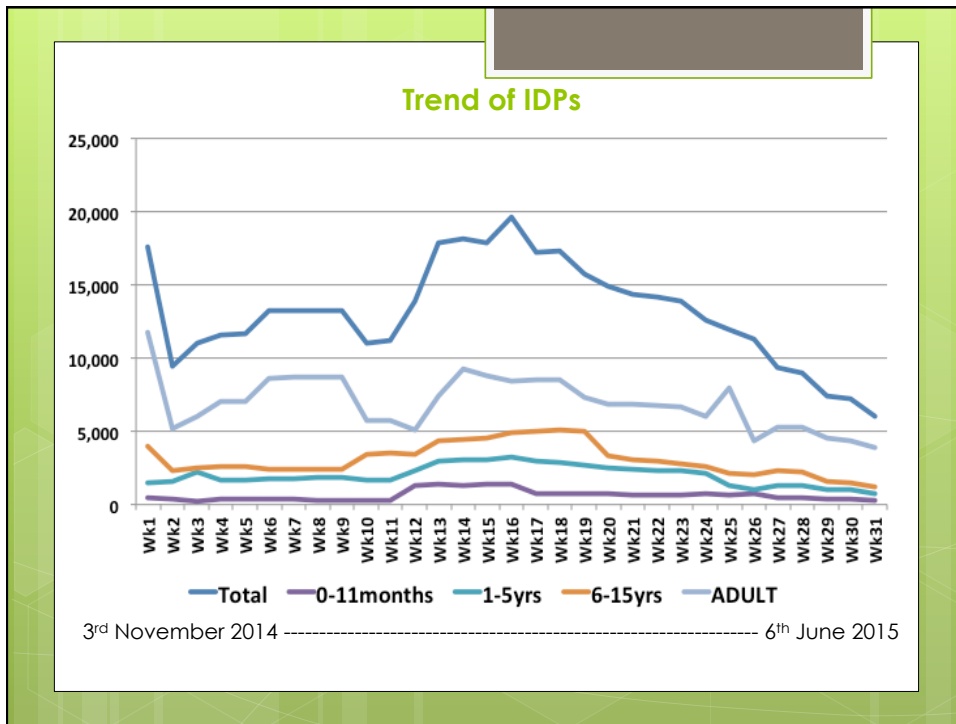


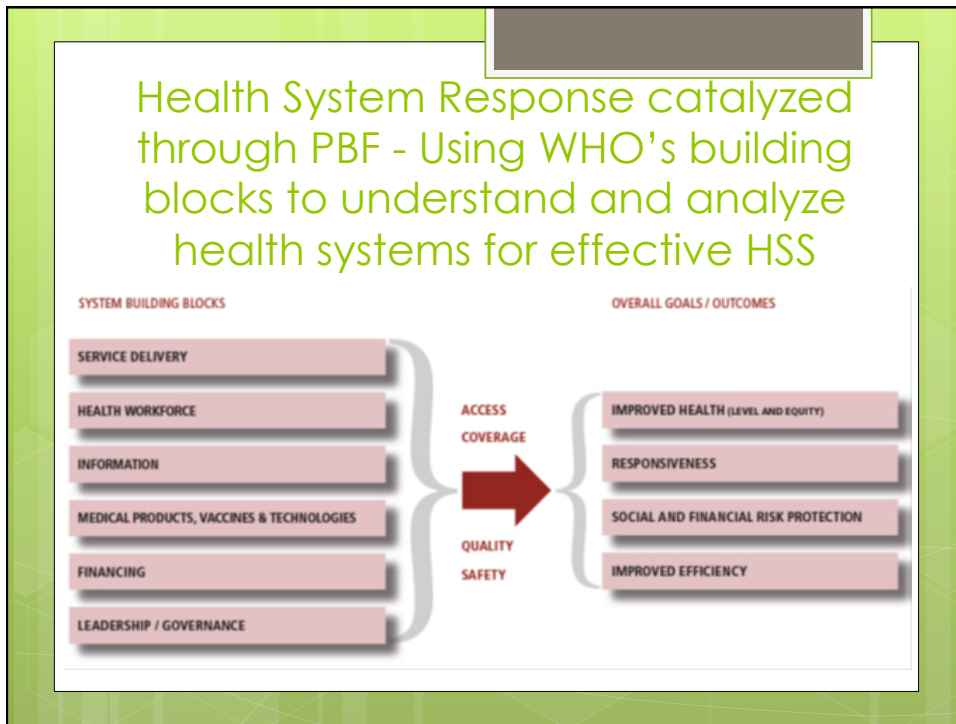
Statistics of Displaced People in Nigeria



Adamawa's Response Using PBF

- In host Districts (Girei, Yola South, Fufore)
 - Set up 5 camps
 - Primary and subcontracted HFs
 - camp clinics
 - referrals
- In insurgency affected health districts
 - 5 Mobile clinics based in nearly safe LGA carrying out hit and run
 - Trained local security groups in first aid
 - Investment seed for rehabilitation infrastructure \$1000 in 2 batches





1. Leadership & Governance

- Adamawa State Government, N/SEMA, Adspncda
- Donors IOM, IRC, ICRC
- Held donor coordination meetings every month
- Strong Leadership as a Key Success Factor

2. Financing

- Investment seed for rehabilitation (infrastructure) \$3
- Increased subsidy for MPA & CPA
- Government support (food, education, wash, health, social protection)
- Partners support (tents, stipends)




3. Service package

HF MPA

20

GH CPA

21

MPA

- OPD
- ANC
- Delivery
- Immunization


CPA

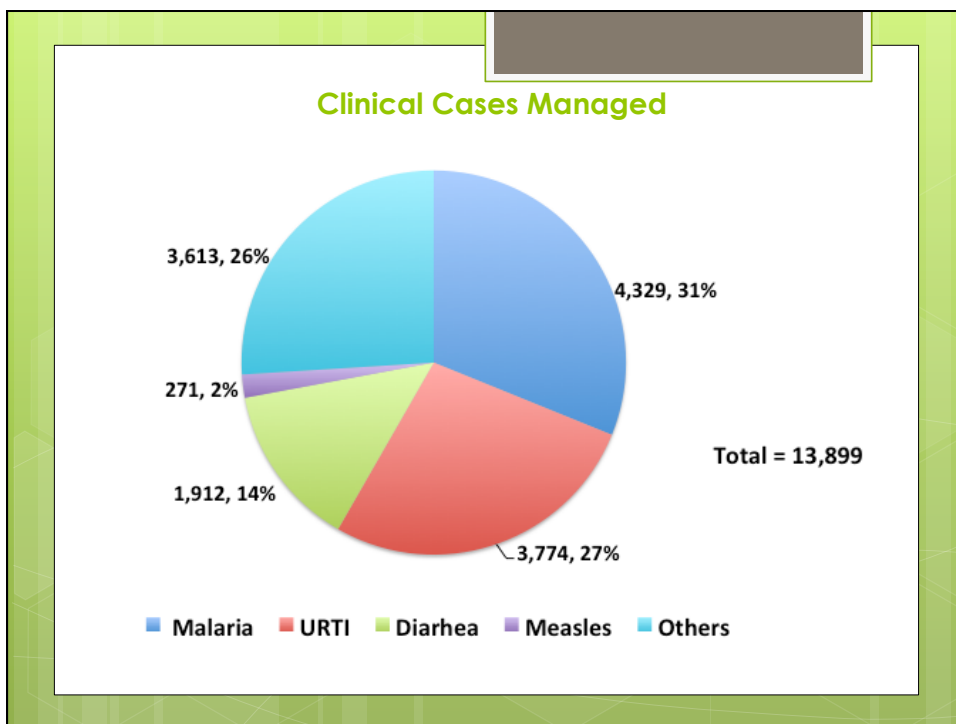
- Referrals
- Surgery

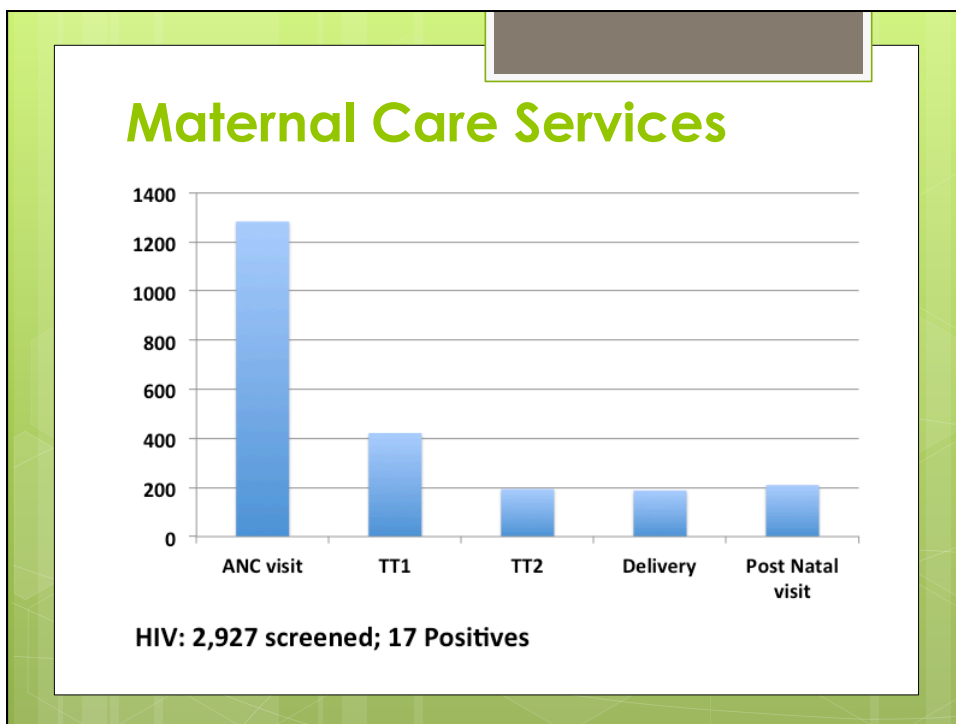
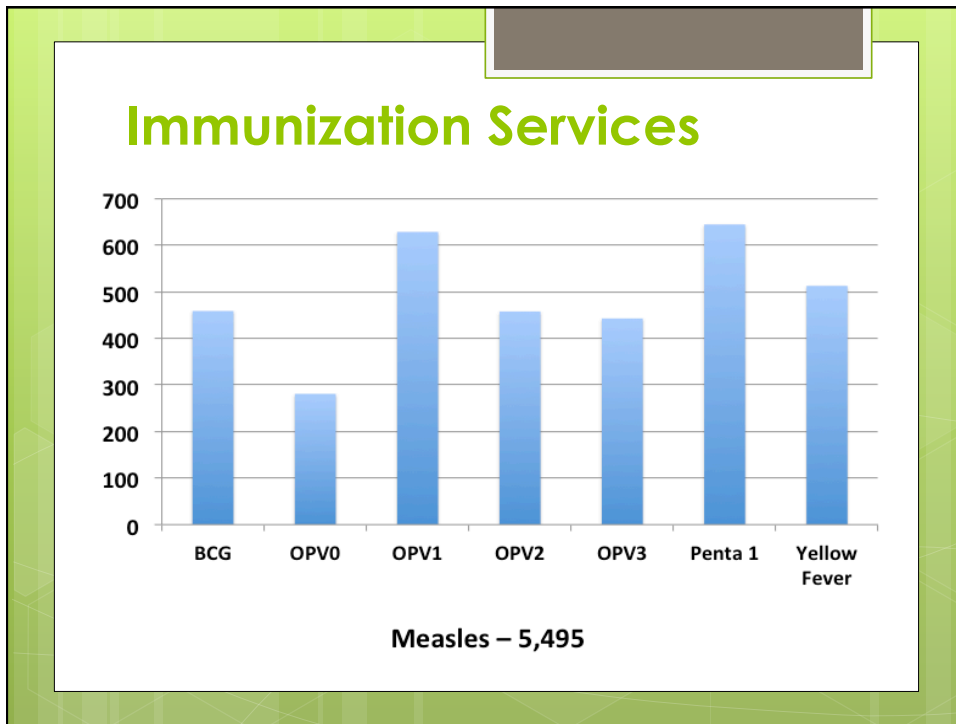
4. HRH

Health workers in the camp

- Government transferred staff from AdSPHCDA
- Hired displaced persons HWs in camp
- Staff run 24 hour shift
- Train 40 vigilantes by Nig RC supported by WB with specific identification as health vigilantes
- Hire DRs visit twice per week

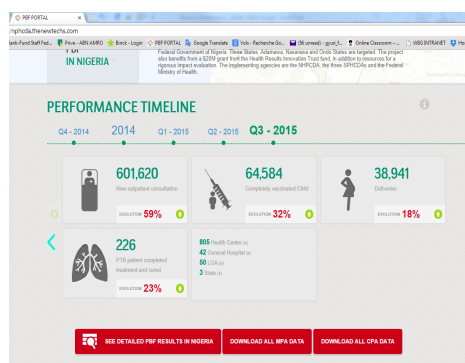






5. Information - HMIS

- Registry Single data for State and Donor
- Reports sent to AdSPHCDA weekly



6. Medical Products and vaccines

- All donated drugs Central store in AdSPHCDA
- Essential primary health care drugs
- Camp clinics do not procure locally
- All drugs and consumables are free



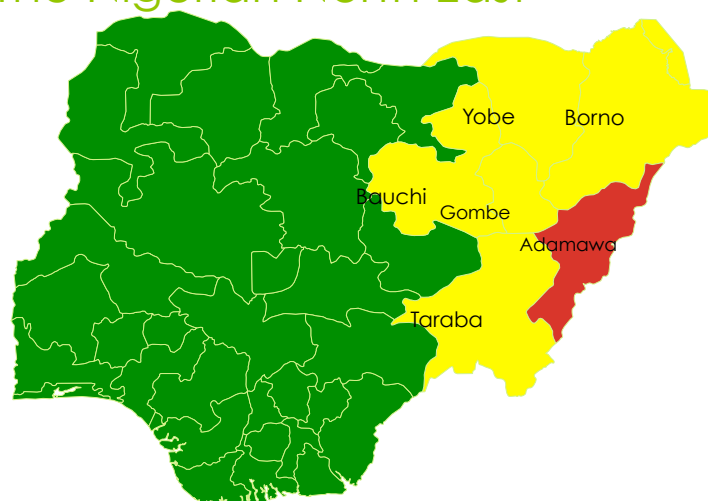
Challenges

- Highly dynamic population – difficult to set targets
- High proportion of indigents – inability to pay for service
- Many inputs sent directly to communities – difficult to evaluate impact
- Many new settlements are emerging
- Over dependence on public health services – Workers strikes
- **Change in**

Relevant lesson learnt from Adamawa

- In the past three years, NSHIP has recorded numerous successes with PBF in Nigeria such as:
 - ✓ Improved access to health care
 - ✓ Donor coordination
 - ✓ State stewardship (AdSPHCDA)

Next Steps – Expanding PBF To The Nigerian North East



Thank You

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www.adspncda.org

Adamawa's Resilient Health System Response catalyzed through PBF

