**Assessing the Role of Innovation in Production Safety: Lessons from PBF Intervention in Health Care Service Production in Armed Conflict Zones of Adamawa State, Nigeria**

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**Background/Introduction**

Hostile environments have posed great concerns within the realm of public health due to various impacts it exerts on the health systems: worsening disease incidence, morbidity and mortalities. Borno and Yobe States of Nigeria have been under the attack of Islamist group called *Boko Haram* since 2009 with several attendant costs leading to displacement of persons and destruction of livelihoods. Hence, thousands of internally-displaced persons (IDPs) have either been accommodated in camps or in the host communities. In addition, reasonable proportions of others still remain and live in the conflict zones. While several interventions have targeted the IDP camps people living in the conflict-stricken communities/societies lack access to basic and life-saving services. Thus, productions of health care services that will guarantee life savings require innovative interventions that will ensure safety of the factors of production: workforce, patients and the delivery system in any environment, especially in hostile environments.

This study therefore assessed the innovative approaches used by PBF in ensuring safe, continuous and timely health care services provision in the affected zones in Adamawa State, Nigeria.

**Methods**

The study employs a mix of research methods, using primary and secondary data between 2014 and 2015 for analysis. Simple descriptive techniques of data analysis were used. Primary data was collected using unstructured interviews with State stakeholders from Adamawa State Primary Health Care Development Agency (ADPHCDA), State Emergency Management Board (SEMB) and secondary data was obtained from daily call-in records and data from outreach services at the Internally-Displaced Persons (IDPs) camps.

**Findings**

The results showed that PBF indigenous intervention safeguard lives and properties; ensured access to basic health care services in the conflict affected communities and boosted personnel confidence. The engagement/involvement of Local Security Agents (LSAs) called *Vigilante* reduced the incidence of attacks and/or kidnapping of health teams which pave way for increased outreaches and making service available and accessible to the most vulnerable and needy population in the conflict affected communities.

**Conclusions**

The use of sub-contracting model increased access to health care services and enhanced outreach services through the engagement of trained LSAs. This contributed to the regeneration of the collapsed service delivery systems and thus reinforced continuous/timely service delivery. The innovative intervention brought about multiplier effect through income generation and resumption of socio-economic activities.

The study concluded that PBF has reinforced health care service delivery system models with more accessibility in the conflict zones of Adamawa state, Nigeria.