Quest Journals
Journal of Research in Humanities and Social Science
Volume 10 ~ Issue 10 (2022) pp: 348-357
ISSN(Online):2321-9467
www.questjournals.org

Research Paper

Assessing the Impact of Insurgency on Primary Health Care in Yobe State

Muhammed Gimba[1]
RafatEmeshebe Momoh[1]
Raymond Isa Panmun[2]
[1]*45, Mida Vale, Monkston Park, Milton Keynes, MK10 9RF, England*
[2]*Department of General and Applied Psychology, University of Jos, Plateau State*
Correspondent Address: 45, Mida Vale, Monkston Park, Milton Keynes, MK10 9RF, England,
md.gimba@gmail.com

Abstract
The study assessed the effectiveness of health service delivery on the health status of internally displaced persons. The objectives of the study were in fourfold, to: assess the extent of availability of medical personnel by the IDPs living in camps in Yobe state, assess the adequacy of health service facilities in the state, examine the extent of accessibility to health service by health personnel via disaster impact in the state and assess the utilization of health services rendered by Health facility in Yobe state The study employed survey research design. Primary sources of data were used and data sourced through questionnaires and interview. From the results, 40% of the respondent agreed that there health center have enough qualified health care to carry out the services for emergency treatment in their various health center while majority 60% disagreed. Also 45% of the total respondents agreed that there is availability of drugs to cure various diseases in the health center, while majority 55% disagreed. 50% of the respondents agreed that there were adequate water, sanitation and hygiene conditions in the camp, while 50% disagreed. Results also show that due to the IDP's poor location, their chances of having physical access to health services become a problem as well and between June 2011 and August 2014, an estimated 1341 fatalities were recorded with 252 deaths in Yobe state in the first 6 months alone. Based on the findings from this research, measures should be put in place to ensure efficient security to all health personnel via the impact of the insurgency as provided by law in order to increase access to primary health care.

KEY WORDS:*Insurgency, Primary Health Care, Internally Displaced Persons (IDPS).*

R*eceived 15 Oct., 2022;* ***R****evised 28 Oct., 2022;* ***A****ccepted 31 Oct., 2022 © The author(s) 2022.*
P*ublished with open access at* ***www.questjournals.org***

I. Background of the study

Nigeria has been involved in a 6 year conflict with the group Boko Haram, responsible for many attacks, the most widely reported being the kidnap of 276 school girls in April, 2014. Boko Haram currently controls an area the size of Belgium across three states in northeast Nigeria: Adamawa, Borno, and Yobe. Health indices, such as maternal and child mortality are worst in the northeast region compared with elsewhere in Nigeria. The substantial gains Nigeria has made to control polio might be lost if these issues of health care are not urgently addressed in northeast Nigeria. In 2013, 53 cases of polio were recorded in Nigeria, more than half of which were in Borno and Yobe. In 2014, only one case was detected in Borno and Yobe.2 This change suggests that cases of polio might be going undetected because of the insurgency (Nigerian Population Commission, 2013).

The Nigerian Government estimates the number of internally displaced people in northeast Nigeria (as of January, 2015) to be 981 416.3 At least 153 000 refugees have fled to Niger, Cameroon, and Chad. These internally displaced people live in (official and unofficial) camps, often with illnesses, physical and psychological trauma, and minimal access to health care and basic essentials, such as food, clothing, shelter, clean water, and sanitary conditions. Reports on the ground (Abdulraheem,Oladipo, &Amodu, 2012) suggest that diarrhoea is the main ailment, and so far, two clinical cholera outbreaks have occurred these were never confirmed because health workers had no access to laboratory tests. Apart from a few official camps (housing

about 150 000 people) with potable water supplies, internally displaced people must access water from streams (UNOCHA, 2015).

Respiratory tract infections rank second, with about 30 cases per 1000 people per week. A measles outbreak with hundreds of cases is ongoing in northeast Nigeria. Cases of malaria are more difficult to ascertain because the diagnosis is often recorded as fever, especially if a qualified health worker is not available to examine the patient(Abdulraheem,et al., 2012). Estimations of the incidence of injuries are uncertain, mainly because only individuals with major injuries present for treatment. However, from our experience, about one in five people in the camps are severely malnourished, including children and nursing mothers. No facilities are available for pregnant women; they give birth under risky conditions and all the maternal deaths on record in the Adamawa camps have been caused by excessive bleeding. We have also heard reports of spread of HIV infection. In Adamawa state, some individuals with HIV and other chronic diseases, such as hypertension and diabetes, have been off medication for at least 3 months. The Boko Haram insurgency is an urgent wake-up call for policymakers in Nigeria and global health agencies to provide humanitarian aid. In the short term, health workers and health supplies, including vaccines, need to be deployed to both official and unofficial camps? In the long term, efforts should be focused on how to reintegrate returning refugees, and on building capacity for early preparedness for future humanitarian emergencies in Nigeria. The public health implications of the insurgency are dire, and the world cannot afford to sit by and watch. The Nigerian authorities have so far been unable to contain the insurgency. Nigeria and its neighbours, whose health-care systems are being stretched by the influx of refugees every day, need support for their health systems to respond to the unique challenge posed by the conflict. We hope that this letter will awaken and engage the world to prevent the looming public health disaster (IDMC, 2015).

Health services have collapsed in states affected by the Boko Haram insurgency in the North-East, a report from the National Emergency Management Agency has said. The report, made available to the News Agency of Nigeria in Abuja on Thursday, said that the insurgency had brought the health system to "total collapse'' in most local government areas of Borno. According to the report, 37 per cent of the primary health care centers in most affected local government areas have been shut because of the insurgency. The report further stated that the existing health centers were overwhelmed by the number of Internally Displaced Persons (IDPs) requiring health care assistance (Abdulraheem, Oladipo, &Amodu, 2012). It added that in spite of relentless efforts from actors to attend to IDPs, the need for emergency health support had become enormous. In spite of the of relentless efforts from actors on ground, the need for emergency health support are acute, especially regarding provision of health care for pre-existing conditions, the report stated (NEMA, 2015).

Statement of Research Problem

The North East part of Nigeria has been experiencing insurgency since 2009 and the most affected area in that part of the country areYobe, Borno and Adamawa (Dunn, 2018). Before the insurgency, the state was one of the poorest in terms of access to Primary Health Care and it became worst thereafter.Yobe State is currently one of the most affected states as there has been severe disruption of its health service due to the Boko Haram insurgency and to date, the effect is still adversely felt by many.This is because the intensity of the armed attacks and abuses against the civilian population and destruction of vital infrastructure has increased over the years and the governmental reform and developmental efforts have been largely paralyzed by the conflict which has taken over 5,000 lives. The present study is therefore conducted to assess the effects of the current conflict situation on Primary Health Care services for the rural population in Yobe state.

Aim and Objectives of the study

The aim of this research project is to assess the current security situation on primary health service in Yobe state, and the specific objectives are:-

i. assess the impact of current security situation on primary health service in Yobe state;
ii. Assess the effect of insurgency on health workers;
iii. Assess the coping strategies of primary health services;
iv. Assess the impact of insurgency on health infrastructure;

Research Questions

I. What is the impact of current security situation on primary health service in Yobe state?
ii. What is the effect of insurgency on health workers?
iii. What are the coping strategies on primary health services?
iv. What is the impact of insurgency on health infrastructure?

Significance of the Study

This research work will be useful to researchers as well as general readers. It will also encourage the local populace to participate on the current security situation on primary health service in Yobe state so that early warning information can be issued through self-help and government assistance will be done with the approach of related government agencies.

Scope and Limitation of the Study

The scope of the study is confined to the assessment of current security situation on primary health service inDamaturu town in Yobe state. It will also be limited to Damaturu Primary Health Service center.

II. Literature Review

The spokesman of the Adamawa state-run NEMA in person Ezekiel, stated that the agency has been meeting the needs of the displaced people and that "NEMA is on the ground providing the vulnerable with food, shelter and drugs," he said. "Our appeal is for those affected to come to the camps so that we can attend to them. We cannot go to people's homes to give relief to them. They have to come to the camps and the collection centers to receive support," Ezekiel said only eight percent are in the camps while the majorities are staying with their host communities. "For them to be reached, they have to register with NEMA so that we will know exactly those we have to take care of," he added (Ezekiel, 2015).Arising from the increase in the number of women and girls rescued from the Boko Haram insurgents, UNFPA, the United Nations Population Fund, in close collaboration with the Borno State Ministry of Health has decided to step up their support for gender vulnerable in the areas of training of health workers who were subsequently mobilized and deployed within 24 hours to the Internally Displaced Persons (IDPs) camps where they were responsible for the provision of psychosocial support counseling to the traumatized women and girls and make referrals for the most complicated cases among them.

A majority of the rescued girls who were counseled are pregnant which led to the provision of additional reproductive health kits and dignity kits to Borno and Adamawa States for safe delivery to prevent maternal or infant death (UNFPA, 2015).The representative of UNFPA in Nigeria in person of Mrs. Ratidzai buttressing the effort of UNFPA above when she stressed that "Our level of preparedness enabled us to respond almost immediately, we do not select which rescued girl to support but we support all girls, including Chibok girls, because in UNFPA, everyone counts, she continued". Personnel are in place -including a psychosocial support expert trainer- and necessary supplies, including kits, are available to meet the physical, emotional, psychological and medical needs of the women and girls on arrival (ibid). It was further argued that the humanitarian response program of UNFPA was scaled up in 2014 to cover six States (Yobe, Gombe, Bauchi, Kaduna, Adamawa and Borno) through which 21,800 clean delivery kits and 17,664 female dignity kit has been distributed. As a result of these supplies, by the end of the year, 16,350 women had safe deliveries in the Fund's supported facilities across the six states. While a total of 73 women with complications received comprehensive care, including caesarian sections, at the supported referral centers. There were no maternal deaths (UNFPA, 2015). For the purpose of provision of health care for gender vulnerable, about 121 health workers received training on psychosocial support services through which sixty doctors, midwives and nurses were trained on minimum initial service packages for reproductive health in humanitarian settings. Furthermore, 60 health-care providers were trained on clinical management of rape and-post abortion management and 50 midwives and nurses were trained on providing long-acting re-serviceable contraceptives, which enable these vulnerable women to avoid unintended pregnancies.

Almost 123 cases of sexual violence cases were reported in security posts and 45 cases in health facilities of Adamawa and Borno State. This jump in reporting is associated with increased awareness of gender based violence resulting from community sensitization sessions carried out in camps. Also, the increased availability of trained health personnel to provide services and of supplies for treatment at the camp clinics have in turn strengthened the health systems for the continuous provision of sexual and reproductive health services in the Northeast. In total, more than 700 traumatized people including the rescued women and girls have received psychosocial support from trained health personnel at UNFPA-supported facilities at the camps for those displaced in Borno State (UNFPA, 2015).

Impact of conflict on health infrastructure

Health facilities had not been directly targeted by the insurgents, nevertheless the rampage of destruction against governmental buildings such as VDC offices had damaged those facilities that were attached or housed in the governmental buildings. Prior warning to evacuate the health facility was also reported before destroying the building. In Bardia, the residential building for health workers that was in close proximity to a security station could not be used appropriately as it had to be vacated every night due to fear of being caught in cross firing.

The outlook of insurgents towards health programs and health workers was reported to be relatively positive as compared to other sectors. They supported the national immunization days, and Via Supplementation by participating in the advocacy efforts, allowed visitors and made allowances for vehicles to ply on the road. Services from the facilities in remote areas were provided by efforts and commitment of individual service providers working in isolation due to poor linkage and communication for supportive supervision between the peripheral facilities and the district public health office, which in turn must rely on reporting system from the periphery with no means of validation. Reports of looting of drugs from the community drug program were common by the insurgents who believed that the drugs from the government should be supplied free and thus resented having to pay.

The PHC outreach clinics have an important role to play to improve the availability and access to essential health care services at the community level. There was a feeling of general fear, isolation and lack of support among the community level service providers. In-charge of the health facilities of many remote areas were on deputation to the district head quarter, necessitating the VHWs and MCHWs to provide services at the facility; leaving them with very little time for community work like running the outreach program or supervision. In none of the conflict affected districts, the monthly target for out-reach clinics was met. The lack of support and leadership due to dissolution of local government had also contributed to the above stalemate.

The targets for immunization were not met in Bardia, Banke, and Dolakha, whereas in Rasuwa which has the least number of EPI centers was picking up to achieve 90% of its target. In Nuwakot, it was reported that the EPI and PHC-ORCs were held jointly. In Bhaktapur 95% of monthly target for immunization clinics is met except in the cold winter months. Tuberculosis, affecting about 45% of the total population, is one of the major public health problems. Directly observed treatment short course (DOTS) was successfully meeting its target in all the districts for all months and did not seem affected by the insurgency (ACAPS, 2015).

Impact of conflict on health workers

The health workers in all conflict affected districts were instructed by the insurgents to be on standby to provide treatment to their cadres, abducted to provide services, forced to attend mass meetings and indoctrination programs, made to express their views regarding the armed conflict in public gatherings, and compelled to pay levy to insurgents. "Everybody pays, almost all government health employees have been donating but most are hesitant to express it".

The security personnel warn the health workers against providing services to the insurgents harass if health workers were unable to provide details of the service users and suspected the health workers to collude with the insurgents. The health workers reported widespread apprehension, reluctance to travel to conflictaffected areas due to fear of arrests, ill treatment, and curtailment of freedom, both from the insurgents as well as the government security forces. "Carrying an identity card makes us vulnerable from insurgents and not carrying one makes the security persons suspicious! There is danger from both sides, both move around with guns.

Impact of Insurgency on Primary Health Services

1. Human resource

The presence of the in-charge was looked into, as s/he was crucial for delivery of quality essential health care services from that facility. In Bardia district, there was a single doctor for the whole district, while all the other five positions lay vacant. In Bhaktapur, Banke, Dolakha and Rasuwa all the posts of the doctors at the PHCCs were taken; in Nuwakot only one out of three Primary Health Care Centres (PHCCs) had a doctor. Among the health posts of the study districts, between 30% (Banke) to 50% (Dolakha) of the positions of in charge at health posts were vacant with Nuwakot (70% vacant) the worst. The situation of sub health posts which are the first contact point for basic health services from institutional perspective was better with all positions of in-charge taken in Bhaktapur, Bardia, and Banke, and in the districts of Dolakha, Rasuwa, and Nuwakot, over three quarter of positions filled.

2. Supervision and monitoring

In conflict-affected areas, health and project personnel were reluctant to undertake field travel, because of vulnerability to intimidation in the form of interrogation, abduction and even life, from insurgents as well as the security personnel. Fear of being caught in crossfire and budgetary constraints. Consequently, supervisory activities had become confined only to safe and accessible areas from where returning back to headquarter was possible on the same day.

3. Logistics supplies

Transport of essential supplies and commodities into districts affected by the conflict had been increasingly difficult due to the presence of bandits, roadblocks, checkpoints, as well as the destruction of bridges and airport towers. There were restrictions on government vehicles (with white number plates) to ply, necessitating the use of public transport, private motorcycles, bicycles as well as bullock-carts for distribution of supplies. Insurgency

has meant increased transportation costs both at the centre and the district. Incidents of looting and vandalism by insurgents and uncertainty of supplies reaching on time due to unexpected bandits have necessitated the maintenance of extra stock at the facilities.

Coping Strategy

Primary health sector has used appropriate local means of transportation to ensure distribution of drugs and supplies, used intermediaries like the human rights organizations to facilitate transportation of drugs, supplies and to ensure successful participation of communities in national health programs. The external development partners have used different strategies like maintaining close contact between the field staff through regular monitoring by the central level teams, training to all staff on risk management, developing negotiating skills by practice and induction, and adopting a flexible strategy for field planning based on the information provided by the field partners and health workers regarding the movement of the insurgents, their programs and the security situation. Recruitment of local health workers, adopting innovative approaches through DHO for retention of staff; promotion of community incentives as peace dividends, keeping a low profile in the field and to work with smaller teams and making the program objectives and activities transparent were the methods of the central level offices.

The field level staffs of the development partners and CBOs were found to adopt different mechanisms to cope with the conflict situation. For example, bringing on board the concerned stakeholders including the insurgents with the help of CBOs, human rights organizations or the community (Banke, Dolakha); working in close collaboration with DPHO, implementing programs using either the government system or through CBOs, introducing themselves as staff of DPHO. Shifting the training venue to the district head quarter, not use office vehicle for field visits, and flexibility and rescheduling of the planned activities to cope with unplanned strikes and bandits were some of the main coping mechanisms.

The working modalities of external development partners were based on formulation and strict adherence to the "Basic Operating Guidelines". Prepared by the consortium of agencies working for development and humanitarian assistance in Nepal, this document has been accepted by His Majesty's Government and is based on principles agreed internationally and consistent with the principles of the International Red Cross and Red Crescent Movement's Code of Conduct. The principles focus on reducing poverty and improving the quality of life, respecting the wishes of the local communities, focusing on social inclusion, non-acceptance of staff being subjected to harassment or violence, ensuring transparency of assistance and involvement of the poor in planning management, remaining apolitical and nonsectarian, not make any forced contribution, and compliance of international humanitarian law and respect human rights.

Program readjustment to better cope and contribute to conflict transformation, by addressing the root causes was also tried. Some of these were: promotion of health as human right, protecting the rights of the health workers, safe guarding the neutrality of health facilities, promotion of good governance in health, targeting the poor and marginalized, social inclusion to balance disparities, and focus on youth. Improving the enabling environment, by improving emergency preparedness and response by strengthening district hospital, securing supplies, strengthening referral, up-grading communication system, essential infrastructure support and staff detainment incentives were all considered important and hence being tried.

III. METHODOLOGY

Study Location

The northeasterly line of equal latitude and longitude passes through the area including 12°00′N 11°30′E in the north. Yobe State came into being on the 27 August 1991. It was carved out of the old Borno State by the past military Head of State, Gen. Ibrahim Babangida. The circumstances that led to the splitting of former Borno State into Yobe and Borno are mainly twofold: viz. the former Borno State being one of the largest in terms of land area, was simply too large for easy administration and meaningful development; and, the second is the prevailing ethnic rivalry.. There are 17 local government councils in the State. However, this study focused on the State capital, Damaturu, and Potiskum town.

The state borders the Nigerian states of Bauchi, Borno, Gombe, and Jigawa. It borders the Diffa Region and the Zinder Region to the north in The Republic of Niger. Because the state lies mainly in the dry savanna belt, conditions are hot and dry for most the year, except in the southern part of the state which has a milder climate.

Demographic Characteristics

The main ethnic groups in the areas under study Damaturu are: Kanuri, Fulani, Balewa, Karekare, Ngizim, Hausa, and Ngamo., Majority of the populace are predominantly farmers and engaged in it as means of subsistence. Besides, herders had long co-existed with farmers in the area. While crops produced on the area are millet, Melon (guna) guinea corn, beans (cow pea) usually as cash crops and a sizeable quantity of beniseed (ridi).

Geology and Relief

The geology of Yobe principally comprises crystalline and sedimentary rocks, underlain by basement complex rocks. The crystalline rocks are represented by older granites found in pockets of places in the southern part of the state. Another crystalline rock formation of younger age is located in the northwestern tip of the state in the Machina area.

The older granite is Pre cambrian in origin consisting of metamorphic structures of gneiss and amphibolites. The younger granitic rocks are of Jurassic period, deposited between 195 and 135 million years before the present. The sedimentary rocks that are found in most parts of the state were uncomfortably deposited on the basement crystalline rocks.

In the southern fringe of the state, the sedimentary deposits are made up of the cretaceous Bima, Pindiga, Fika and Gombe formations. The Karekare formation is also found in this part of the state. However, in the greater part of Yobe, alt these sedimentary formations were uncomfortably overlaid by a large expanse of Quaternary Chad formation that stretched into Jigawa and Borno States.

The Biu basalts found in the southern end of the state are believed to have been extruded during the Tertiary/Quaternary periods as lava flows. However, the influence of climatic fluctuations is reflected in the superficial deposits overlaying most of Yobe State. This, for instance, has led to the deposition of series of longitudinal and traverse dunes around Yunusari, Yusufari, Machina, Geidam and Bade local government areas.

They run in a northeast to southwest direction in response to the prevailing wind direction. Yobe State generally lies between 300m and 600m above sea level, except in the southern part of the state where volcanic rocks occur. The rock formation also contains water bearing aquifers from which much of the water supply in the state is derived. The River Yobe, from which the state derived its name, is the biggest river in the state. It flows eastwards and drains into Lake Chad. It has a few tributaries, one of the most important being River Alkalam, where the famous yearly Bade fishing and cultural festival takes place.

Socio-economic Activities

Yobe state is an agricultural state it also has rich fishing grounds and mineral deposits of gypsum in Fune LGA, kaolin, and quartz. The state's agricultural products include: gum arabic, groundnuts, beans, cotton. The state is also said to have one of the largest cattle markets in West Africa located in Potiskum.

Climate

The climate of Yobe State is hot and dry for most period, of the year. The mean temperature for most stations in the state is about 37^{O}C. The highest temperature (about 42^{O}C) is normally experienced in April, while minimum temperatures (about 30^{O}C) are usually recorded in December. (lloeje, 1977). The State exhibits a remarkably high annual range of mean monthly temperatures. The climate condition of Yobe State varied over the years. Rainfall is notably seasonal, concentrated in the three months of July, August and September. Since the early 1970s, the climate tended to be drier. The current annual rainfall is (250mm), fell to 15 and 20mm over the last 40 years, with the 2012 as an exception due to the heavy rainfall compared to the previous years.

For example, Nguru shows a mean maximum temperature of 30.8^{O}C in August and 39.8^{O}C in April and mean minimum temperature of 12.1^{O}C in January and 29.1^{O}C in June. The effect of continentality is clearly brought out from the above means. Rainfall in Yobe State decreases both in duration and amount from place to place. Generally, it lasts for about 120 days in the northern part of the state and more than 140 days in the south.

There is a marked dry season of between eight to nine months and a wet season of only three to four months. Rainfall in the state is highly irregular in space and time, which makes farming difficult since small differences in the amount and timing of rain received at a site may determine the success or failure of critical stages in vegetation development and hence crop production. The development of agriculture would, therefore, effectively depend on irrigation farming especially in the drier parts of the state.

Soil

Soils play an important role in the development of Yobe State. The soil in most of Yobe State is derived from drift materials which vary in textural characteristics, but are mainly silt clay or clayey. The profile of the soils is poorly developed, and it has a low water retention capacity (Price, Justice &Los, 1990).

The productivity of the soil is greatly impaired due to lack of adequate vegetation cover to supply organic matter. Wind erosion poses a serious threat to the quality of soil in the active areas of the north. It has been observed that the windblown fine soil particles have nutrients essential for plant growth. Alluvial soils are also found in the major river valleys, such as the Yobe, and are suitable for the cultivation of crops like rice and wheat, around Gashua.

Vegetation

There are two vegetation zones in the state. These are the Sahel in the north and the Sudan Savannah in the south. Vegetal cover is sparse as the grass grows in individual tufts leaving bare surfaces in-between. The grasses in the Sahel are short and tussocky, 0.5m to 1.0m high. They are interspersed with sand dunes are the most common types here.

The acacia is a thorny, narrow leafed tree, fairly short and sometimes umbrella shaped. In the Sudan Savannah, the actual vegetation is made up of short grasses, 1.5m to 2.0m high, and some stunted tress. Typical trees include the acacia, dum palm, silk cotton and baobab. The baobab stores water in the trunk like a sponge and it draws water from this source during the dry season. It has short and undersized branches shooting out from the head of a fat juicy trunk.

The dum palm has tall straight branches and fan shaped foliage. The silk cotton tree is the tallest of the group, and grows to a height of 9m to 15m. It is from this tree that silk cotton, which is used for making local mattresses and pillows, is obtained. The vegetation is also exploited for a number of medicinal and other purposes. Most of it is now exploited as firewood, and for thatched roofing and mat making. Deforestation has now made the environment vulnerable to desertification. Tree planting campaigns are launched yearly by the state government to reforest the environment.

Data Collection

Sources of Data

This study will includes both primary and secondary data, primary source of data will be obtained through questionnaire which will be administered to the respondents and also reconnaissance survey will be done, whereas secondary data will be basically obtained through materials from the internet and journals on current security situation on primary health care in Yobe state.

Population Sampling

The primary health care worker of Damaturu will be selected for the study 200 survey questionnaire will be administered to the respondents, on the current security situation on primary health care in Damaturu.

Sampling Techniques

Simple random sampling will be used in selection of the population for this study. The primary health care will be selected randomly and questionnaires will be administered randomly to the respondents in the selected primary health care.

Data Analysis

The data collected for this research work will be analyzed using descriptive statistics, and the result will be presented using percentages tables. Inferential statistics as regression will be used to compare the current security situation and the function of primary health care service in Damaturu.

IV. RESULTS AND DISSCUSIONS

Result

Demographic and Socioeconomic Characteristics of Respondents

Table 1.Gender Distribution of the respondents.

	Frequency	Percent
Male	60	53.7
Female	40	46.3
Total	100	100.0

Source: Field work 2017

Table 1 above describes the distribution of the respondents based on their sex. From which the result reveals that 60(60%) of the total respondents are male while 40(40%) are female Therefore it is clear that majority of the respondents that participated in this research work are male.

Answering the Research Questions

Current security situation on primary health service in Yobe state: The Researcher Sought to know from the Respondents what is the impact of current security situation on primary health service in Yobe state?

Table 2. Current Security Situation on Primary Healthcare in Yobe state

Questions	A	D	TOTAL
Those the healthcare have enough qualified health workers	70	30	(100)
Does the health facility offer 72hrs service	60	40	(100)
There have been constraints and disruption in accessing healthcare services since the onset of the insurgency	45	55	(100)
Is there any constant follow-up by medical personnel in the primary health center to ensure health service are properly managed?	65	35	(100)

Source: Field work 2017

Table 2 above describes the respondents' perception with regards to the impact of current security situation on primary health service in Yobe state? The result reveals that 70% to the total respondents disagreed with the statement "the primary health center has enough qualified care workers", while only 30% agreed to that, which implies health facility offer 72hrs service despite the impact of insurgency in yobe state health care center. The next items states "there is a constant disruption in accessing healthcare via disaster impact from which only 60% of the total respondents agreed to that while majority that is 40% disagreed, implying that there is no constant disruption of health facility via insurgency. The result further reveals that 45% of the respondents disagreed with the statement which states "medical personnel are always available for appropriate referral", while only 55% of the respondent agreed to that. The result also shows that 65% of the respondents agreed that healthcare service are properly manger. while only 35% disagreed.

From this result, it can be seen that majority of the respondents have falsify the statement regarding the impact of current security situation on primary health service in Yobe state as describes by the result above.

Effect of insurgency on health workers.

The following statements relate to the effect of insurgency on health workers?

Using the key (Where: A – Agree; D – Disagree ;) Tick appropriately according to the extent which you agree or disagree with the statements.

Table 3.Effect of Insurgency on Health Workers.

Questions	A	D	TOTAL
Does the health center have enough qualified health care to carry out the services?	40	60	(100)
Mortality on terrible disease is assumed high due to limited health worker in the state to carry out healthcare service?	45	55	(100)
Infant mortality rate is assumed to be high after displacement due to poor health service facilities in the state	50	50	(100)

Source: Field work 2017

Table 3 above displayed the responses of the respondents with regards to effect of insurgency on health workers in Yobe State.

From the result, three items (question) were raised and answered and it reveals that 40% of the respondent agreed that there health center have enough qualified health care to carry out the services for emergency treatment in their various health center while majority 60% disagreed. Also 45% of the total respondents agreed that there is availability of drugs to cure various diseases in the health center, while majority 55% disagreed to that, implying that there are no available and adequate drugs to cure various diseases in most health center. Item three shows that 50% of the respondents agreed that there is are adequate water, sanitation and hygiene conditions in the camp, while 50% disagreed, which means that there is no adequate water, sanitation and hygiene conditions of respondents agreed that there is TB/HIV services provided in the camp, while only disagreed to that, which implies that there are TB/HIV services provided in the camp. Also some respondents agreed that there are reproductive health, sexual transmitted infection and family planning services in the camp, while majority of the respondents disagreed. Lastly the result shows that of the total respondents agreed that Infant mortality rate is assumed to be high after displacement due to poor health service facilities,

The purpose of this Assessment of current security issue in the state to health care workers evaluate

And assess Health care facility in Yobe state as case study. Conflict which brings about mass displacement of affected persons in respect to the Ongoing service delivery for disaster prevention as to reduce the impact to the affected victims also by minimizing the risk of spread of improper manager of health facility that will result to disaster by facilitating the appropriate measure as to mitigate it**.**

Therefore, from these results though there are available facilities in the various health center for disaster prevention, they are not adequate to cater for the need of the displacement person as a result of the Insurgency.

Public Health Risks and Needs

Access by the population to health facilities in newly liberated areas and geographically hard to reach locations in Yobe State remains a challenge. In Yobe state, over health facilities are known to be affected due to the insecurity of health care worker on discharging there sole aim of saving to the affected persons via disaster impact, many of them found to have been burned during the armed conflict. (Yobe State Ministry of Health). Further spread of strains of wild poliovirus in Yobe state is a significant public health concern. Efforts to strengthen cholera preparedness and rapid response capacity across the state remain a priority.

Accessibility of Health Services

Inequity in health status and access to service is the single most important health problem in the IDPs camp (Bello, 2013). Bello identified financial barriers, negative perceptions about quality of care (in public providers), lack of treatment for various diseases, absence of medicines and no access to qualified health staff at camps as some of the problems in accessing the needed health services. Due to the IDPs poor location, their chances of having physical access to health services become a problem as well. According to Odubanjo (2009) the marked inequitable access to health services between urban and rural areas, public and private sectors, and north and south of Nigeria have turned to equally impact negatively on displaced persons. In the examination, he saw uneven distribution patterns of health service delivery in Nigeria.

Adequacy of Health Service Facilities

Health care systems performance has traditionally been assessed in the area of coverage of services with little attention to the quality of the services provided. Therefore, assessing the quality of care provided is a necessary component of quality assurance and improving quality. Shortage in the quality of health service delivery at the primary health care level is a product of failures in a series of quality measures-structural problems, process failings and a lack of a protocol for systemic supervision of health workers (Baltussen&Yazoume, 2005).

World Bank (2003, 2010) conducted a study on health care provision in Nigeria focusing on the analysis of the performance of primary health care providers. The study shows that despite government efforts in health service provision, the delivery of quality primary health care services remains a challenge in Nigeria. The condition of the infrastructure is poor; many facilities do not have the required equipment or the pharmaceutical products to offer quality care.

In addition, household satisfaction with services is low and very few outreach services are provided. The study concluded that defining lines of responsibilities, performance-based financing of local governments and providers, and the collection, analyzing and sharing of information are some options that can help to realign incentives and improve accountability of policymakers and providers.

Impact of insurgency on health infrastructure

Between June 2011 and August 2014 there were numerous documented attacks by Boko Haram within Yobe state resulting in an estimated 1341 fatalities. Incidents peaked in October 2012, with over 12 reported attacks and 140 fatalities. There were 252 deaths in Yobe state in the first 6 months of 2014 alone. Interviews documented many incidents vividly illustrating this prevailing insecurity: One health facility worker, for example, reported:

When DogonKuka was attacked, people ran away and the health facility was closed for almost three months.

Due to such insecurity, many people felt compelled to migrate out of their villages, and health workers left their workstations for safer places. Insecurity also created movement challenges, as people were afraid of being attacked when traveling because insurgents often blocked the roads and attacked people**.**

V. DISCUSSIONS

This research work found out some findings which relates to the impact of insurgency on health personnel in Yobe state it also involves measures to prevent, treat, and control diseases linked to in-security to health workers in the state,

Health and health intervention provision extends beyond the health sector. Several programmes that affect the health status of the people are situated in other departments of Government e.g. agriculture, water resources, education, works and housing. In addition availability of access roads to health facilities significantly influences their utilization.

Despite the need and availability of antenatal care, its utilization by pregnant women is low, leading to the high rate of maternal morbidity and mortality The results obtained, shows that analysis indicate that insecurity, human casualty and displacement appears to be the most resounding humanitarian effects of Boko Haram insurgency in the state.

VI. Conclusion

The main conclusion of this study highlighted the inadequacy and inappropriateness of health services provided to IDPs due to negligence of UN, international law and the state. The health services for most of health problems were absolutely missing and not tailored according to the age and sex needs of the IDPs. The

frequency of health services delivery/provision was not regular and resulted in huge levels of morbidity and mortality.

VII. Recommendations

Based on the findings from this research and conclusions presented above, the following recommendations are made for effective interventions towards health personnel, needs fulfillment:

i. Measures should be put in place to ensure efficient security to all health personnel via the impact of the insurgency as provided by law,

ii. There is a need to develop proper policies to integrate health workers in local district health system in the recipient areas.

iii. There has to be improved coordination between security forces to facilitate health personnel.

iv. There is need for regular epidemiological surveillance of the health problems for better health policy making.

v. In order to ensure the synergy in government effort to meet the health need of Nigerians, consists of a set of health interventions and services that addresses health and health related problems that would result in substantial health gains at low cost to government and its partners.

vi. Ensuring equitable primary health care delivery, the set of interventions deemed necessary to achieve equity and significant reductions in morbidity and mortality within the general populace and the minimum package of resources required for the implementation of each intervention.

REFERENCES

[1]. Abdulraheem, I.S., Oladipo, R.A &Amodu, M.O. (2012). "Primary Health Care Services in Nigeria: Critical Isuues and Strategies for enhancing the Use by the Rural Communities". *Journal of Public Health and Epidemiology, 4 S(1), 5-13.*

[2]. ACAPS (2015). Secondary data review – 24 august 2015 Northeast Nigeria conflict – Adamawa, Borno, Gombe, and Yobe states.

[3]. Adeyemo, D.O (2005). Local government and health care delivery in Nigeria. *Journal of Human Ecology, 18(2): 149-160.*

[4]. Balami, E.A., Ifantimehin, O.O. & Elijah, S (2014). An Assessment of Essential Drugs Policy Implementation in Borno state, Nigeria. *Maiduguri Journal of Arts and Social Science*

[5]. Baltussen, R &Yazoume, Y (2005)."Quality of Care of Modern Health Services as perceived by Users and Non-users in Burkina Faso". J*ournal of Social-Science, 25(6), 560-580*

[6]. Bangdiwala, S.I., Fonn, S., Okoye, O, &Tollman, S (2010). "Workforce resources for health in developing countries".*Public Health Review, 32, 296-318*

[7]. Beaglehole, R,.Sanders, D., & Dal, P.M (2003). The public health workforce in sub-Saharan Africa: *Challenges and opportunities*, 13(2), 24-30.

[8]. Booth, M (2010). Providing the Providers: Remedying Africa's shortage of healthcare workers.*Northern England Journal of Medicine*, 356:2564-7

[9]. Dunn, G. (2018). The impact of the Boko Haram insurgency in Northeast Nigeria on childhood wasting: a double-difference study. *Conflict and Health* 12, 6,

[10]. Internal Displacement Monitoring Centre (2013). Nigeria: Fragmented response to internal displacement amid Boko Haram attacks and flood season. Oslo: Norwegian Refugee Council;.

[11]. National Population Commission (Nigeria) and ICF International. Nigeria Demographic and Health Survey (2013). Abuja, Nigeria, and Rockville, Maryland, USA: National Population Commission (Nigeria) and ICF International.

[12]. NEMA (2015).Boko Haram Attacks Leave Over 2.1 Million Displaced in Nigeria. https://www.ndtv.com/world-news/boko-haram-attacks-leave-over-2-1-million-displaced-in-nigeria-121440

[13]. UNFPA, (2015). UNFPA Nigeria supports women and girls rescued from Boko Haram**.** https://esaro.unfpa.org/en/news/unfpa-nigeria-supports-women-and-girls-rescued-boko-haram