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

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

### Key Health Outcomes and Outputs by Geopolitical Zone

<table>
<thead>
<tr>
<th>Northern States Depressingly Stagnant (DHS 2013)</th>
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</thead>
<tbody>
<tr>
<td>Births assisted by skilled provider (%)</td>
</tr>
<tr>
<td>South West</td>
</tr>
<tr>
<td>South South</td>
</tr>
<tr>
<td>South East</td>
</tr>
<tr>
<td>North West</td>
</tr>
<tr>
<td>North East</td>
</tr>
<tr>
<td>North Central</td>
</tr>
</tbody>
</table>

| Fully vaccinated child (%)         |
| South West                       | 41   |
| South South                      | 52   |
| South East                       | 52   |
| North West                       | 10   |
| North East                       | 14   |
| North Central                    | 27   |

| Use of modern FP method (%)        |
| South West                       | 25   |
| South South                      | 16   |
| South East                       | 11   |
| North West                       | 4    |
| North East                       | 3    |
| North Central                    | 12   |
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
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Emergence of Insurgency in Nigeria & Health System Challenges Brought in by Boko Haram Invasion 2014

- Escalated attacks in 2014
- 7 LGA/Districts Areas affected towards northern Adamawa – Mostly in Mubi, Michika & Madagali
- Displacement of people – movement of people
- Influx of people to Adamawa State capital, Yola.
- Burden of people on a static population (Catchment population per HF based on PBF targets)
- Destruction of health facilities, loss of lives
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
Trends of IDPs

<table>
<thead>
<tr>
<th>Date</th>
<th>Total</th>
<th>0-11 months</th>
<th>1-5 yrs</th>
<th>6-15 yrs</th>
<th>ADULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>3rd November 2014</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6th June 2015</td>
<td></td>
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</tbody>
</table>

**Composition of Camp (IDPs) Population**

- Male: 46.3%
- Female: 53.6%
- 0-11 months: 5.6%
- 1-5 years: 31.5%
- 6-15 years: 31.5%
- Adults: 40.2%
Health System Response catalyzed through PBF - Using WHO’s building blocks to understand and analyze health systems for effective HSS

1. Leadership & Governance
- Adamawa State Government, N/SEMA, Adispadia
- 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
- GH CPA

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

Clinical Cases Managed

- Total = 13,899
- 4,329, 31%
- 3,774, 27%
- 3,613, 26%
- 271, 2%
- 1,912, 14%

- Malaria
- URTI
- Diarrhea
- Measles
- Others
Immunization Services

Measles – 5,495

Maternal Care Services

HIV: 2,927 screened; 17 Positives
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

Please visit us at
www.nigeria.openrpf.ng
www.adsphcda.org

Adamawa’s Resilient Health System Response catalyzed through PBF

- Service Package – MPA & CPA
- Strong Leadership & Governance – Stakeholder consultation to introduce, design and implement PBF specific to fragile state (NCDSMA, ADSPHCDA, EU-UNICEF, IRC, ICRC)
- Financing – Govt & partners support
- Medical Products & Vaccines – Done centrally & supplied by partners
- HMIS – Single data entry source. Weekly reports sent to ADSPHCDA
- HRH – Transferred HWs to Camp Clinics