

Re-building health systems and improving access to healthcare services in a post-conflict setting: Lessons from Yobe State

At the peak of the Boko Haram insurgency in (2013-2015), the health system in Yobe experienced disruptions, displacement of health workers, complete shutdown of health service delivery in the areas most affected and destruction of health infrastructure. It affected 80% of the rural population in the North Eastern states of Borno, Adamawa and Yobe, displacing 2.3 million people, of which 55% were women and young girls, necessitating the need for RMNCH services alongside emergency and basic healthcare services.

BACKGROUND

Health systems resilience in the context of adversity is key in countries and settings that are prone to disaster or conflict. In such settings, resilience signifies the system's capacity to recover from or absorb shocks and sustain gains, often measured through health outcomes, and underpins development assistance and humanitarian support¹. Yobe State, located in the North East region of Nigeria, was the second most affected state, after Borno, by the Boko Haram insurgency. The conflict caused significant loss of human lives, massive population

At the onset of the insurgency/crisis, healthcare providers and community members were displaced and fled for safety. Thirty-three PHCs and two secondary facilities were vandalised across seven local governments. Curfews and restriction of vehicular movement cut off access to hard to reach areas, across seven local government areas. The major towns of Damaturu, Potiskum, Gashua and Nguru witnessed an influx of displaced persons thereby overburdening the existing health infrastructure.

Maternity ward in CHC Goniri completely damaged by conflict in Gujba LGA Yobe state.



The remains of a vandalized ambulance in CHC Goniri Gujba LGA Yobe state.

¹Haldane, V, Leh-hoon, F, Legido-Quigley, H (2017)

'Health systems resilience: meaningful construct or catchphrase?', *The Lancet*, Volume 389(Issue 10078), pp. 1.

YOBE STATE GOVERNMENT'S LEADERSHIP FOR AN EFFECTIVE AND INTEGRATED RESPONSE

The challenge and enormous burden placed on the health sector by the insurgency demanded an immediate and strategic response that was predicated on WHO's 'building blocks of health systems'. In 2015, a state of emergency was declared on the health sector by the former Governor of Yobe State Alhaji Ibrahim Gaidam to reduce human suffering, provide critical life-saving health services, improve resilience and rebuild health infrastructure. Several development partners came forward to address the fragmentation and disruption in the health system. To be successful, a targeted Government-led intervention that harmonised partner efforts with government agencies was required.

The Yobe state government, with the support of development partners, developed and is currently implementing a post-insurgency recovery and reconstruction masterplan to ensure coordinated efforts. All along the State Government has demonstrated an unalloyed commitment to the reconstruction and rehabilitation by increased fund release and mobilisation to meet the increasing needs of the health system and established mechanisms to ensure continued delivery of essential health services. The UK government-funded Maternal Newborn Child Health Programme in Northern Nigeria (MNCH2) supported the Yobe government in these efforts.

IMPROVING HUMAN RESOURCES FOR HEALTH

The Yobe government started the recruitment of 1000+ healthcare providers across cadres to address the gap in healthcare workforce. To improve retention of the remainder staff and attract qualified staff, the government increased the remuneration packages and made a provision of staff quarters within the health facility premises to encourage the availability of 24-hour services.

MNCH2 supported the training of over 200 healthcare workers on Integrated MNCH modules, Logistics Supply Chain Management and Healthy Timing and Spacing of Pregnancies commodities. MNCH2 also supported the state to implement the State Task Shifting and Sharing Policy that ensured effective deployment of various staff cadres to bridge the immediate gap for skilled manpower.

REBUILDING INFRASTRUCTURE FOR IMPROVED SERVICES

The government invested in the construction of a Teaching Hospital affiliated with the State University to serve as a specialised centre for training and research. With support from development partners, the government embarked on rehabilitations (including supply of modern equipment) of primary and secondary health facilities that were badly affected by the insurgency.

MNCH2 supported the renovation of 17 primary health facilities and six Local Government Areas' (LGA) drugs stores. **The programme also procured and distributed equipment worth ₦180 million to the affected PHCs.**



IMPROVING SERVICE DELIVERY AND ACCESS

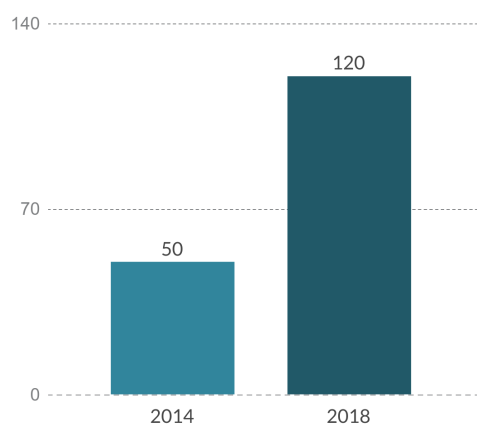
To address the immediate concerns and to reach displaced people with healthcare services, the government established Internally Displaced Persons (IDP) camps with clinics. The clinics are further supported by outreach services especially for routine immunisation and disease outbreaks.

To improve access in underserved communities, **MNCH2 supported integrated outreach services (including referrals) in 96 communities across the state reaching over 20,000 clients.** The programme also supported quality improvement mechanisms i.e. quarterly Integrated Supportive Supervision and Quality of Care Assessments. Furthermore, **MNCH2 also trained 15 Master Trainers and Mentors to provide on-the-job training to healthcare workers.**

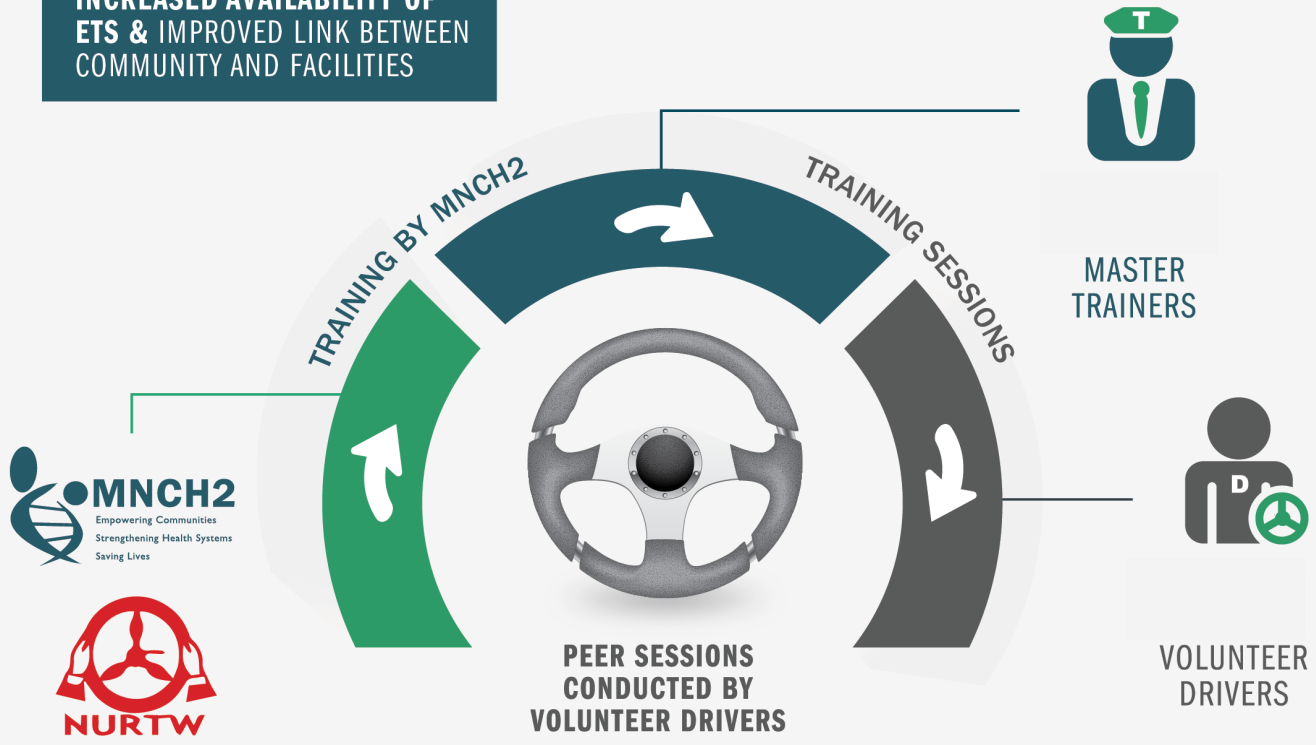
SUPPLY OF DRUGS AND MEDICAL CONSUMABLES

The monthly subvention for the procurement of drugs under the Yobe State Government's free MNCH programme has ensured the supply and availability of drugs and commodities in the state. Pregnant women and under-five children, as well as accident victims, within 24 hours have access to free medication under this programme. This is complemented by the supply from the World Bank Supported programme, Saving One Million Lives (SOML).

MNCH2 procured and distributed drugs to health facilities, worth ₦220 million from 2014 to 2018. This complimented the state government's free MNCH Scheme. With the additional procurement, the number of health facilities providing free MNCH drugs/commodities under the scheme increased from 50 to 120 across the state.



INCREASED AVAILABILITY OF ETS & IMPROVED LINK BETWEEN COMMUNITY AND FACILITIES



COMMUNITY PARTICIPATION AND ACCOUNTABILITY

To address the delays in transportation, **over 300 Emergency Transport Scheme volunteers have been trained** in collaboration with National Union of Road Transport Workers and Saving One Million Lives programme.

To improve skilled birth attendance, the community-based **Traditional Birth Attendants were trained in a new role** of community-facility linkage focal persons. They sensitise pregnant women on the need to attend antenatal care services as well as facility-based delivery.

To promote the utilisation of Reproductive, Maternal, Newborn and Child Health Services (RMNCH), especially among young married women, **more than 2,000 young women benefited from the Safe Space Initiative**—Young Women Support Groups (YWSGs) where young adolescent women can meet to openly discuss their health.

As an accountability mechanism, MNCH2 **supported the establishment of 89 Facility Health Committees** to improve community participation in management of health facilities.

MNCH2 also supported a **platform for advocacy and accountability in health** i.e. the Yobe State Accountability Mechanism on MNCH (YOSAMM) –



Babies born in an IDP clinic in Yobe State.

MODULES IN YWSG CURRICULUM

1 Health Topics
Discussions on nutrition, reproductive health and personal hygiene, common childhood illnesses, and home management of illnesses.

2 Pregnancy Planning
Discussion on Healthy Timing and Spacing of Pregnancy – Benefits, available methods and where to access services and commodities.

3 Life Skills
Discussions on Life Skills – Effective communications, negotiation skills, relationship management and conflict management.

4 Effective IPC
Discussions on Inter-Personal Communication (IPC) – Effective IPC, barriers and remedies to IPC.

5 Finance
Discussions on Financial Management Skills - Saving money, making and managing money.

YOBE STATE'S COMMITMENT FOR AN IMPROVED PRIMARY HEALTHCARE SYSTEM

Before the declaration of a state of emergency, the government had taken steps to create an enabling environment for the delivery of Primary Health Care services with the creation of the Yobe Primary Health Care Management Board. Prior to this development, the PHC system in the state was fragmented with all the Ministries, Departments and Agencies exerting oversight over the primary health care system in the state.

The Primary Healthcare Management Board (as a single coordination structure) now coordinates PHC activities and the delivery of the essential package of RMNCH services, including nutrition, across the semi-autonomous LGA PHC authorities.

The funding to the health sector was consistent in 2018, with 15 percent of the state budget committed to the health sector. The state also received additional funding of \$5.4 million (~£4.3 million) and \$29 million (~£23.4 million) from the World Bank Assisted SOML programme in 2017 and 2018, respectively, for being the most improved state on health indices in the Federation. The state is also a part of the direct facility funding under the Nigeria State Health Investment Program (NSHIP) assisted by the World Bank.

The former State Governor was conferred with awards by health professional bodies, i.e. SOGON and NMA for improved performance in healthcare delivery.

Yobe State was adjudged 4th in Nigeria for adopting and implementing the Primary Health Care Under One Roof (PHCUOR) policy. The focus will now be to strengthen leadership and management capacity at the LGA level to implement PHCUOR to consolidate the gains made by the state government.

YOBE STATE HEALTH PERFORMANCE 2008-2018

