# MAINTAINING ESSENTIAL HEALTH SERVICES BY PHCS IN AREAS WITH INSECURITY IN KADUNA STATE

**May 2021**

Many Advocates, One Voice

# TABLE OF CONTENT

## 1.0 CONTEXTUAL BACKGROUND

Over the last two years, Nigeria has been experiencing violence from armed bandits coupled with communal clashes and reprisal attacks. [1] This violence initially started in the North West region of Nigeria as a result of Boko Haram activities, banditry and communal clashes have since spread to other parts of the country. Armed bandits frequently kidnap unsuspecting members of the public before using their captives to secure huge ransoms in return for their release.[2]

According to the Global Terrorism Index released on 27 November 2020, a total of 1,606 people were killed in 125 fatal incidents, an average of 13 per incident, suggesting that Nigeria is the third-most terrorized countries in the world.[3]

In Kaduna State, insecurity is on the rise. Most recently, 219 students and teachers were abducted from their college in Kaduna in March; 180 of them had been rescued whilst 39 mostly female students remained in captivity.[4] This event is not the first of its kind as the findings of the 2020 Annual Security Report in Kaduna revealed the extent to the security challenge in Kaduna state in 2020. This situation report showed that in 2020, 937 were killed, 1,972 kidnapped and 7,195 animals rustled.[5] The report also observed that of all the LGAs in Kaduna, the LGAs in the Central Senatorial District, namely, Chikun, Igabi, Giwa and Birnin Gwari accounted for more than half of the incidences of deaths and nearly all (89%, 7,195) cases of rustling occurred in the Central Senatorial District.

There is no denying that this state is fraught with constant kidnapping, banditry and communal violence but as a result this is having a negative impact on essential service such as health. Residents and Health workers are no longer safe in view of these constant threats thereby affecting how essential health services are being accessed.

Recall that the Kaduna state government entered into a tripartite PHC MoU with the Bill and Melinda Gates Foundation and Aliko Dangote Foundation in November 2018 for the transformation of Kaduna state's primary health care system to deliver quality, affordable and sustainable health care services to the people in Kaduna state,

---

[1] https://reliefweb.int/sites/reliefweb.int/files/resources/africacenter.org-Confronting%20Nigerias%20Kaduna%20Crisis_0.pdf

[2] https://www.cfr.org/blog/nigerias-internal-security-problem

[3] https://www.theafricareport.com/58604/nigeria-will-insecurity-kidnapping-and-crime-get-worse-in-2021/

[4] https://www.bbc.com/news/world-africa-56404673

[5] https://www.thecable.ng/the-2020-kaduna-state-security-report

especially targeting the community level. This Builds on the federal government-led PHC revitalization agenda of the National Primary Health Care Development Agency (NPHCDA) in promoting the PHC transformation in Kaduna state.

However, insecurity in the state and particularly the LGAs threatens to have a negative effect on PHC service provision. Despite these security challenges, the PHCs are expected to continue providing daily services to patients.

## 2.0 PURPOSE OF RESEARCH

The purpose of this research is to investigate

- How some selected PHCs in Kaduna state have managed to maintain essential services in selected areas with insecurity to meet its 2017 commitments.
- What works so as to proffer recommendations.

## 3.0 METHODOLOGY

This rapid research aims to explore and describe to provide insight into an under-researched but topical issue on how PHCs have managed to maintain essential services in areas with insecurity. For this, an exploratory case study was conducted using primary qualitative data from PHCs in Kaduna state. Data was collected through key personnel interviews with participants selected based on their leadership roles in the selected PHCs. The interviews were structured for all participants.

### 3.1 Approach

Kaduna state PAS project partner Global Initiative for Women and Children (GIWAC-PAS) conducted this rapid research. The Global Initiative for Women and Children (GIWAC-PAS) conducted its PHC rapid Assessment Planning meeting on the 19th of March 2021. This planning meeting included a thorough review of the instrument for the rapid assessment and also the sampling method for the selection of the PHCs for the assessment.

*GIWAC-PAS Planning Meeting-19th March 2021*

## 3.2 Inclusion Criteria for Selection of LGAs and PHCs

Six LGAs in total were choose. Of these six, three were randomly selected whilst three purposely chosen in to serve as the control group. Specifically, the selection criteria took into consideration LGA's with recent clashes in the past three months. Table 1 below showed the LGAs and their respective health facilities visited.

**Table 1: LGA'S and Health Facilities Selected**

| S/No | LOCAL GOVT. AREA | NAME OF FACILITY |
|---|---|---|
| 1 | Kajuru | Phc Kallah |
| | | PHC Rimau |
| 2 | Kachia | Phc Kachia |
| | | PHC Sabon Sarki |
| 3 | Zango Kataf | Phc Fadan Kamantan |
| | | PHC Zonkwa |
| 4 | Jema'a | Phc Takau |
| | | PHC Kafanchan |
| 5 | Chikun | Phc Romi |
| | | PHC Sabon Tasha |
| 6 | Zaria | Phc Kwata |
| | | PHC Chikaji |
| | | PHC Tudun Wada |
| | | PHC Babban Dodo |

## 3.2 The data collection

For the key personnel structured interview, a two-part section instrument was developed. The first assessed background information on the health facility, documenting cases where PHCs are able to maintain essential health services despite security emergencies by innovating and working with communities for service delivery whilst the second section assessed the PHC profile. The tool was pre-tested for validity and reliability. Interviews were conducted in the facility and lasted approximately 30 minutes each. Answers were recorded by note-taking against each question and stored for analysis, and photos were also taken for those who consented. A deductive approach was used for this thematic analysis as we already had preconceived themes to reflect upon.

***Data collectors at Zangon Kataf and Kachia LGA (03/05/2021)***

## PICTURE GALARY OF PHCS ASSESSORS


***Cross section of interviewers at Kajuru LGA.***


***Data collectors at Zangon Kataf LGA***


***Data Collectors at Kachia LGA***

## 4.0 FINDINGS

From the research, the following were the findings

**LOCAL GOVERNMENT: KAJURU**
**NAME OF PHC FACILITY: PHC KAJURU**
**WARD: KAJURU WARD**

In this PHC, the Officer in Charge (OIC) of the PHC was interviewed. The findings of this interview were as follows:

The study of this PHC sought to first observe the frequency and patterns of healthcare delivery in terms of emergency cases. As to the frequency, the PHC had not attended to a single emergency case in the last three months. When asked about when patients are brought to the facility in emergency situations, to describe how the facility organizes to

take action to ensure that lives are saved, the PHC responded that they conduct test and ask the patients to come back to make sure they are fit i.e., to see the effectiveness of the treatment given. When asked what type of emergency treatment this facility provided to victims of violence brought in, the interviewee responded that they "investigate and give necessary treatment" first but if the condition is severe, they "refer the patient to higher places for treatment.

The OIC was also asked who usually brings these patients to the facility especially whilst there is insecurity or a violent attack in the community, the OIC responded that the relatives of the victims brings the victims. While also enquiring if the patients' families were typically asked to pay for some aspects of the treatments, the OIC responded in the affirmative, but noted that it is often.

Further, given the frequency of emergencies in this community, staff of the facility were also asked if they have to develop any special relationship with community members to train them as health assistants or in any other way, the OIC responded that there is a "cordial relationship with the community members" although they are not trained to provide health services, but they are encouraged to support patients to the hospital in good time.

It is worth noting that this PHC claimed not to have received more funds or staff support than other facilities in the past one year, as a result of insecurity and violent attacks in the community surrounding this facility.

With regard to the essential health services like routine immunization and family planning, we asked how such services are affected by the frequency of emergencies in this community and which takes the attention and resources of this facility. The OIC agree that essential services have been affected due to low turnout. The study also explored what special strategies and methods the facility utilized to ensure that essential health services are not disrupted by the frequency of insecurity or a violent attack in the community, the OIC responded saying the facility "encourage them to come". Regarding how the facility works with the community to ensure that it continues to provide essential services the OIC responded by saying they "hold meetings every month".

The PHC Kajuru – Kajuru LGA facility profile revealed that regarding human resource for health, this facility has no doctor, 0 nurses, 0 CHEWS, 0 JCHEWS, 0 health attendants, 0 lab attendants, 0 Environmental Health Officers and 0 medical records officer. The facility opens by 8am and has no shifting arrangement due to manpower shortage. There is also an on-call procedure to call up extra staff from the community in cases of emergency. But out of the human resources for health available to this facility only 2 staff members are from the community. The PHC has no bed facility. Essential

health services provided by this PHC includes; treatment, routine immunization, antenatal clinic, postnatal, family planning services, health education and refer services.

**LOCAL GOVERNMENT: KAJURU**
**NAME OF PHC FACILITY: PHC KALLAH**
**WARD: KALLAH WARD**

In this PHC, the Officer In charge of the lab (IC LAB) in the PHC, Mr. Henry Josiah was interviewed. The findings of this interview were as follows:

The study of this PHC sought to first observe the frequency and patterns of healthcare delivery in terms of emergency cases. As to the frequency, the PHC claims to not have managed a single emergency case, In the past three months.

As with the patterns in emergency healthcare delivery, when asked to describe how the facility organizes to take action to ensure that lives are saved when patients are brought to the facility in emergency situations, the IC LAB responded that they provide "treatment but if severe they refer". As to what type of emergency treatment this facility provided to victims of violence brought in, the IC LAB responded that they "do normal treatment but in severe cases they refer".

The IC LAB was also asked who usually brings these patients to the facility when there is insecurity or a violent attack in the community, the OIC responded that the relative of the victims brings the victims. Enquiring if the patients' families were typically asked to pay for some aspects of the treatments, the IC LAB responded in the affirmative, but "if there are free drugs, they give them free".

Due to the frequency of emergencies in this community, we asked if staff of the facility have to develop any special relationship with community members to train them as health assistants or in any other way, the IC LAB responded that there is a "cordial relationship exist among the community and the facility"

It is worth noting that this PHC claimed not to have receive more funds or staff support than other facilities in the past one year, as a consequence of the level of insecurity and violent attacks in the community surrounding this facility.

Regarding essential health services like routine immunization and family planning, we asked how such services are affected by the frequency of emergencies in this community and which takes the attention and resources of this facility. The IC LAB responded that they come by themselves to the facility. On examining what special strategies and methods the facility uses to ensure that essential health services are not disrupted by the frequency of insecurity or a violent attack in the community, the IC LAB responded saying the facility "call and mobilize them through the traditional leaders".

Also, regarding how the facility works with the community to ensure that it continues to provide essential services the IC LAB responded by saying they "hold meetings with the community and ward leaders"

The PHC KALLAH – Kajuru LGA facility profile revealed that regarding human resource for health, this facility has no doctor, 0 nurses, but they have CHEWS, 0 JCHEWS, 0 health attendants, 0 lab attendants, 0 Environmental Health Officers and 0 medical records officer. The facility opens by 8am and the facility operate via a shift arrangement to cover for day and night. There is also an on-call procedure to call up extra staff from the community in cases of emergency. But out of the 22 human resources for health available to this facility only 2 staff members are from the community. The PHC has no bed facility. Essential health services provided by this PHC includes lab test, routine immunization, family planning services, and outpatient.

**LOCAL GOVERNMENT: KAJURU**
**NAME OF PHC FACILITY: PHC RIMAU**
**WARD: RIMAU WARD**

In this PHC, the Community Health Officer (CHO), Esther Musa, in the PHC was interviewed. The findings of this interview were as follows:

The study of this PHC sought to first observe the frequency and patterns of healthcare delivery in terms of emergency cases. As to the frequency, the PHC's CHO noted that they have managed no emergency patient in the past three months. When asked about when patients are brought to the facility in emergency situations, to describe how the facility organizes to take action to ensure that lives are saved, the CHO responded that "if it is a minor, they treat but if it is severe, they refer". When asked what type of emergency treatment this facility provided to victims of violence brought in, the CHO responded that they provide normal treatment but if it is beyond control, they refer to general hospital.

The CHO was also asked who usually brings these patients to the facility when there is insecurity or a violent attack in the community, the CHO listed community, relatives, and sometimes local vigilantes help to bring patients. Enquiring if the patients' families were typically asked to pay for some aspects of the treatments, the CHO responded in the affirmative, but "if there are free drugs, they give them free".

On account of the frequency of emergencies in this community, members of staff in this PHC were asked if they have to develop any special relationship with community members to train them as health assistants or in any other way, the CHO responded that there is a "cordial relationship exist among the community and the facility"

It is worth mentioning that the CHO claimed not to have received more funds or staff support than other facilities in the past one year due to the level of insecurity and violent attacks in the community surrounding this facility.

With regard to essential health services like routine immunization and family planning, we asked how such services are affected by the frequency of emergencies in this community and which takes the attention and resources of this facility. The CHO responded that they come by themselves to the facility but “due to frequencies of emergencies within the community where the facility is located, patients prefer to stay at home or flee the community. We enquired about what special strategies and methods the facility uses to ensure that essential health services are not disrupted by the frequency of insecurity or a violent attack in the community, the CHO responded saying the facility “do mobilization and home visits”. Regarding how the facility works with the community to ensure that it continues to provide essential services the IC LAB responded by saying they “hold monthly meetings and emergency meeting”

The PHC RIMAU – Kajuru LGA facility profile revealed that regarding human resource for health, this facility has no doctor, there are nurses, but they have CHEWS, 0 JCHEWS, 0 health attendants, 0 lab attendants, 0 Environmental Health Officers and 0 medical records officer. The facility opens by 8am and the facility operate via a shift arrangement to cover for day and night. There is also an on-call procedure to call up extra staff from the community in cases of emergency. But out of the human resources for health available to this facility only 2 staff members are from the community. The PHC has bed facility. Essential health services provided by this PHC includes; antenatal, routine immunization, family planning services, and outpatient.

**LOCAL GOVERNMENT: KAJURU**
**NAME OF PHC FACILITY: PHC KASUWAN MAGANI**
**WARD: KASUWAN MAGANI WARD**

In this PHC, the Officer in Charge of the PHC was interviewed. The findings of this interview were as follows:

The study of this PHC sought to first observe the frequency and patterns of healthcare delivery in terms of emergency cases. As to the frequency, the OIC claimed to have managed emergency patients on only one occasion in the past three months as a result of communal attacks that had taken place in or around their community. When asked

about when patients are brought to the facility in emergency situations, to describe how the facility organizes to take action to ensure that lives are saved, the OIC responded that they treat the patient first but if it is severe, they refer. When asked what type of emergency treatment this facility provided to victims of violence brought in, the OIC responded that they do normal checkup and give necessary treatment.

The OIC was also asked who usually brings these patients to the facility when there is insecurity or a violent attack in the community, the OIC listed community, and relatives. Enquiring if the patients' families were typically asked to pay for some aspects of the treatments, the OIC responded in the affirmative.

As a consequence of the frequency of emergencies in this community, we asked if staff of the facility have to develop any special relationship with community members to train them as health assistants or in any other way, the OIC responded that there is a "cordial relationship exist among the community and the facility".

As a result of the level of insecurity and violent attacks in the community surrounding this facility, the OIC claimed not to have received more funds or staff support than other facilities in the past one year.

Regarding essential health services like routine immunization and family planning, we asked how such services are affected by the frequency of emergencies in this community and which takes the attention and resources of this facility. The OIC responded that they come by themselves to the facility.

We enquired about what special strategies and methods the facility uses to ensure that essential health services are not disrupted by the frequency of insecurity or a violent attack in the community, the OIC responded saying the facility encourage them and the security agents help sometimes.

Regarding how the facility works with the community to ensure that it continues to provide essential services the OIC responded by saying they "hold meetings with the community leaders"

The PHC KASUWAN MAGANI – Kajuru LGA facility profile revealed that regarding human resource for health, this facility has no doctor, there are nurses, but they have CHEWS, 0 JCHEWS, 0 health attendants, 0 lab attendants, 0 Environmental Health Officers and 0 medical records officer. The facility opens by 8am and the facility operate via a shift arrangement to cover for day and night (midwife, CHEWS and nurses are always available). There is also an on-call procedure to call up extra staff from the community in cases of emergency. But out of the human resources for health available to this facility only 5 staff members are from the community. The PHC has bed facility.

Essential health services provided by this PHC includes; routine immunization, family planning services, typhoid and malaria treatment, tuberculosis and leprosy.

**LOCAL GOVERNMENT: ZANGO KATAF**
**NAME OF PHC FACILITY: PHC BAFAI GORA**
**WARD: GORA WARD**

In this PHC, the Officer in Charge of the PHC was interviewed. The findings of this interview were as follows:

The study of this PHC sought to first observe the frequency and patterns of healthcare delivery in terms of emergency cases. As to the frequency, the PHC's OIC claimed to have managed emergency patients on 2 occasions in the past three months, as a result of reprisal attacks in or around their community. When asked about when patients are brought to the facility in emergency situations, to describe how the facility organizes to take action to ensure that lives are saved, the OIC responded that they treat the patient first but if it is severe, they refer. When asked what type of emergency treatment this facility provided to victims of violence brought in, the OIC responded that they treat the patient first but if it is severe, they refer.

The OIC was also asked who usually brings these patients to the facility when there is insecurity or a violent attack in the community, the OIC listed the relatives. Whilst enquiring about if the patients' families were typically asked to pay for some aspects of the treatments, the OIC responded in the affirmative.

Give the frequency of emergencies in this community, we asked if staff of the facility have to develop any special relationship with community members to train them as health assistants or in any other way, the OIC responded that there is a "cordial relationship exist among the community and the facility" but no training made to the community members.

Due to the level of insecurity and violent attacks in the community surrounding this facility, the OIC claimed not to have received more funds or staff support than other facilities in the past one year.

Regarding essential health services like routine immunization and family planning, we asked how such services are affected by the frequency of emergencies in this community and which takes the attention and resources of this facility. The OIC responded that there is low turnout as a result of insecurity. The study also explored what special strategies and methods the facility utilized to ensure that essential health services are not disrupted by the frequency of insecurity or a violent attack in the community, the OIC responded saying that the traditional leader better security in the

community. Regarding how the facility works with the community to ensure that it continues to provide essential services the OIC responded by saying that they work with influential people, ward development committee and facility health committee.

The PHC BAFAI GORA – Zango LGA facility profile revealed that regarding human resource for health, this facility has no doctor, 1 nurse, they have 3 CHEWS, 1 JCHEWS, 7 others. The facility is a 24-hour facility operating via a shift arrangement to cover for day and night. There is also an on-call procedure to call up extra staff from the community in cases of emergency. But out of the 13 human resources for health available to this facility only 4 staff members are from the community. The PHC has bed facility. Essential health services provided by this PHC includes; routine immunization, labor and delivery, outpatient.

**LOCAL GOVERNMENT: ZANGO KATAF**
**NAME OF PHC FACILITY: PHC ZANGO URBAN**
**WARD: ZANGO URBAN WARD**

In this PHC, the Officer in Charge of the PHC was interviewed. The findings of this interview were as follows:

The study of this PHC sought to first observe the frequency and patterns of healthcare delivery in terms of emergency cases. As to the frequency, the PHC's OIC claimed to have managed emergency patients on only 1 occasion, in the past three months, as a result of reprisal attacks in or around their community. When asked about when patients are brought to the facility in emergency situations, to describe how the facility organizes to take action to ensure that lives are saved, the OIC responded that they treat the patient first but if it is severe, they refer to general hospital for proper treatment. When asked what type of emergency treatment this facility provided to victims of violence brought in, the OIC responded that they treat "treat wounds and arrest bleeding".

The OIC was also asked who usually brings these patients to the facility when there is insecurity or a violent attack in the community, the OIC mentioned the security personnel. Whilst enquiring about if the patients' families were typically asked to pay for some aspects of the treatments, the OIC responded that patients do not pay for treatment.

Given the frequency of emergencies in this community, we asked if staff of the facility have to develop any special relationship with community members to train them as health assistants or in any other way, the OIC responded that there is a "cordial relationship exist among the community and the facility" but no training made to the community members.

Due to the level of insecurity and violent attacks in the community surrounding this facility, the OIC claimed not to have received more funds or staff support than other facilities in the past one year.

Regarding essential health services like routine immunization and family planning, we asked how such services are affected by the frequency of emergencies in this community and which takes the attention and resources of this facility. The OIC responded “women and children leave the community leaving behind only the men thereby affecting such health services”.

The study also explored what special strategies and methods the facility utilized to ensure that essential health services are not disrupted by the frequency of insecurity or a violent attack in the community, the OIC responded saying that the facility has security agents close by to guard them. Regarding how the facility works with the community to ensure that it continues to provide essential services the OIC responded by saying that they hold meetings, sensitize and do home visits.

The PHC ZANGO URBAN – Zango LGA facility profile revealed that regarding human resource for health, this facility has no doctor, 1 nurse, they have 4 CHEWS, 0 JCHEWS, 4 others. The facility is a 24-hour facility operating via a shift arrangement to cover for day and night. There is no on-call procedure to call up extra staff from the community in cases of emergency. But out of the 10 human resources for health available to this facility only 2 staff members are from the community. The PHC was established in 1992 and has bed facility. Essential health services provided by this PHC includes; routine immunization, labor and delivery, outpatient, postnatal, family planning, lab services, home visitation, HIV counselling for testing, OPD services and referral

**LOCAL GOVERNMENT: ZANGO KATAF**
**NAME OF PHC FACILITY: PHC KURMIN MASARA**
**WARD: ZAMAN WARD**

In this PHC, the Officer in Charge of the PHC was interviewed. The findings of this interview were as follows:

The study of this PHC sought to first observe the frequency and patterns of healthcare delivery in terms of emergency cases. As to the frequency, the PHC’s OIC claimed to have managed emergency patients on 2 occasions, in the past three months, as a result of crisis and reprisal attacks in or around their community. When asked about when patients are brought to the facility in emergency situations, to describe how the facility organizes to take action to ensure that lives are saved, the OIC responded that they treat the patient first but if it is severe, they refer to general hospital for proper treatment. When asked what type of emergency treatment this facility provided to

victims of violence brought in, the OIC responded that the facility provide treatment based on the type of injury sustained.

The OIC was also asked who usually brings patients to the facility when there is insecurity or a violent attack in the community, the OIC listed the security personnel and district heads. Whilst enquiring about if the patients' families were typically asked to pay for some aspects of the treatments, the OIC responded in the affirmative and further stated that the payment were used to purchase items that are not available in the facility.

Given the frequency of emergencies in this community, we asked if staff of the facility have to develop any special relationship with community members to train them as health assistants or in any other way, the OIC responded that there are no community members were trained as health assistant although.

Due to the level of insecurity and violent attacks in the community surrounding this facility, the OIC claimed not to have received more funds or staff support than other facilities in the past one year.

Regarding essential health services like routine immunization and family planning, we asked how such services are affected by the frequency of emergencies in this community and which takes the attention and resources of this facility. The OIC responded there is poor turnout as a result of people leaving the area.

The study also explored what special strategies and methods the facility utilized to ensure that essential health services are not disrupted by the frequency of insecurity or a violent attack in the community, the OIC responded saying that they go to their camps to render essential health services to them. Regarding how the facility works with the community to ensure that it continues to provide essential services the OIC responded by saying that they work "hand in hand with the ward development committee.

The PHC KURMIN MASARA – Zango LGA facility profile revealed that regarding human resource for health, this facility has no doctor, 1 nurse, they have 3 CHEWS, 0 JCHEWS, 2 lab tech, 1 lab assistant. The facility is a 24-hour facility operating via a shift arrangement to cover for day and night. There is an on-call procedure to call up extra staff from the community in cases of emergency. But out of the 10 human resources for health available to this facility only 2 staff members are from the community. The PHC has bed facility but only for observation. Essential health services provided by this PHC includes; routine immunization, labor and delivery, outpatient, postnatal, family planning, nutrition PMTCT.

**LOCAL GOVERNMENT: ZANGO KATAF**
**NAME OF PHC FACILITY: PHC KAMURU**

**WARD: IKULU WARD**

In this PHC, the Officer in Charge of the PHC was interviewed. The findings of this interview were as follows:

The study of this PHC sought to first observe the frequency and patterns of healthcare delivery in terms of emergency cases. As to the frequency, the PHC's OIC claimed to have managed emergency patients on 4 occasions, in the last three months, as a result of crisis and reprisal attacks in or around their community. When asked about when patients are brought to the facility in emergency situations, to describe how the facility organizes to take action to ensure that lives are saved, the OIC responded that they notify the security agents first followed by the traditional leaders. When asked what type of emergency treatment this facility provided to victims of violence brought in, the OIC responded that the facility provide first aid treatment.

The OIC was also asked who usually brings these patients to the facility when there is insecurity or a violent attack in the community, the OIC listed the security personnel and relatives. Whilst enquiring about if the patients' families were typically asked to pay for some aspects of the treatments, the OIC responded in the affirmative although pregnant women and breastfeeding mothers are exempted.

Given the frequency of emergencies in this community, we asked if staff of the facility have to develop any special relationship with community members to train them as health assistants or in any other way, the OIC responded that there are no community members were trained as health assistant although there exists some sort of relationship between the facility and the community.

Due to the level of insecurity and violent attacks in the community surrounding this facility, the OIC claimed not to have received more funds or staff support than other facilities in the past one year.

With regard to essential health services like routine immunization and family planning, we asked how such services are affected by the frequency of emergencies in this community and which takes the attention and resources of this facility. The OIC responded there is poor turnout as a result of people leaving the area. The study also explored what special strategies and methods the facility utilized to ensure that essential health services are not disrupted by the frequency of insecurity or a violent attack in the community, the OIC responded saying that low turnout as a result of insecurity. Regarding how the facility works with the community to ensure that it continues to provide essential services the OIC responded by saying that they sensitize the ward development committee and the facility health committee.

The PHC KAMURU – Zango LGA facility profile revealed that regarding human resource for health, this facility has no doctor, 3 nurse, 2 CHEWS, 1 JCHEWS, and 6 others. The facility is a 24-hour facility operating via a shift arrangement to cover for day and night. There is an on-call procedure to call up extra staff from the community in cases of emergency. But out of the 12 human resources for health available to this facility only 1 staff member is from the community. The PHC has bed facility but only for observation. Essential health services provided by this PHC includes routine immunization, labor and delivery, outpatient, postnatal, family planning and ANC.

**LOCAL GOVERNMENT: KACHAI**
**NAME OF PHC FACILITY: PHC KACHAI**
**WARD: KACHAI WARD**

In this PHC, a Health Educator in the PHC Lababatu Suleiman, was interviewed. The findings of this interview were as follows:

The study of this PHC sought to first observe the frequency and patterns of healthcare delivery in terms of emergency cases. As to the frequency, the PHC's Health Educator claimed to the PHC has not managed a single emergency patient in the last three months because the victims go directly to the general hospital. When asked about when patients are brought to the facility in emergency situations, to describe how the facility organizes to take action to ensure that lives are saved, the Health Educator responded that the victims are taken directly to the general hospital. When asked what type of emergency treatment this facility provided to victims of violence brought in, the Health Educator responded that the facility provide first aid treatment.

The PHC's Health Educator was also asked who usually brings these patients to the facility when there is insecurity or a violent attack in the community, the Health Educator listed the security personnel and relatives. Whilst enquiring about if the patients' families were typically asked to pay for some aspects of the treatments, the Health Educator responded in the affirmative.

Given the frequency of emergencies in this community, we asked if staff of the facility have to develop any special relationship with community members to train them as health assistants or in any other way, the Health Educator responded that there are no community members were trained as health assistant.

Due to the level of insecurity and violent attacks in the community surrounding this facility, the Health Educator claimed not to have received more funds or staff support than other facilities in the past one year.

With regard to essential health services like routine immunization and family planning, we asked how such services are affected by the frequency of emergencies in this community and which takes the attention and resources of this facility. The Health Educator responded RI missed their appointments and family planning also missed theirs.

We enquired about what special strategies and methods the facility uses to ensure that essential health services are not disrupted by the frequency of insecurity or a violent attack in the community, the Health Educator responded saying that the village development committee provide security. The study also explored what special strategies and methods the facility utilized to ensure that essential health services are not disrupted by the frequency of insecurity or a violent attack in the community, the Health Educator responded by saying that they use trained TBA by NGO.

The PHC KACHAI – Kachai LGA facility profile revealed that regarding human resource for health, this facility has no doctor, 3 nurse/midwife, 5 CHEWS, 3 JCHEWS, and 8 others. The facility is a 24-hour facility operating via a shift arrangement to cover for day and night. There is an on-call procedure to call up extra staff from the community in cases of emergency. All staff members are from the community. The PHC has bed facility but only for observation. Essential health services provided by this PHC includes routine immunization, labor and delivery, outpatient, postnatal, family planning and ANC.

---

**LOCAL GOVERNMENT: KACHAI**
**NAME OF PHC FACILITY: PHC KURMIN MAZAIYA**
**WARD: GUMEL WARD**

In this PHC, the Officer in Charge of the PHC was interviewed. The findings of this interview were as follows:

The study of this PHC sought to first observe the frequency and patterns of healthcare delivery in terms of emergency cases. As to the frequency, the PHC's OIC claimed to have managed emergency patients on 3 occasions, in the last three months, as a result of crisis and reprisal attacks in or around their community. When asked about when patients are brought to the facility in emergency situations, to describe how the facility organizes to take action to ensure that lives are saved, the OIC responded that they work as a team to save the life of the victim. When asked what type of emergency treatment this facility provided to victims of violence brought in, the OIC responded that they dress the wound and stitch.

The OIC was also asked who usually brings these patients to the facility when there is insecurity or a violent attack in the community, the OIC said it is the relatives of the

victims. Whilst enquiring about if the patients' families were typically asked to pay for some aspects of the treatments, the OIC responded in the affirmative but not all the cases.

Given the frequency of emergencies in this community, we asked if staff of the facility have to develop any special relationship with community members to train them as health assistants or in any other way, the OIC responded that there are no community members were trained as health assistant, but NGO like Chai have their trained TBA in the community to assist.

Due to the level of insecurity and violent attacks in the community surrounding this facility, the OIC claimed not to have received more funds or staff support than other facilities in the past one year.

With regard to the essential health services like routine immunization and family planning, we asked how such services are affected by the frequency of emergencies in this community and which takes the attention and resources of this facility. The OIC responded RI have low coverage and women came back with unwanted pregnancy. The study also explored what special strategies and methods the facility utilized to ensure that essential health services are not disrupted by the frequency of insecurity or a violent attack in the community, the OIC responded saying that development committee have quarter meeting with volunteers and local security men. Regarding how the facility works with the community to ensure that it continues to provide essential services the OIC responded by saying that they use trained TBA, IPC and VCM.

The PHC KURMIN MAZAIYA – Kachai LGA facility profile revealed that regarding human resource for health, this facility has no doctor, 1 nurse/midwife, 2 CHEWS, 1 JCHEWS, and 8 others. The facility is a 24-hour facility operating via a shift arrangement to cover for day and night. There is no on-call procedure to call up extra staff from the community in cases of emergency. Out of the 12 human resources for health available to this facility, 5 staff members are from the community. The PHC has bed facility. Essential health services provided by this PHC includes routine immunization, labor and delivery, outpatient, postnatal, family planning and ANC, postnatal services, OPD services, HIV counselling and testing services, laboratory services.

---

**LOCAL GOVERNMENT: KACHAI**
**NAME OF PHC FACILITY: PHC AWON**
**WARD: AWON WARD**

In this PHC, the Officer in Charge of the PHC was interviewed. The findings of this interview were as follows:

The study of this PHC sought to first observe the frequency and patterns of healthcare delivery in terms of emergency cases. As to the frequency, the PHC's OIC claimed to have managed emergency patients on 11 occasions, in the last three months, as a result of banditry, communal crisis and reprisal attacks in or around their community. When asked about when patients are brought to the facility in emergency situations, to describe how the facility organizes to take action to ensure that lives are saved, the OIC responded that they use to treat the patient based on the severity of the condition mostly wounds and bleeding. When asked what type of emergency treatment this facility provided to victims of violence brought in, the OIC responded that "medical and psychological treatment. Those with wound will be given medical treatment, stabilize their anxiety and counsel them psychologically.

The OIC was also asked who usually brings these patients to the facility when there is insecurity or a violent attack in the community, the OIC said it is the community members and police. Whilst enquiring about if the patients' families were typically asked to pay for some aspects of the treatments, the OIC responded in the affirmative but sometimes the local government chairman pay for the treatment.

Given the frequency of emergencies in this community, we asked if staff of the facility have to develop any special relationship with community members to train them as health assistants or in any other way, the OIC responded that some community members were trained on how to give first aid treatment before reaching the facility.

Due to the level of insecurity and violent attacks in the community surrounding this facility, the OIC claimed not to have received more funds or staff support than other facilities in the past one year.

With regard to essential health services like routine immunization and family planning, we asked how such services are affected by the frequency of emergencies in this community and which takes the attention and resources of this facility. The OIC responded that as a result of the violence people relocate from the community, so outreach is difficult and dangerous. The study also explored what special strategies and methods the facility utilized to ensure that essential health services are not disrupted by the frequency of insecurity or a violent attack in the community, the OIC responded saying that the few people that are left in the community are mobilized and reminded by the community leader and follow-up care are done at home. Regarding how the facility works with the community to ensure that it continues to provide essential services the OIC responded by saying that all these services are provided for free and they use to ensure that vaccines are available at all times.

The PHC AWON – Kachai LGA facility profile revealed that regarding human resource for health, this facility has no doctor, 1 nurse/midwife, 1 CHEWS, 0 JCHEWS, and 4

others. The facility opens from 8am to 7pm operating via a shift arrangement to cover the day. There is an on-call procedure to call up extra staff from the community in cases of emergency. Out of the 7 human resources for health available to this facility, 2 staff members are from the community. The PHC has bed facility. Essential health services provided by this PHC includes routine immunization, labour and delivery, outpatient, postnatal, family planning and ANC, postnatal services.

**LOCAL GOVERNMENT: KACHAI**
**NAME OF PHC FACILITY: PHC ANKWA**
**WARD: KACHAI WARD**

In this PHC, the Officer in Charge of the PHC was interviewed. The findings of this interview were as follows:

The study of this PHC sought to first observe the frequency and patterns of healthcare delivery in terms of emergency cases. As to the frequency, the PHC's OIC claimed to have managed emergency patients on 7 occasions, in the last three months, as a result of banditry, communal crisis and reprisal attacks in or around their community. When asked about when patients are brought to the facility in emergency situations, to describe how the facility organizes to take action to ensure that lives are saved, the OIC responded that they treat those with mild injury and stabilized those with general hospital in Kachia. When asked what type of emergency treatment this facility provided to victims of violence brought in, the OIC responded that they arrest bleeding, provide psychology support and medical treatment.

The OIC was also asked who usually brings these patients to the facility when there is insecurity or a violent attack in the community, the OIC said it is the community members and police. Whilst enquiring about if the patients' families were typically asked to pay for some aspects of the treatments, the OIC responded in the affirmative.

Given the frequency of emergencies in this community, we asked if staff of the facility have to develop any special relationship with community members to train them as health assistants or in any other way, the OIC responded that some form of relationship exist e.g., the facility has trained some TBAs on how to arrest bleeding before reaching the facility.

Due to the level of insecurity and violent attacks in the community surrounding this facility, the OIC claimed not to have received more funds or staff support than other facilities in the past one year.

With regard to the essential health services like routine immunization and family planning, we asked how such services are affected by the frequency of emergencies in

this community and which takes the attention and resources of this facility. The OIC responded that they mobilize and sensitize, do outreach and also involve community leaders. The study also explored what special strategies and methods the facility utilized to ensure that essential health services are not disrupted by the frequency of insecurity or a violent attack in the community, the OIC responded saying that they do follow-up visit and phone calls. Regarding how the facility works with the community to ensure that it continues to provide essential services the OIC responded by saying that all these services are provided for free, and they use to ensure that vaccines are available at all times.

The PHC ANKWA – Kachai LGA facility profile revealed that regarding human resource for health, this facility has no doctor, 1 nurse/midwife, 3 CHEWS, 1 JCHEWS, and 2 others. The facility opens from 8am to 7pm operating via a shift arrangement to cover the day. There is no on-call procedure to call up extra staff from the community in cases of emergency. Out of the 7 human resources for health available to this facility, 1 staff member is from the community. The PHC was established in 1997 and has bed facility. Essential health services provided by this PHC includes routine immunization, labor and delivery, family planning and ANC.

# 5.0 DISCUSSIONS

**THE FINDINGS FROM THE 14 PHCS REVEALED THEMES WHICH ARE DISCUSSED BELOW:**

## 5.1 Prevalence of emergency cases across the PHCs in the LGAs

In the past three months, the PHCs in KACHAI LGA saw more cases of emergencies presentation as a result of violent attacks whilst the PHCs in KAJURU LGA managed the least cases. This was despite the fact that the PHCs in KACHAI have relatively more human resources for health at their disposal than the other PHCs. Perhaps the PHCs in KACHAI LGA saw more cases because they have a 24-hour policy for their services whilst the other PHCs in the other LGAs varied their timings from 24 hours to the daytime 8 am - 4 pm service style. None of the facilities however had a doctor either as full time or on-call, with the highest cadre available being a nurse. All the PHCs have managed to maintain essential health services despite various levels of disruptions, and they have done so without additional funding or staff support in the last one year. Managing emergency cases requires additional funding and sometimes additional staff for efficiency, but this is not the case in the PHCs assessed.

Insecurity in the selected LGAs and the subsequent emergency care required had negative effects on service provision in the PHCs assessed. The PHCs continue to provide daily services to patient but in varied forms due to the security emergencies.

## 5.2 Maintaining Essential Health Services

All the PHCs reported that they have funding issues but despite this issue the PHCs were able to keep operating even though essential health services were greatly affected. The burden of paying for treatment fall on the patients so that the facilities would be able to provide drugs and other necessary materials.

All the facilities assessed kept their centers open and were able to administer basic first aid management to stabilize emergency cases that presented to their facilities at the very least prior to referral to secondary centers. It was interesting to note the collaborative efforts between the security personnel asides from the patients' relatives in bringing these emergency cases to these PHCs.

Essential services were disrupted in all the PHCs with Awon and Ankwa witnessed more banditry, communal crisis and reprisal attacks.

### 5.3 Strategies adopted by the PHCs to maintain essential services

Shift system is mostly adopted by the PHCs while few PHCs adopted triage system and they all have at least a staff available on call across all the PHCs understudied. It is important to note that large number of staff in all PHCs are non-indigenes while only few staff live in the community where the PHCs are located. The common essential health services render is family planning, routine immunization and antenatal care.

### 5.4 PHC strategies with the communities to maintain essential services

There exists some form of relationship between all the PHCs and the Community/Traditional heads. This relationship has provided safety for the staff members who have had to work at nights at the PHCs. The PHCs has used this opportunity to organize first aid trainings, health educations and outreaches for their communities creating a slew of first responders.

### 5.5 Measures taken by PHCs to ensure safety whilst maintaining essential services

Due low turnout and migration, the PHCs have suspended their outreach programs to a later date when the security level has improved. In all the LGAs, the PHCs are collaborating with the Ward Head Development Committee and Village Head Committees to beef up security in the communities. The PHCs also strengthened their collaborations with security agencies (i.e., the Police and Community Vigilante group) to provide cover at the facility sites so that outreach programs can be resumed.

### 5.6 Essential Health Services & Insecurity in Kaduna State

The level of insecurity in Kaduna has greatly affected the provision and delivery of essential health services to people in Kaduna state. Over the last 3 months, there has been up to 4 attacks in Zangon Kataf LGA and it is mostly reprisal attacks. While in Kajuru LGA, only 1 attack was recorded over the last 3 months. However, in Kachia LGA, a minimum of 3 attacks and maximum of 11 attacks were recorded and most of these attacks occurred in Awon Ward due to banditry and communal attacks.

Due to the constant insecurity, low turnout of patients in the affected communities have greatly impacted essential health services such as Routine Immunization and Family planning services etc. Majority of the population living in these areas often leave their communities to avoid being a victim of attacks.

Despite no increment of funding or staff over the last one year in all the PHCs in Kaduna, victims who are brought in mostly by relatives, security agents and sometimes by the District Heads for treatment were provided with First Aid treatment and in severe cases such victims are referred to the general hospital where they can be able access better treatments at a cost to the patient's relatives.

As a result of these frequent attacks, majority of the PHCs responded that they do not have special relationships with community members to train them as health assistants or in any way. Therefore, to ensure that essential health services are not disrupted, PHCs in Kaduna PAS provides sensitization to the Ward Development Committee and the Facilitates Health committee. They also engage the Traditional/Religious Leaders as well as security agents to provide better security in the affected areas.

Despite insecurity level, PHCs has maintained an average of 2-13 staff base on rotation of staff and open 24 hours per day. They also have an on-call procedure to call up staff from the community in case of emergency.

## 6.0 CONCLUSION

As insecurity affects essential health services such as Routine immunization, labor and delivery, family planning, outpatient and ANC, the PHCs have not been able to maintain their standard operating procedures as a result of low turnout of people who need health services. Providing safe haven for health workers and the people is important for the smooth delivery of health services. Therefore, there is need for the "Kaduna State Government to improve security and surveillance at all health facilities in the state to protect health workers"[6]. Curbing high rate of insecurity in Kaduna State is not only a necessary condition to safeguard human lives but it is also a sufficient condition to ensure that people get the essential health services they deserved.

## 7.0 REFERENCES

1. https://reliefweb.int/sites/reliefweb.int/files/resources/africacenter.org-Confronting%20Nigerias%20Kaduna%20Crisis_0.pdf
2. https://www.cfr.org/blog/nigerias-internal-security-problem
3. https://www.theafricareport.com/58604/nigeria-will-insecurity-kidnapping-and-crime-get-worse-in-2021/
4. https://www.bbc.com/news/world-africa-56404673
5. https://www.thecable.ng/the-2020-kaduna-state-security-report
6. https://www.vanguardngr.com/2021/04/medical-unions-appeal-to-kaduna-govt-to-improve-security-in-health-facilities/

6 https://www.vanguardngr.com/2021/04/medical-unions-appeal-to-kaduna-govt-to-improve-security-in-health-facilities/

# 8.0 APPENDICES

## LIST OF RESPONDENTS

| S/N | NAME OF RESPONDENT | NAME OF FACILITY | LOCAL GOVT. AREA | DESIGNATION |
|---|---|---|---|---|
| 1. | ESTHER MUSA | PHC RIMAU | KAJURU | CHO |
| 2. | HENRY JOSIAH | PHC KALLAH | KAJURU | IC LAB. |
| 3. | LUBABATU SULIEMAN | PHC KACHIA | KACHIA | HEALTH EDUCATOR |
| 4. | AHMADU AMINU GANDU | PHC SABON SARKI | KACHIA | NURSE |
| 5. | GLORIA KADANI | PHC FADAN KAMANTAN | ZANGO KATAF | OIC |
| 6. | NAOMI ABARA | PHC ZONKWA | ZANGO KATAF | OIC |
| 7. | FATU GIMBA | PHC TAKAU | JEMA'A | OIC |
| 8. | NAOMI ILIYA | PHC KAFANCHAN (A) | JEMA'A | RN/RM |
| 9. | MACKSON A. HANKAH | PHC ROMI | CHIKUN | 2IC |
| 10. | RUTH L. MAIGADI | PHC SABON TASHA | CHIKUN | 2IC |
| 11. | HADIZA LADAN | PHC KWATA | ZARIA | CHEW |
| 12. | RABI ABDULLAHI | PHC CHIKAJI | ZARIA | 2IC |
| 13. | FAISAL ABDULLAHI | PHC TUDUN WADA | ZARIA | 2IC |
| 14. | RUKAYYA UMAR | PHC BABBAN DODO | ZARIA | 2IC |

## LIST OF RESEARCHERS

| S/N | NAME OF INTERVIEWER | NAME OF FACILITY | LOCAL GOVT. AREA | DATE VISITED |
|---|---|---|---|---|
| 1. | DEBORAH FRANCIS | PHC KALLAH | KAJURU | 03/05/2021 |
| 2. | NAFISA USMAN | PHC RIMAU | KAJURU | 03/05/2021 |
| 3. | MARYAM JIRBRIL TAMINU | PHC KACHIA | KACHIA | 03/05/2021 |
| 4. | SARAH SALEH | PHC SABON SARKI | KACHIA | 03/05/2021 |
| 5. | ZAINAB SULIEMAN | PHC FADAN KAMANTAN | ZANGO KATAF | 03/05/2021 |
| 6. | LAITU BAKO | PHC ZONKWA | ZANGO KATAF | 03/05/2021 |
| 7. | PATIENCE AKAPSON | PHC TAKAU | JEMA'A | 03/05/2021 |
| 8. | YAKUBU AMINU | PHC KAFANCHAN (A) | JEMA'A | 03/05/2021 |
| 9. | ELIZABETH JOE | PHC ROMI | CHIKUN | 04/05/2021 |
| 10. | SIMON JATAU | PHC SABON TASHA | CHIKUN | 04/05/2021 |
| 11. | M.S LADAN | PHC KWATA | ZARIA | 03/05/2021 |
| 12. | M.S LADAN | PHC CHIKAJI | ZARIA | 03/05/2021 |
| 13. | KHADIJA MUSTAPHA | PHC TUDUN WADA | ZARIA | 30/04/2021 |
| 14. | KHADIJA MUSTAPHA | PHC BABBAN DODO | ZARIA | 30/04/2021 |