RAPID PHC RESEARCH

MAINTAINING ESSENTIAL HEALTH SERVICES AT PHC LEVEL IN EMERGENCIES IN NIGER STATE

-AN ASSESSMENT OF WHAT WORKS-

BY CCRHS-PAS

22ND JANUARY 2021

Many Advocates, One Voice
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INTRODUCTION

The Partnership for Advocacy in Child and Family Health at Scale (PACFaH@Scale) project Nigeria, referred to as PAS is a health project that focus evidence-based advocacy. PAS is a 4-year (2018 – 2022) project focusing on four thematic areas of Child and Family Health which includes RI, FP and Primary Health Care Under One Roof among others.

The Partnership for Advocacy in Child and Family at Scale, PACFaH@Scale, (PAS) is a social accountability project which aims to strengthen the capacity of Nigerian Civil Society Organizations, (CSOs) at national and state levels to hold decision-makers across five focal states and the National (in the executive and legislature) to account on the following areas: 1) Health policies/laws; 2) Financial commitments; and 3) To bring down regulatory barriers related to child and family health.

PAS is anchored by the development Research and Project Center, (dRPC), and implemented by a coalition of 18 indigenous health NGOs/professional associations and supported by 2 government think tanks working to develop champions within the executive and legislature. Also, the project aims to catalyze government at National and State levels to comply with pledges in the areas of funding levels, administrative/regulatory procedures and public health policy. The Project works at the National level and in Niger, Kaduna, Kano and Lagos States.

Evidence showed that Covid-19 emergency health response has been disruptive to provision of essential health services, as health facilities shift resources from essential health services to the health emergency, that is, Covid-19 pandemic. In view of the current spate of insecurity in Niger State, Niger PAS assessed the effect of banditry and terrorism on essential health services in security challenged areas. This study assessed PHCs that were able to maintain essential services despite security emergencies by innovating and working with communities in service delivery. The finding will be shared with Niger State Government through Niger State Primary Health Care Development Agency (SPHCDA).

APPROACH AND METHODOLOGY

Niger PAS team comprising of CCRHS PAS Program Officer and the State Coordinator PAS visited the Director, SPHCDA to get a buy-in on the research and discussed official procedures for the conduct of the assessment. A follow-on visit was made to the Executive Director, SPHCDA to seek ethical approval for the assessment. During the visits to the SPHCDA, three researchers were selected to support the assessment process. Two representatives were chosen from the SPHCDA and one (1) from the Department of Planning Research and Statistics of the State Ministry of Health (SMoH). A one-day in-house meeting was held at the SPHCDA conference room to review the checklist for the rapid assessment and selection of the PHCs for the assessment. The entire task was conducted over a period of four (4) days with the orientation/planning meeting conducted on day 1. PHCs for the assessment were selected and the assessment itinerary was drawn. Three days were devoted to field visit/data collection to the selected PHCs in selected LGAs in Niger State. Table 1 below showed the LGAs and their respective health facilities visited.

CRITERIA FOR THE LGA SELECTION

Niger State has emergency issues around covid-19, banditry, kidnapping, accidents and above all communal clashes. Across the LGAs selected, emergency issues recorded were; kidnapping of health workers and community head, a member of WHDC; communal clashes resulting in community members being injured; and banditry and attacks on community members. Three Security challenged LGAs were selected purposively and two PHCs were selected from each LGA for the assessment. The selection took into consideration PHCs that are located in areas with security problems currently and up till the past three months. The LGAs were visited during the assessment.
TABLE 1 LGAs AND HEALTH FACILITIES ASSESSED

<table>
<thead>
<tr>
<th>No.</th>
<th>LOCAL GOVERNMENT AREA (LGA)</th>
<th>HEALTH FACILITIES</th>
</tr>
</thead>
</table>
| 1   | Mariga LGA                 | 1. PHC Kampani Bebab  
2. PHC Beri |
| 2   | Rafi LGA                    | 1. Yakula Primary Health Care Centre  
2. Gata Gbates Primary Health Care Centre |
| 3   | Shikon LGA                  | 1. Gwada Primary Health Care Centre  
2. Gana Primary Health Care Centre |

WORK PLAN FOR THIS ASSESSMENT

Key activities carried out include:

• Visit to the Director, SPHCDA to brief him on the task

• Development of the letters to the Executive Director, Niger State Primary Health Care Development Agency requesting for ethical approvals to undertake the assessment

• Follow up visit to the ED-SPHCDA for task approvals

• Orientation/Planning Meeting/Selection of LGAs and PHCs for the assessment

• A three-day field visit for checklist administration and data collection.

• Analysis and harmonization of the data generated through the assessment exercise and production of a summary report.

FINDINGS

A total of Six (6) PHCs were visited. None of the PHCs visited had a medical doctor present. All the PHCs assessed had an average of 16 health workers as staff, ranging from 5 to 24. Some of the cadre of health workers include: 8 nurses/midwives, 25 Community Health Extension Workers (CHEWs), 19 Junior CHEWs (JCHEW), 13 laboratory technicians, 9 environmental health officers/environmental nurse technicians, and 11 health attendants among others.

The cadre of health workers with the highest number present was CHEWS. Four (4) out of Six PHCs assessed reported running a 24hrs service while Two (2) provide services from 8:00am to 5:00pm. All the PHCs have beds but do not provide in-patient care. Number of beds ranges from six (6) beds in Gwada PHC to 21 beds in Beri PHC, being the highest. Essential services available in all the PHCs assessed are; routine immunization (RI), antenatal care (ANC), family planning (FP), treatment of minor ailments, health education, and nutrition services. In all the facilities assessed, at least two (2) of the staff live within the communities where the health facilities are situated.
SERVICE PROVISION IN EMERGENCIES

Across the six (6) PHCs visited, fourteen (14) emergency cases were recorded in the last three months. There are no additional funds or staffs allocated to health facilities assessed by either State Government or LGA, despite the high level of emergency cases recorded. In all the PHCs visited, no provision was made for security to protect the lives of both HCWs and patients receiving services.

All PHCs assessed provide first aid treatments such as treatment of wounds, stitches, provide drips but refer severe cases to secondary facilities for further treatment. Patients are usually brought to health facilities by the vigilante group, police and in some case their relatives for security emergencies. Across all facilities visited, relatives bear sole responsibility for the cost of treatment of patients. In all the facilities visited, essential services such as routine immunization and family planning were affected. Most routine services were rendered like fixed session services.

The facilities largely used the strategies of division of labor to ensure that essential health services are not disrupted by security emergencies. In a health facility, some health workers attend to emergencies, while others attend to routine services.

All the facilities assessed had good working relationships and continuously engaged with Ward Health Development Committees (WHDC) of their respective communities, to conduct outreach sessions and health education.

IMPACT OF INSECURITY ON SERVICE PROVISION

Insecurity in selected LGAs and the subsequent emergency care required have negative effects on service provision in the PHCs assessed. The PHCs continue to provide daily services to patient but in a skeletal form due to security emergencies. Health workers do not wear their official uniform at PHC Yakila in Mariga LGA to escape the attention of kidnappers. Outreach services provided across the LGAs assessed have reduced due to the insecurity. Government’s response to insecurity across the PHCs in all the LGAs visited, has been lacking. There are no security officers to safeguard the lives of health care workers (HCWs) in these PHCs. The security emergencies require additional resources more than what were needed for routine service provision. The State Government and LGA have made no provision for additional funds to the security challenged PHCs to cushion the effect of the emergency services provided. The PHCs do not have the capacity to run in-patient care effectively and so do not admit patients in critical conditions, but transfer patients to nearby secondary facilities. PHCs do not run shifts, and can only provide outpatient care. All the PHCs do not have adequate staffs to complement the requirement of running shifts in the PHCs. All the PHCs do not have medical doctors to undertake complicated cases or cases that required critical medical attention. Treatment of patients with wounds and related emergency care are not free. The cost of treatment is usually paid out of pocket by the patient's relatives.
RECOMMENDATIONS

1. Government should provide additional funds outside funds earmarked for the facility to cushion the effect of the setback caused by emergencies.
2. Government should provide security cover to the affected PHCs to safeguard the lives of the HCWs and patients.
3. PHCs should be equipped to run in-patient care to cushion the effect of the emergency situations in the area.
4. Government should provide additional drugs and other equipment to the facility to reduce the burden on relatives paying for services and going outside the vicinity of the facility to get drugs even amidst the emergencies.
5. Adequately trained HRH should be assigned to affected PHCs to handle complicated cases. The in-charges of PHCs and at-least one other staff should be trained to handle complicated cases.

CONCLUSION

In Niger State, five (5) LGAs and some of their PHCs are affected by emergencies such as banditry, terrorism, kidnapping, communal clashes and in recent times Covid-19. Despite these challenges, provision of health services has been consistent across the PHCs visited though with some hitches. In worst case scenario, a skeletal staff are on ground to provide services.
APPENDICES

MAINTAINING ESSENTIAL HEALTH SERVICES AT PHC LEVEL DURING TIMES OF EMERGENCIES
WHAT WORKS ASSESSMENT CHECKLIST

INSTRUCTION: The Covid-19 pandemic has called into focus disruptions to PHC services as health facilities shift resources and human resources from essential health services to the health emergency that is Covid-19. Data suggest that Covid-19 emergency health response has been disruptive to essential health services. Against this background the PAS Kaduna state CSOs are documenting cases where PHCs are able to maintain essential health services despite security emergencies by innovating and working with communities in service delivery. The results of this study will be shared with the Kaduna State government.

<table>
<thead>
<tr>
<th>Supervisor’s Name:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Name of PAS CSO:</td>
<td></td>
</tr>
<tr>
<td>Date of Visit:</td>
<td></td>
</tr>
<tr>
<td>Name of the Researcher:</td>
<td></td>
</tr>
<tr>
<td>Name of the PHC Facility:</td>
<td></td>
</tr>
<tr>
<td>Local Government:</td>
<td></td>
</tr>
<tr>
<td>Ward:</td>
<td></td>
</tr>
</tbody>
</table>

SECTION A: BACKGROUND INFORMATION ON THE HEALTH FACILITY

1. In the past 3 months, how many times has this facility had to deal with emergency patients as a result of insecurity or violent attacks in or around this community?
   ............................................................................................................................................................................

2. Because of the level of insecurity and violent attacks in the community surround this facility, has this facility receive more funds or staff than other facilities in the past one year?
   ............................................................................................................................................................................

3. When the patients are brought to the facility in emergency situations please describe how the facility organizes and the actions it takes to ensure that lives are saved?
   ............................................................................................................................................................................

4. What type of emergency treatment does this facility provide to victims of violence brought to the facility?
   ............................................................................................................................................................................

5. Who usually brings the patients to the facility when there is insecurity or a violent attack in the community?
   ............................................................................................................................................................................

6. Are patients’ families usually asked to pay for some aspects of the treatment?
   ............................................................................................................................................................................

7. Because of the frequency of emergencies in this community, do the staff of the facility have to develop any special relationships with community members to train them as health assistants or in any other way?
   ............................................................................................................................................................................
APPENDICES

8. Who usually brings the patients to the facility when there is insecurity or a violent attack in the community?

9. How are essential health services such as Routine Immunization and Family Planning affected by the frequency of emergencies in this community which take the attention and resources of this facility?

10. What special strategies and methods does this facility use to ensure that Essential Health Services are not disrupted by the frequency of insecurity or a violent attack in the community?

11. How does this facility work with the community to ensure that it continues to provide essential health services?

SECTION B: PHC PROFILE SUMMARY

<table>
<thead>
<tr>
<th>S/N</th>
<th>PHC PROFILE</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number of staff by cadre</td>
<td>In-charge:............. Dr:............... Nurse/Midwife:...................... CHEWS:.............. I/CHEWS:...................... Others:......................</td>
</tr>
<tr>
<td>2</td>
<td>Opening hours of the facility</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Which staff are usually at the facility in the day and which staff in the night?</td>
<td></td>
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<tr>
<td>4</td>
<td>Is there an on-call procedure to call up staff from the community in cases of emergency</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>How many staff members are from the community</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>When was the facility established</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Are there beds and are patients admitted in this PHC?</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>What regular essential health services does this facility provide?</td>
<td></td>
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STUDY PARTICIPANTS

<table>
<thead>
<tr>
<th>S/no</th>
<th>Name</th>
<th>Organization</th>
<th>Designation</th>
<th>Phone Number/Email</th>
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<tbody>
<tr>
<td>1</td>
<td>Hauwa Abdullahi</td>
<td>PHC Berri</td>
<td>In-Charge of PHC</td>
<td>08020960990 / <a href="mailto:huwaabdullahi842@gmail.com">huwaabdullahi842@gmail.com</a></td>
</tr>
<tr>
<td>2</td>
<td>Sa’adu Attahiru</td>
<td>PHC Berri</td>
<td>2nd in-charge</td>
<td>08024892644 / sa’<a href="mailto:aduattahiru140@gmail.com">aduattahiru140@gmail.com</a></td>
</tr>
<tr>
<td>3</td>
<td>Kulowa Bako</td>
<td>PHC Yakila</td>
<td>In-Charge</td>
<td>07031302936 / <a href="mailto:kulubako52528@gamil.com">kulubako52528@gamil.com</a></td>
</tr>
<tr>
<td>4</td>
<td>Moahmmed Bobi Ibrahim</td>
<td>PHC Yakila</td>
<td>2nd – In-charge</td>
<td>08064256450</td>
</tr>
<tr>
<td>5</td>
<td>Ahmed Bawa</td>
<td>PHC Garin Gabas</td>
<td>2/C</td>
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<tr>
<td>6</td>
<td>Abdullahi Gambo</td>
<td>PHC Garin Gabas</td>
<td>Attendant</td>
<td>08063714133</td>
</tr>
<tr>
<td>7</td>
<td>Alhassan Sule</td>
<td>PHCC Kampanin Bobbi</td>
<td>In-Charge</td>
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<tr>
<td>8</td>
<td>Adamu Dahiru</td>
<td>PHCC K/Bobbi</td>
<td>2/C</td>
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<tr>
<td>9</td>
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<td>PHC Gunu</td>
<td>In-Charge</td>
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<tr>
<td>10</td>
<td>Jummai Jagaba</td>
<td>BHC Gunu</td>
<td>WFP</td>
<td>08054809813</td>
</tr>
<tr>
<td>11</td>
<td>Abdullahi Mohammed</td>
<td>BHC Gwada</td>
<td>In-Charge</td>
<td>08032839432</td>
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<tr>
<td>12</td>
<td>Asabo A. Saidu</td>
<td>MCH Gwada</td>
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Researchers

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<tr>
<th>S/no</th>
<th>Name</th>
<th>Organization</th>
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<th>Phone Number/Email</th>
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<tr>
<td>1</td>
<td>Alhassan Abubakar Kaboju</td>
<td>SPHCD A</td>
<td>Director Facilities</td>
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<tr>
<td>2</td>
<td>Abubakar M. Ynada</td>
<td>SPHCD A</td>
<td>Chief Planning Officer Budget</td>
<td>08033754341 / <a href="mailto:Abubikar2@gmail.com">Abubikar2@gmail.com</a></td>
</tr>
<tr>
<td>3</td>
<td>Alh. S Ladan</td>
<td>SMoH</td>
<td>PA</td>
<td>08062432323 / ladan</td>
</tr>
<tr>
<td>4</td>
<td>Dr Aliyu Yabogi Shehu</td>
<td>CCHRHS-PAS</td>
<td>P.D</td>
<td>08033499556 / <a href="mailto:ashehu@yahoo.com">ashehu@yahoo.com</a></td>
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<tr>
<td>5</td>
<td>Alh. Shehu Baba</td>
<td>CCHRHS-PAS</td>
<td>P.O</td>
<td>08038011892 / <a href="mailto:88shehu2007@gmail.com">88shehu2007@gmail.com</a></td>
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