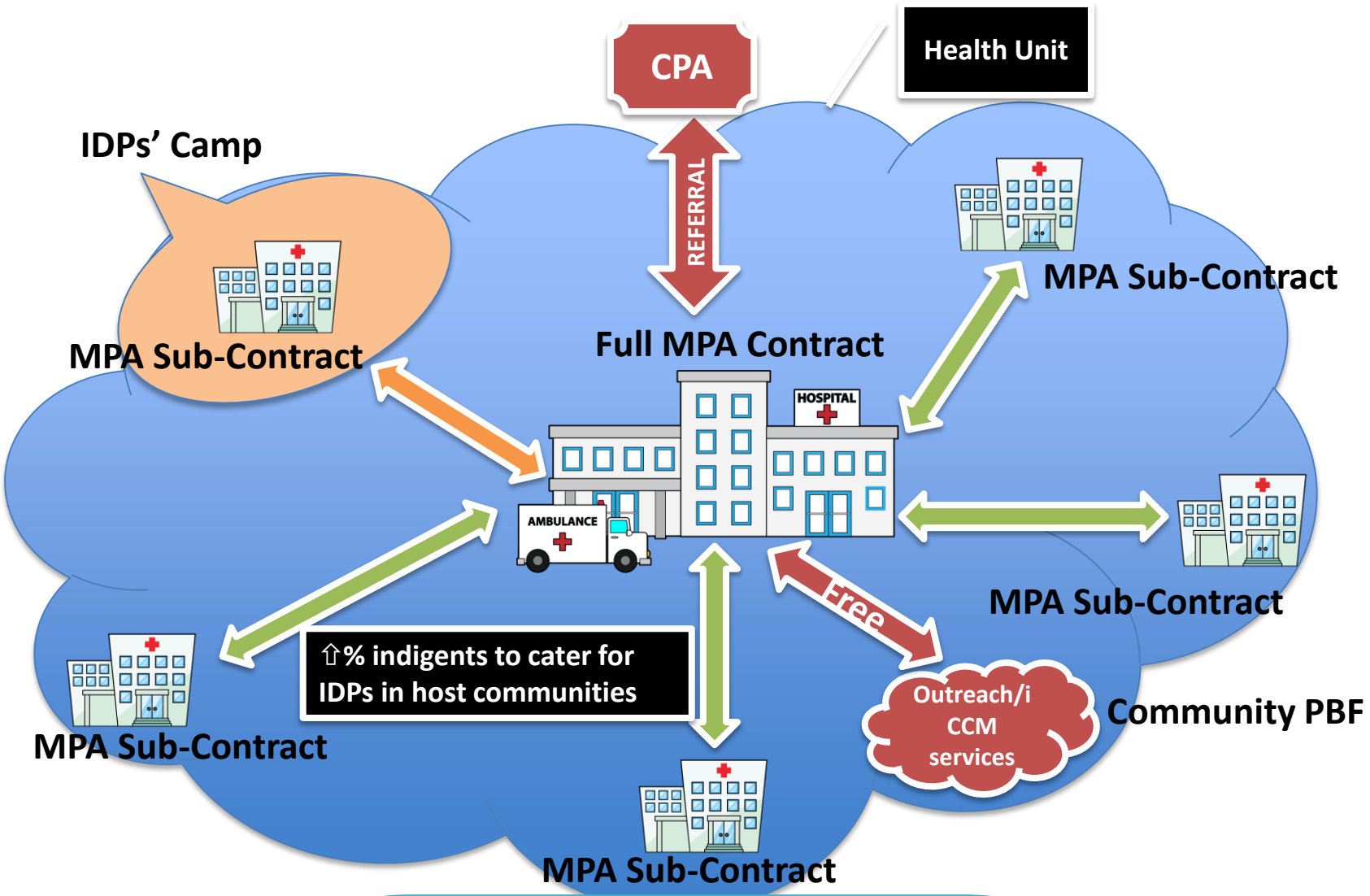
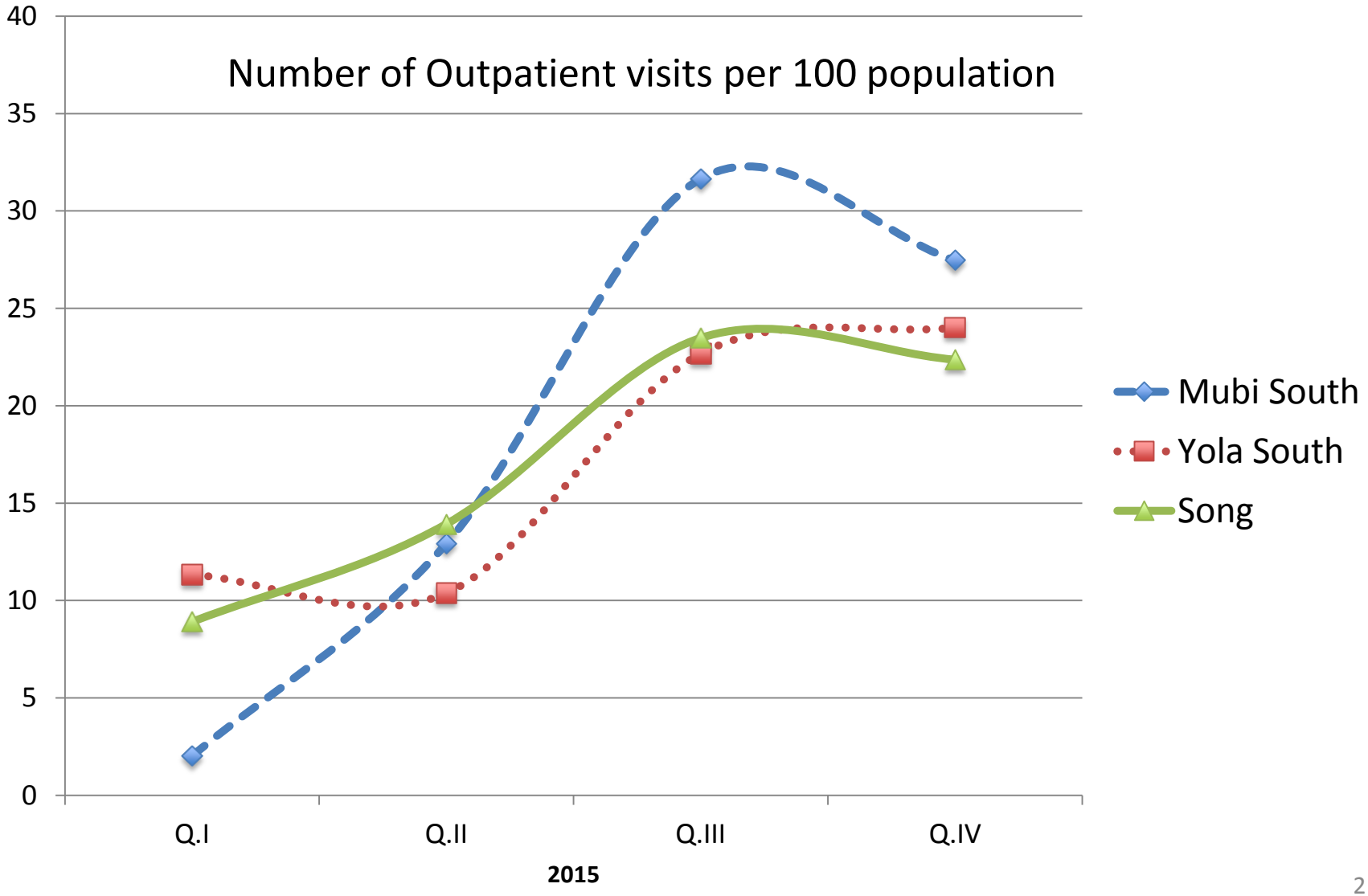
Adamawa PBF during insurgency



Mutual Health Association

Effectiveness of PBF in Conflict Affected LGA (Mubi South) vs. Non-affected LGAs



Successes	• **Functional Health Units established** • **Communities managing PBF contracts very well** • **Service packages are clearly defined and targets pursued** • **High synergy between PBF and input based support like immunization, ATM, IDPs, FP etc** • **IDPs in camps fully covered by basic services**
Challenges	• **Financial barrier to healthcare access– high proportion of indigents** • **Low capacity (human resources) to increase coverage** • **No demand side intervention** • **Difficult terrain – hard to reach areas/insurgency prone areas.** • **Poor Communication and Reporting system**
Roles of GFF	• **Total cost coverage of MPA for IDPs in host communities, indigents and hard to reach communities including CCTs and transport vouchers** • **Use of private sector care providers through performance contracts.** • **Mobile Clinics for hard to reach areas** • **Volunteer Workforce Scheme – CORPs** • **Using private sector firms as Contract Management and Verification Agencies (CMVA); and Independent Verification Agencies**