MAINTAINING ESSENTIAL HEALTH SERVICES AT PHC LEVEL IN AREAS WITH INSECURITIES IN NIGER STATE – ASSESSING WHAT WORKS?

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1.0 CONTEXTUAL BACKGROUND

In 2020, the COVID-19 pandemic impacted on many health systems including that of Niger state, with the state alongside many other states in Nigeria revising its health budget to cushion the impact on health care services. By 2021, the state allocated the sum of N15,974 billion to its health sector. This was a 10.2% increase compared to its revised 2020 health budget[1]. Also representing 10.4% of Niger state's total budget size. The state also ensured that its spending on essential health services increased by 127.4% from N3,969 billion in the 2020 revised budget to N9,027 billion in the 2021 budget. To maintain essential services at primary healthcare center (PHC) level, the state's budget for the Primary Health Care Management Board (PHCMB) was increased by 9.8% in the approved 2021 budget from N3,003 million to N3,296 million[2]. But despite these administrative moves to strengthen the health systems via improved funding, Niger state in recent times is struggling with widespread bandit attacks in several of its communities. From Rafi, Shiroro to Rijau Local Government Areas of the State have had increasing occurrence of raids, arson, and abductions.

In Niger state, terrorists abducted more than 50 students from the Government Science College, Kagara in Niger State, just two months after the kidnap of at least 300 students from a similar school in a neighboring location. Between January 2020 and February 2021, at least 301 people were killed in 73 various violent incidents in the state[3]. In Shiroro LGA, the cases of banditry have so worsened that residents have resorted to making payments to the bandits for some respite[4][5]. According to SITREP Niger state, the insecurity was at first concentrated in Rafi and Shiroro LGAs, but the security forces' inability to confine the violence to these two local governments as well as having to fight the insurgents (some of whom are affiliated with Boko Haram) over a large territorial expanse (a reality which led it to carrying sporadic air raids) have given the terrorists the leeway to spread their activities to areas in close proximity to Minna, the state capital[3].

Recall that the Niger state government entered into an MoU with the Bill and Melinda Gates Foundation in 2017 for the transformation of Niger state's primary health care system to deliver quality, affordable and sustainable health care services to the people in Niger state, 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 Niger state. So far, the state has progressively

[1] https://nogp.ng/wp-content/uploads/2020/08/NIGER-STATE-APPROVED-REVISED-2020-BUDGET.pdf
[2] https://nogp.ng/wp-content/uploads/2021/01/NIGER-STATE-2021-APPROVED-BUDGET.pdf
[3] https://reliefweb.int/report/nigeria/sitrep-niger-state-terrorists-take-over-february-2021
[4] https://www.bbc.com/pidgin/tori-56941394
[5] https://www.garda.com/crisis24/news-alerts/472706/nigeria-boko-haram-seizes-district-in-northern-niger-state-april-25

performed well scoring 73% in the NPHCDA 2018 PHCUOR scorecard 4 assessment to 94% in 2019.

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

Evidence showed that Covid-19 emergency health response has been disruptive to the provision of essential health services, as state governments shifted resources from essential health services to curb the Covid-19 pandemic[6]. But in view of the current spate of insecurity in Niger State, no new information exists to show how it is affecting the provision of essential health services. The Niger PAS team will be assessing the effect of banditry and terrorism on essential health services in security challenged areas. This case study will assess PHCs that are able to maintain essential services despite security emergencies by innovating and working with communities in service delivery.

2.0 PURPOSE OF RESEARCH

The purpose of this rapid case study is to observe

- How these PHCs have managed to maintain essential services in select areas with insecurity to meet its 2017 commitments.
- What works 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. 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

The Niger PAS project partner; Centre for Communication and Reproductive Health Services (CCRHS-PAS) conducted an advocacy visit to the Executive Secretary, SPHCDA Dr Ibrahim Dangana to secure government's buy-in on the research as the gatekeeper and discussed official procedures for the conduct of the assessment (11/1/2021). A follow-on visit was made to the Executive Secretary, SPHCDA to apply for ethical approval for the assessment (15/1/2021). During the visits to the State Primary Healthcare Development Agency (SPHCDA), three officials were selected to support the assessment process. Two representatives were chosen from the Niger SPHCDA and one from the Department of Planning Research and Statistics of the State Ministry of Health (SMOH).

A one-day planning and orientation meeting was held (18/1/2021) at the SPHCDA conference room to review the instrument for the rapid assessment and also the sampling method for the selection of the PHCs for the assessment.

3.2 Inclusion Criteria for Selection OF LGAS and PHCS

Three Security challenged LGAs were selected purposively and two PHCs were randomly selected from each LGA for the assessment. The selection criteria took into consideration PHCs that were located in LGAs with security problems currently and up till the past three months. Table 1 below showed the LGAs and their respective health facilities visited.

[6] https://guardian.ng/news/niger-governor-attributes-reduction-of-2020-budget-to-covid-19-pandemic/

Table 1: LGAs and Health Facilities Selected

S/No	LOCAL GOVERNMENT AREA	HEALTH FACILITIES
1	MARIGA LGA	1 PHC Kanpani Bobbi
		2 PHC Berri
2	RAFI LGA	1 Yakila PHC
		2 Garin Gabas PHC
3	SHIRORO	1 Gwada PHC
		2 Gunu PHC

3.3 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.

3.4 Workplan for this assessment

Key activities carried out include:

- Advocacy Visit to the Executive Secretary, SPHCDA.
- Development of the letters to the Executive Secretary, Niger State Primary Health Care Development Agency requesting for ethical approvals.
- Orientation/Planning Meeting/Selection of LGAs and PHCs for the assessment.
- Field visit for checklist administration and data collection.
- Analysis and harmonization of the data generated through the assessment exercise and production of research report.

The assessment was conducted over a period of four (4) days with 5 assessors for the field visit/data collection to the selected PHCs in selected LGAs in Niger State.

Assessors with the Officer In-Charge of Yakila PHC during visits to Yakila PHC in Rafi LGA in Niger State (20/1/2021)

Assessors during rapid research assessment visit to Garin Gabas PHC in Rafi LGA of Niger State (21/1/2021)

4.0 FINDINGS

A total of Six (6) PHCs were visited in 3 LGAs and the following responses were obtained.

4.1 MERIGA LGA

4.1.1 PHC Kanpani Bobbi – Mariga LGA

In this PHC, the Officer in charge (OIC) Mr. Alhassan Sule and the Second in charge (2nd IC) Mr. Adamu Dahiru of the PHC facility were interviewed separately.

In the past three months they both claimed to have managed emergency patients on three occasions as a result of insecurity or violent attacks in or around their community.

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

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, they both responded by recounting their management protocols for administering first-aid then transfer or referral.

When asked what type of emergency treatment this facility provided to victims of violence brought in, both the OIC and 2nd IC responded with “arrest bleeding and resuscitate the patient” but the OIC noted that all referrals were usually done when patient is stabilized.

We enquired about who usually brings these patients to the facility when there is insecurity or a violent attack in the community, they both responded by listing the following; community leaders, vigilante, family relations or the police.

Enquiring if the patients’ families were typically asked to pay for some aspects of the treatments, both the OIC and 2nd IC responded in the affirmative, but the OIC noted that payments were for drugs while the 2nd IC noted that payments were especially for drugs that were not available in the facility.

Because 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, they both responded in the affirmative with the OIC saying “yes, the community members are trained on first aid management”.

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. Both agree that essential services have been affected but they are only able to cater to emergencies with a schedule for staff.

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, both responded saying the facility adopted a shift schedule for staff during these periods to ensure presence.

Regarding how the facility works with the community to ensure that it continues to provide essential services both the OIC and 2nd IC responded by saying they leverage on volunteers from the community and have regular meetings with the Ward Head Development Committee in the community.

The PHC Kanpani Bobbi – Mariga LGA facility profile revealed that regarding human resource for health, this facility has no doctor, only 3 nurses, 3 CHEWS, 5 JCHEWS, 3 health attendants, 4 lab attendants, 3 Environmental Health Officers and 1 medical records officer. 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 22 human resources for health available to this facility only 6 staff members are from the community. The PHC was established in 1992 and regularly admits patients as a 10-bed facility. Essential health services provided by this PHC includes; routine immunization, antenatal clinic, family planning services, labor and delivery, treatment of minor ailments and health education.

4.1.2 PHC Berri – Meriga LGA

In this PHC, the Officer In-Charge Hauwa Abdullahi and 2nd In-Charge Saádatu Atahiru of the facility were interviewed separately.

In the past three months they both claimed to have managed emergency patients on five occasions as a result of insecurity or violent attacks in or around their community.

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

When asked about when patients are brought to the facility in emergency situations for them to describe how the facility organizes to take action to ensure that lives are saved, the OIC responded by recounting their management protocols “we receive the patients, then inform security agents and then treat but in cases beyond us, we refer”. The 2nd IC mirrored the OIC’s response saying “we receive the patient, start necessary treatments before informing the police, if more treatment is required, we transfer”.

When asked what type of emergency treatment this facility provided to victims of violence brought in, both the OIC and 2nd IC responded with treatment for wounds, give IV fluids and admissions for severe cases of injuries.

We enquired about who usually brings the patients to the facility when there is insecurity or a violent attack in the community, they both responded by listing the following; patient’s relatives, vigilante group or the police.

Enquiring if the patients’ families are usually asked to pay for some aspects of the treatments, both the OIC and 2nd IC responded in the affirmative, noting that payments were for drugs that were not available in the facility.

Because 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, they both responded in the affirmative with the OIC saying "yes, the community vigilante groups are trained on first aid management to be given to the injured person before bringing them to the hospital". The 2nd IC noted that the community are also trained on wound dressing and on how to care for a fracture.

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. Both noted that occasionally the inflow of casualties does affect routine services at 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, both responded saying the facility adopts a triage system to ensure essential services are not disrupted. The OIC noted that "division of labor usually sets in, some will have to attend to the emergencies while others attend to routine services".

Regarding how the facility works with the community to ensure that it continues to provide essential services both the OIC and 2nd IC responded by saying they worked with the Ward Head Development Committee whilst also conducting outreach sessions and health education in the community.

The PHC Berri – Mariga LGA facility profile revealed that this facility has no doctor, only 1 nurse, 6 CHEWS, 4 JCHEWS, 1 Community health officer, 2 health attendant, 1 lab attendant and 2 Environmental Health Officers. The facility is a 24-hour facility operating via a shift arrangement that includes permanent and volunteer staff. There is an on-call procedure to call up staff from the community in cases of emergency. Out of the 17 human resources for health available to this facility only 6 staff members are from the community. The PHC was established in 2010 and regularly admits patients as a 21-bed facility with male and female wards. Essential health services provided by this PHC includes; routine immunization, antenatal clinic, family planning services, labor and delivery, treatment of minor illnesses and outreach services within Berri town.

4.2 RAFI LGA

4.2.1 Yakila PHC – Rafi LGA

In this PHC, the Officer in-charge Kuluwa Bako and 2nd in-charge Mohammed Bobi Ibrahim of the facility were interviewed together.

In the past three months they both claimed to have managed emergency patients on three occasions as a result of insecurity or violent attacks in or around their community.

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

When asked when patients are brought to the facility in emergency situations for them to describe how the facility organizes to take action to ensure that lives are saved, the both responded by stating that they offered full treatment and first aid support but in severe cases, they referred.

When asked what type of emergency treatment this facility provided to victims of violence brought in, both the OIC and 2nd IC responded with road accident care for those fleeing

communal clash and care for cut injuries due to communal clashes or injuries from arrest by the police.

We enquired about who usually brings the patients to the facility when there is insecurity or a violent attack in the community, they both responded by listing the following; community vigilante, the police, road safety, ward head development committee members and relatives.

Enquiring if the patients' families are usually asked to pay for some aspects of the treatments, both the OIC and 2nd IC responded in the affirmative, noting that the patient's relatives are usually required to pay for the treatments.

Because 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, they both responded saying no but also noted that the Ward Head Development Committee of the community supports the facility as an intermediary between the facility and community.

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. Both noted that daily essential services were affected even their outreach activities were now on hold.

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, both responded saying they sensitize the community and shift their PHC service sessions to market days and in some cases early mornings which are safer.

Regarding how the facility works with the community to ensure that it continues to provide essential services both the OIC and 2nd IC responded saying they strengthened partnerships with the Ward Head Development Committee whilst also continuing sensitizations and health educations.

Yakila PHC – Rafi LGA facility profile revealed that this facility has no doctor, only 1 nurse, 1 CHEW, 3 JCHEWS, 2 health attendants, 1 lab attendant and 1 Health Educator. The facility runs from 8 am-5 pm but all staff are on call during the afterhours. There is an on-call procedure to call up staff from the community in cases of emergency. Out of the 7 human resources for health available to this facility only 3 staff members are from the community. The respondents were unsure but guessed that PHC was established around 1980-1983 but runs as an outpatient facility with no admissions. Essential health services provided by this PHC includes; routine immunization, antenatal clinic, family planning services, post abortion care, nutrition counselling and minor illnesses.

4.2.2 Garin Gabas PHC – Rafi LGA

In this PHC, the 2nd In-Charge Ahmed Bawa and an attendant Abdullahi Gambo from the facility were interviewed together.

In the past three months they both agreed to have managed emergency patients on one occasion as a result of insecurity or violent attacks in or around their community.

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

When asked about when patients are brought to the facility in emergency situations for them to describe how the facility organizes to take action to ensure that lives are saved, the both responded by stating that they offered first aid support.

When asked what type of emergency treatment this facility provided to victims of violence brought in, both noted that they offered wound treatment and first aid care.

We enquired about who usually brings the patients to the facility when there is insecurity or a violent attack in the community, they both responded by listing the following; community leaders, the police, road safety and family members.

Enquiring if the patients' families are usually asked to pay for some aspects of the treatments, both responded noting that no payment was required for treatment but the patients are required to purchase their own drugs.

Because 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, they both responded saying they train the community members on first aid management.

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. Both noted that daily essential services were not affected but their outreach activities were now on hold.

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, both responded saying no special strategies were adopted as only outreach activities were affected.

Regarding how the facility works with the community to ensure that it continues to provide essential services both responded saying they meet regularly with the ward development committee and village heads.

Garin Gabas PHC – Rafi LGA facility profile revealed that this facility has no doctor, no nurse, 1 CHEW, 1 JCHEWS, 1 health attendants and 1 Environmental Officer. The facility runs from 8 am-4 pm but all staff are on call during the afterhours. There is an on-call procedure to call up staff from the community in cases of emergency. Out of the 4 human resources for health available to this facility only 2 staff members are from the community. The PHC was established in 1985 and runs as an 8-bed outpatient facility with no admissions. Essential health services provided by this PHC includes; routine immunization, antenatal clinic, family planning services, nutrition counselling and minor illnesses.

4.3 SHIRORO LGA

4.3.1 PHC Gwada – Shiroro LGA

In this PHC the Officer in Charge (OIC) Mr. Abdullahi Mohammed and the Second in Charge (2nd IC) Asabe Saidu of the PHC facility were interviewed.

In the past three months they both claimed to have managed no emergency patients presenting as a result of insecurity or violent attacks in or around their community.

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

When asked about when patients are brought to the facility in emergency situations for them to describe how the facility organizes to take action to ensure that lives are saved, they both responded by saying they will administer first-aid and transfer or refer the patients.

When asked what type of emergency treatment this facility provided to victims of violence brought in, both the OIC and 2nd IC responded saying no cases have been brought in but in the past, they usually offered first aid management.

We enquired about who usually brings the patients to the facility when there is insecurity or a violent attack in the community, they both responded saying they have had no recent cases but, in the past, the relatives or security agents brought the patients.

Enquiring if the patients' families are usually asked to pay for some aspects of the treatments, both the OIC and 2nd IC responded sayings patients were not asked to pay.

Because 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, they both responded saying they had none.

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. Both agree that essential services have not been affected but their outreach activities have been affected.

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, both responded saying none for now.

Regarding how the facility works with the community to ensure that it continues to provide essential services both the OIC and 2nd IC responded by saying they leverage on regular meetings with the Ward Head Development Committee, house to house mobilization and outreach sessions in the community.

The PHC Gwada – Shiroro LGA facility profile revealed that this facility has no doctor, only 2 nurses, 6 CHEWS, 3 JCHEWS, 2 lab attendants and 2 Environmental Health Officers. The facility runs from 8 am-4 pm. There is an on-call procedure to call up staff from the community in cases of emergency. Out of the 15 human resources for health available to this facility, 13 staff members are from the community. The PHC was established in 1987 as a 6-bed out-patient facility. Essential health services provided by this PHC includes; routine immunization, antenatal clinic, family planning services, labor and delivery and treatment of minor ailments.

4.3.2 PHC Gunu – Shiroro LGA

In this PHC the Officer in charge (OIC) Mr. Musa Gonze and the Ward Focal Person Jummai Jagaba of the PHC facility were interviewed together.

In the past three months they both claimed to have managed two cases emergency patients presenting as a result of insecurity or violent attacks in or around their community.

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

When asked about when patients are brought to the facility in emergency situations for them to describe how the facility organizes to take action to ensure that lives are saved, the OIC responded by saying "we arrest the bleeding and examine to transfer or refer the patients".

When asked what type of emergency treatment this facility provided to victims of violence brought in, both responded saying minor suturing for cuts, arrest bleeding and stabilization of the patient for referral.

We enquired about who usually brings the patients to the facility when there is insecurity or a violent attack in the community, they both responded saying the relatives, vigilante group or security agents brought the patients.

Enquiring if the patients' families are usually asked to pay for some aspects of the treatments, both responded sayings patients were asked to pay for services.

Because 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, they both responded saying no.

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. Both agree that essential services have not been affected.

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, both responded saying they had dedicated staff for essential services and emergency services.

Regarding how the facility works with the community to ensure that it continues to provide essential services both responded by saying they leverage on community dialogues, regular meetings with the Ward Head Development Committee and outreach sessions in the community.

The PHC Gunu – Shiroro LGA facility profile revealed that this facility has no doctor, 1 dentist, only 1 nurse, 8 CHEWS, 3 JCHEWS, 3 health attendants, 4 lab attendants, 2 nutritionists and 1 Environmental Health Officers. The facility runs a 24-hour service. There is an on-call procedure to call up staff from the community in cases of emergency. Out of the 23 human resources for health available to this facility, only 6 staff members are from the community. The PHC was established in 1970 as a 9-bed out-patient facility. Essential health services provided by this PHC includes; routine immunization, family planning services, treatment of minor ailments, health education and laboratory services.

5.0 DISCUSSIONS

The findings from the six 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 Mariga LGA saw more cases of emergencies presentation as a result of violent attacks whilst the PHCs in Shiroro LGA managed the least cases. This was despite the fact that the PHCs in Shiroro have relatively more human resources for health at their disposal than the other PHCs. Perhaps the PHCs in Mariga 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. It was also observed that the health workers do not wear their official uniform at PHC Yakila in Mariga LGA. When asked why? They remarked that it was to escape the attention of kidnappers. Outreach services provided by all the PHCs across the LGAs assessed have stopped due to the insecurity.

5.2 Maintaining Essential Health Services

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 agencies especially with the vigilante groups and the police asides from the patients' relatives in bringing these emergency cases to these PHCs.

Essential services were disrupted in all the PHCs except in the PHCs located – Garin Gabas, Gwada and Gunu. This was unsurprising because in the last 3 months these PHCs saw the least emergency cases. Perhaps this may be so because unlike in Rafi, Shiroro witnessed more kidnapping than violent clashes and more of its residents/farmers were willing to pay the bandits to keep the peace. PHC Gwada had had no cases of emergencies as a result of insecurity in the past three month and as a result have had no disruption to its essential health services.

Despite the funding issues, the PHCs were all open and even though essential services were disrupted at certain times, they did not totally cease services. The absence of funding support and short supply of drugs at the facilities also meant most of the patients had to pay out of pocket for drugs and some services. This was a common theme across all the PHCs in the LGAs for this case study.

5.3 Strategies adopted by the PHCs to maintain essential services

Most of the PHCs adopted the "shift system" where there were fewer staff or the "triage system" where they had more staff to ensure they had staff to maintain essential services. They all had at least a staff available on call in all the PHCs assessed in the communities. It was interesting to observe that in all the PHCs, there was a disproportionate amount of the staff not indigenous to the communities where the PHCs were situated with only a few staff from the communities. All of the PHCs offered some form of essential service like routine immunization and family planning services whether they were in-patient or out-patient type PHCs. Only PHC Kanpani Bobbi in Mariga LGA leveraged on volunteers from the community on occasions as health assistants to maintain its essential services.

5.4 PHC strategies with the communities to maintain essential services

All the PHCs had some form of relationship with the Ward Head Development Committee in their wards and attended regular meetings with them. This support was probably responsible for their safety especially for the staff members who had to work at nights at the PHCs. This relationship with the community has seen the PHCs organize first aid trainings, health educations and outreaches for their communities creating a slew of first responders. Hence, there is little wonder as the vigilante groups always facilitated the bringing of emergency cases to the PHCs. This is evidence of their engagement on the importance of appropriate healthcare despite other rural alternatives.

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

Across the PHCs in the LGAs there were linkages with the Ward Head Development Committee (WDHC). The meetings with WHDC and Village Head Committees aided support for security backup. The PHCs also strengthened their collaborations with security agencies (i.e., the Police and Community Vigilante group) to provide cover at the facility sites.

The PHCs also had fixed periods for rendering of essential services also taking advantage of days with a large crowd like the mornings of market days like the Yakila PHC in Rafi LGA.

The PHCs suspended their outreach programs focusing on facility care for mostly essential services during high security threat periods. The outreaches were now all either on hold or rescheduled to safe periods with adequate security backups.

Other measures included Health Workers being less conspicuous and not dressing in their official uniforms to the work place as a form of protection during heightened security challenged periods.

6.0 CONCLUSION

This study on how PHCs are maintaining essential health services in areas where insecurity is prevalent can help us generate new ideas on how to support them to reduce disruption of their important services to the communities where they are situated. The PHCs have managed to maintain minimal services through innovative approaches within the PHCs and with the communities but will benefit from improved funding and staff support from the Niger state PHCDA and the Niger state government. The Ward Head Development Committee as a support system for the PHCs plays a pivotal role for the PHCs and this research hopes to amplify their supportive and unifying role between the community members, the security agencies and the PHCs as what works.

It is worth mentioning that because this case study deals with only a select group, we can never be sure if the case study investigated is representative of the wider body of "similar" instances. This means that the conclusions drawn from this particular case may not be transferable to other settings with insecurity.

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- NPHCDA scorecard 4 assessment of PHCUOR

8.0 APPENDICES

Study Participants

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1	Hauwa Abdullahi	PHC Berri	In-Charge of PHC	08020960990/ huwaabdullahi842 @gmail.com
2	Sa'adu Attahiru	PHC Berii	2nd In-charge	08024892644 / sa'aduattathiru140 @gmail.com
3	Kuluwa Bako	PHC Yakila	In-Charge	07031302936 Kulubako52528 @gamil.com
4	Moahmmed Bobi Ibrahim	PHC Yakila	2nd – In-charge	08064256450
5	Ahmed Bawa	PHC Garin Gabas	2I/C	07062048654
6	Abdullahi Gambo	PHC Garin Gabas	Attendant	08063714133
7	Alhassan Sule	PHCC Kampanin Bobbi	In-Charge	08029052390
8	Adamu Dahiru	PHCC K/Bobbi	2 I/C	08133741468
9	Musa Gonze	PHC Gunu	In-Charge	07069748962 Musagonu2015 @gmail.com
10	Jummai Jagaba	BHC Gunu	WFP	08058809811
11	Abdullahi Mohammed	BHC Gwada	In-Charge	08032839432
12	Asabe A. Saidu	MCH Gwada	2I/C	08054498620
Researchers				
1	Alhassan Abubakar Kaboji	SPHCDA	Director Facilities	08037120277 / alhassanmusa80 @gmail.com
2	Abubakar M. Ynada	SPHCDA	Chief Planning Officer Budget	08033754341 / Abubikar2@gmail .com
3	Alh. S Ladan	SMoH	PA	08062413223 / ladan
4	Dr Aliyu Yabagi Shehu	CCRHS-PAS	Project Director	08033499556 ayshehu@yahoo.com
5	Alh. Shehu Baba	CCRHS-PAS	Program Officer	08038011892 Bbshehu2007@gmail.com

Structured interview instrument

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.

Supervisor's Name:	
Name of PAS CSO:	
Date of Visit:	
Name of the Researcher:	
Name of the PHC Facility:	
Local Government:	
Ward:	

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?

   ……..……

   ……

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? ……..

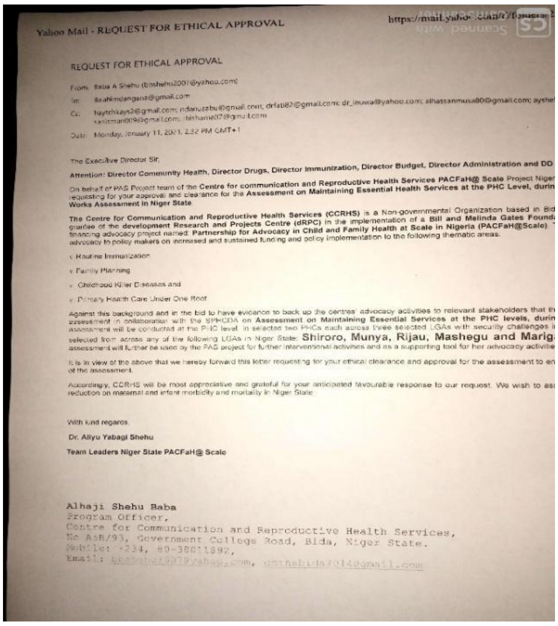
    ……..……

    ……

Section B: PHC profile summary

S/N	PHC Profile	Response
1	**Number of staff by cadre**	**In-charge……. Dr…….. Nurse/Midwife:** **CHEWS: J/CHEWS…….. Others**
2	**Opening hours of the facility**	
3	**Which staff are usually at the facility in the day and which staff in the night?**	
4	**Is there an on-call procedure to call up staff from the community in cases of emergency**	
5	**How many staff members are from the community**	
6	**When was the facility established**	
7	**Are there beds and are patients on admission in this PHC?**	
8	**What regular essential health services does this facility provide?**	

Ethical approval



Yahoo Mail - REQUEST FOR ETHICAL APPROVAL

REQUEST FOR ETHICAL APPROVAL

From: Baba A Shehu (bashehu2007@yahoo.com)

To: ibrahimdangana@gmail.com

Cc: haytchkays2@gmail.com; ndanusabu@gmail.com; drfati82@gmail.com; dr_inuwa@yahoo.com; alhassanmusa80@gmail.com; ayshe

Date: Monday, January 11, 2021, 2:32 PM GMT+1

The Executive Director Sir,

Attention: Director Community Health, Director Drugs, Director Immunization, Director Budget, Director Administration and DD

On behalf of PAS Project team of the **Centre for communication and Reproductive Health Services PACFaH@ Scale** Project Niger requesting for your approval and clearance for the **Assessment on Maintaining Essential Health Services at the PHC Level, durin Works Assessment in Niger State**

The Centre for Communication and Reproductive Health Services (CCRHS) is a Non-governmental Organization based in Bid grantee of the **development Research and Projects Centre (dRPC)** in the implementation of a **Bill and Melinda Gates Found** financing advocacy project named: **Partnership for Advocacy in Child and Family Health at Scale in Nigeria (PACFaH@Scale)**. advocacy to policy makers on increased and sustained funding and policy implementation to the following thematic areas.

- Routine Immunization
- Family Planning
- Childhood Killer Diseases and
- Primary Health Care Under One Roof

Against this background and in the bid to have evidence to back up the centres' advocacy activities to relevant stakeholders that th assessment in collaboration with the SPHCDA on **Assessment on Maintaining Essential Services at the PHC levels, durin** assessment will be conducted at the PHC level in selected two PHCs each across three selected LGAs with security challenges i selected from across any of the following LGAs in Niger State: **Shiroro, Munya, Rijau, Mashegu and Marig** assessment will further be used by the PAS project for further interventional activities and as a supporting tool for her advocacy activitie

It is in view of the above that we hereby forward this letter requesting for your ethical clearance and approval for the assessment to en of the assessment.

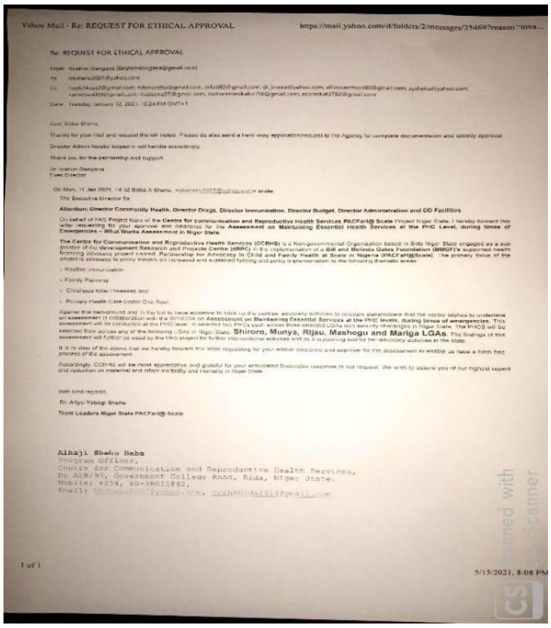
Accordingly, CCRHS will be most appreciative and grateful for your anticipated favourable response to our request. We wish to as reduction on maternal and infant morbidity and mortality in Niger State.

With kind regards,

Dr. Aliyu Yabagi Shehu

Team Leaders Niger State PACFaH@ Scale

Alhaji Shehu Baba
Program Officer,
Centre for Communication and Reproductive Health Services,
No A5B/93, Government College Road, Bida, Niger State.
Mobile: +234, 80-38011892,



Yahoo Mail - Re: REQUEST FOR ETHICAL APPROVAL https://mail.yahoo.com/d/folders/2/messages/25469?reason=inva...

Re: REQUEST FOR ETHICAL APPROVAL

Date: Tuesday, January 12, 2021, 10:24 PM GMT+1

Thank you for the partnership and support

The Executive Director Sir,

Attention: Director Community Health, Director Drugs, Director Immunization, Director Budget, Director Administration and DD Facilities

- Family Planning
- Primary Health Care Under One Roof

Shiroro, Munya, Rijau, Mashegu and Mariga LGAs.

With kind regards,

Dr. Aliyu Yabagi Shehu

Team Leaders Niger State PACFaH@ Scale

Alhaji Shehu Baba
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1 of 1

5/15/2021, 8:08 PM