

## **Impact of Armed Banditry on Health Care Delivery in Anka Local Government Area of Zamfara State**

**<sup>1</sup>Okojie, Luke Ighodalo & <sup>2</sup>Ahmad Bawa Abdul-Qadir**

<sup>1,2</sup>Department of Business Administration, Federal University Gusau, Zamfara State

Corresponding email: [lukeighodalo2191@gmail.com](mailto:lukeighodalo2191@gmail.com)

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### **Abstract**

*This study examined the impact of armed banditry on health care delivery in Anka local government area of Zamfara State. The research was necessitated by the growing activities of armed banditry in the zone which has led to at least 23 out of 41 health care centers being deserted, due to fear of being attacked, a phenomenon that has prevented majority of people from seeking the health care they desperately need. Furthermore, the activities of these armed bandits obstruct medical supplies, prevent vaccination/immunization campaign. They frequently adopt and sexually abuse health care workers, loot essential drugs and destroy medical facilities. Consequently, this has immensely contributed to the poor performance of PHCs and the abysmal decline of health care patronage. Between 2019-2021 antenatal attendances across the 41 health facilities dropped from 13.1% to 6.5%, while skill-birth deliveries and immunization dropped from 7.7% to 3.4% and 8.8% to 4.2% respectively. Also, an average of 20 patients per week dropped to 5 in most PHCs. The study adopted survey research design; primary data was obtained from the 189 administered questionnaires. At the end the study findings revealed that the activities of armed bandits have denied most people access to basic health care services in Anka LGA. Therefore, the paper recommends urgent government intervention to address the agitations of the bandits through genuine dialogue, provide adequate basic amenities and permanent security outfits across the communities in the local government.*

**Keywords:** Armed Banditry; Health Care facility; Health Care Services; Insecurity; Primary Health Care.

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### **1. Introduction**

The World Health Organization (WHO) defined health as a state of complete physical, mental and social wellbeing and not merely the absence of disease or

infirmity (WHO, 1948 cited in Huber, 2011). Primary Health Care was established to provide accessible, affordable and available primary health services to people, especially those at the grass-root, in-line with the Alma Ata Declaration of 1978 which is the cornerstone to health care delivery. This is because, PHCs are supposed to play important roles in addressing the health needs of the rural populace by promoting individual/family health awareness, provide essential drugs, carry out diagnosis and treatment of common diseases such as malaria, treatment of injuries, provision of antenatal and post-natal services for pregnant women and nursing mothers, render child-health care and family planning services, carry out routine immunization exercise against major infectious disease, conduct skill birth deliveries, record birth registration, conduct nutrition services and make referrals (Abodunrin *et al.*, 2010).

Despite the importance of health care delivery to the rural populace, the menace of armed banditry constitutes a great threat to meeting the health needs of the people in affected localities, as it's in the case of Anka LGA of Zamfara State (Abdulaziz and Mustapha, 2021; Ministry of Health and Family Welfare: Indian Public Standard, 2016). According to the Zamfara Committee for Finding Solution to Armed Banditry's report, which covered the period of 1<sup>st</sup> June, 2011 to 29<sup>th</sup> May, 2019, the remote and immediate cause of armed banditry in Zamfara State can be traced to Dansadau village in 2009, where the local farmers who, in their quest for farmland, indiscriminately encroached into cattle route and grazing reserves. This triggered the friction between them. The unresolved dispute degenerated into serious rivalry between the Hausa Farmers versus the Fulani herders as well as the Hausa vigilante group called the "YAN SAKAI" versus the Fulani residents (Murtala, 2021).

Furthermore, apart from this factor, institutional failure, blatant betrayal of trust by unscrupulous political leaders, traditional rulers, security and judicial officers, poverty, unemployment, excessive drug abuse, influx and settlement of illegal Fulani aliens from neighboring countries who later became cattle rustlers and armed robbers, indiscriminate allocation of virgin forest, forest reserves, game reserves, Fulani grazing areas, home settlements as farmlands to Hausa farmers by successive Zamfara State Government, are situations which pushed the Fulani in the state to the wall, leaving them with no option than to take the law into their hands for survival, leading to attacks and counter attacks, reprisal and counter reprisal, were all factors that instigated armed banditry in Zamfara State (Vanguard News, 2021).

Armed banditry basically refers to violent criminal activities in form of kidnapping for ransom, armed robbery, cattle rustling, sexual violence and wanton killings (Okoli & Okpaleke, 2014). Approximately, there are over 10,000 armed bandits wreaking havoc in Zamfara State (Murtala, 2021). This criminal group has killed over 12,000 people including some health care providers, crippled almost all the basic amenities of life including health care facilities in Anka LGA (Adamu & Muhammad, 2021). While several studies have established a nexus between violent crisis and health care delivery, none of them has focused on Anka Local Government Area as one of the worst hits of armed banditry in Zamfara State, hence, this study is breaking new ground in this perspective.

It is no longer news that Nigeria is presently confronted with multiple security challenges such as armed banditry, Boko Haram terrorism, kidnapping, armed robbery, communal clashes, secessionist agitations etc. which has earned it the third most terrorized country in the world (Global terrorism index, 2020). Zamfara State is reportedly becoming a theatre of violence going by the menace of armed banditry in which Anka LGA is worst hit, a phenomenon that has taken its toll on health care delivery in the locality. In this regard, available empirical evidences suggest that the abysmal decline of health care patronage is attributed to the activities of armed banditry, for example, between 2019-2021, antenatal attendance across the 41 health facilities dropped from 13.1% to 6.5%, while skill birth deliveries and routine immunization dropped from 7.7% to 3.4% and 8.8% to 4.2% respectively. Also, an average of 20 patients per week dropped to 5 in most PHCs (West Africa Network for Peace building Report, 2019; Zamfara State strategic Health Plan 2010-2015).

Armed banditry which has been categorized as terrorist groups by the Nigerian Government is characterized by large scale killing, abduction, displacement of people, sexual violence on women and girls. Armed bandits have destroyed over 300 villages and 10,000 buildings including 23 of the 41 Primary Health Care facilities in Anka LGA. In addition, the criminal group claimed responsibility for the wanton killings of over 6,319 persons, the frequent abduction or kidnap of health care providers for ransom and sexual exploitation leading to the continuous migration of health care personnel, the massive looting of medical supplies and equipment worth millions of naira etc (West Africa Network for Peace building Report, 2019).

Furthermore, the few remaining health care facilities in the affected communities lack the capacity to handle various degrees of over 1,800 injuries sustained by

victims of armed banditry during attacks, thereby, leading to more deaths or resulting to severe complications, a phenomenon which exerts serious pressure on health care services and the few available care givers (Obi, 2015). This unfortunate circumstance obviously truncates the existence, access, functions and services of Health Care centers in the affected localities as well as makes it difficult to achieve the WHO “health for all objectives” (Che Chi *et al.*, 2015).

As if that is not enough, the meager resource that is supposed to be used in equipping these weak Primary Health Care centers as well as other health facilities in Anka LGA are channeled towards fighting insecurity fueled by armed banditry (Zamfara State Health Sector medium term strategy, 2014). It is against this backdrop that this study assesses the impact of armed banditry on health care services and facilities in Anka LGA of Zamfara State.

## **2. Literature Review**

### **2.1 Conceptual Framework**

#### **Banditry**

Conceptually, the word “banditry” is construed from the term “bandits” which implies unlawful armed group who attack and terrorize members of the public, confiscate and disposes them of their money/properties. Furthermore, the concept of banditry connotes the acts of violent crime, perpetuated by organized criminal groups who usually engage in kidnapping, cattle rustling, armed robbery, rape, killing, intimidation, village or community raid, threats to life and general acts of terrorism (Okoli & Okpaleke, 2014).

The quest for political or economic interest has been attributed to the major cause of banditry. Economically, the criminal groups are driven by inherent desire and desperation to accumulate wealth illegitimately. While politically, ideological or political differences is a factor that drives banditry gangs to rob, assault, intimidate or to even liquidate most victims with feasible financial capacity (Adamu & Abdullahi, 2021).

In the light of the above, this paper construed the concept of banditry to mean a set of criminal gangs who terrorize and perpetuate various form of heinous crimes with the objective of criminally en massing wealth and gaining relevance.

**Health Care facility:**

This refers to a structural building designed and equipped with medical facilities/equipment to render basic health care services. The facilities/equipment includes medical stationeries, examination tables/chairs, sterilizers, refrigerators, functional microscopes, bedpan, source of power supply, cotton wool, dressing tray, ambulance, weighing scales, disposable needles/ syringes, bandage, packs of hand gloves, delivery couch, Scissors, Artery forceps, Dissecting forceps, Sponge forceps, Vaginal speculum, Suction machine, Oxygen cylinder and mask, lamp, functional Stethoscope, Sphygmomanometer, Thermometer, Glucometer, availability of essential drugs etc. (Oyekale, 2017).

The concept of Health Care facility in the context of this paper refers to a physical building or an apartment equipped with necessary medical equipment and drugs, which is located in the rural areas (without general hospital) where basic health care services are provided (National Primary Health Care Development Agency: Minimum Standard for Primary Health Care in Nigeria, 2010).

Furthermore, the concept of health care centers also implies the quality and accessibility of health care delivery system within a locality both in qualitative and quantitative terms. In this regard therefore, the facility is evaluated by the quality of physical, technological and human resources readily available and accessible within a period of time. The physical structure here includes the building and other fixed facilities such as electricity, pipe born water, access road, computer facilities, consumables etc. within the health care facility, while the technology refers to the health care modern equipment and the human resources which comprises of health personnel, such as Doctors, Pharmacists, Nurses, Midwives, Community Health Extension Workers (CHEW) Laboratory technologists etc. (Erinosho, 2006).

**Primary Health Care (PHC):**

This system of health care is basically structured to bring about a comprehensive health care that is based on Primary Health Care system that is promotive, protective, preventive, restorative and rehabilitative to all citizens within the available resources and are staffed by nurses, midwives, Community health officers, health technicians, Community health extension workers, a Pharmacist and a Doctor so that individuals and Communities can have basic health care at a cost they can afford and are assured of productivity, social well-being and enjoyment of living (Federal Ministry of Health, 2016).

Within the context of this paper therefore, Primary Health Care is conceptualized to mean the first point of contact (for both individual and community) seeking medical attention, thus, bringing health care delivery closer to the people at the grassroots.

### **Health Care Services:**

This concept implies services rendered as diagnosis, cure or treatment for illness, injury and disease as well as the prevention or relief of mental, physical, behavioural health condition (Oyekale, 2017).

However, this paper conceptualized healthcare services as the necessary medical services provided to patients in a recognized health care facility by qualified health personnel to meet their health needs. Health care is more than just rendering medical services, it was designed to address the peoples' health need through an integrated approach.

## **2.2 Empirical Review**

Findings from different studies suggest that there is a nexus between violent crisis and health care delivery. In the views of Amber *et al.*, (2020) from their study on “Exploring Sources of Insecurity for Ethiopian Oromo and Somali women who have given birth in Kakuma Refugee Camp” insecurity scares people away from accessing healthcare services because the people naturally feel endangered travelling to access health care facilities during violent crisis, they even feel more unsafe within the premises of these health facilities that are mostly without security.

In another study conducted by Valeria *et al.*, (2014) on “Expansion of Health Facilities in Iraq a decade after the US-led invasion 2003-2012”. The scholars opined that health care system suffers heavily in conflict affected areas. For example, as a result of the sectarian violence and conflicts in Iraq, the country's health care infrastructure, facilities and services were seriously affected. The violence-induced mass-migration of doctors and nurses further weakened the country's healthcare system.

The epidemiological survey of Médecins Sans Frontiers, (2008) on “Violence, Mortality and Access to Health Care in Cite' Soleil, Port-all-Prince, Haiti” corroborated this view. The study conducted in health institutions explained that, between 2005 and 2007, the prevailing insecurity and violent conflicts in Cite Soleil forced two-state owned health care facilities to close- down for several months leaving over 200,000 vulnerable people without health care services. Similarly, the

United Nation Organization for the Coordination of Humanitarian Affairs (2018), in its findings revealed that terrorist activities in the North Eastern region of Nigeria have practically led to the breakdown of health facilities and collapse of public health care delivery system in the affected areas.

Corroborating this view, Adanna and Uche (2019), in their study on “Armed Conflict and Maternal Health Care Utilization: Evidence from the Boko Haram Insurgency in Nigeria” examined the effect of insurgency on antenatal care visits, deliveries at health care centers and deliveries by skilled professionals. The study discovered that the activities of Boko Haram insurgency have denied majority access to health care in the affected areas, thereby leading to high mortality rate.

In the study conducted by Mohammed and Jibril (2016) on “Rural Banditry and Conflicts in Northern Nigeria”, the scholars confirmed that banditry leads to the disruption and displacement of lives and properties. Social services such as PHC facilities were disrupted and rolled back, as such, mostly vulnerable women and children had to bear the brunt. In the same vein, Abdulazeez and Mustapha (2021), in their study of banditry and health care delivery among rural households in Zamfara, North Western Nigeria State discovered that the menace in no small measure, negatively impacted health care service delivery in affected communities. For example, health care workers in those areas feel threatened, while some are kidnapped and killed in the course of discharging their primary responsibility.

### **2.3 Theoretical framework**

This study adopted the popular Queer Ladder Theory (QLT) and Frustration-Aggression Theory to connect the research findings with existing knowledge, make it more meaningful, acceptable and ensure its generalization.

**Queer Ladder Theory (QLT):** Daniel Bell (1919-2011), an accomplished American Sociologist propounded this theory to explain the inherent intention behind organized crime. The basic tenant of the theory includes;

- I. It's a desperate means of socio-economic progression and instrument of social climbing.
- II. It's a lucrative medium to criminally en masse wealth and build power illegitimately.
- III. It's an instrumental behaviour to channel a means to an end.

Furthermore, the Queer Ladder Theory (QLT) is propelled by the believe that organized crime fosters where public corruption is endemic and the opportunities

for legitimate means of livelihood are scarce, where the government's political will to dictate, punish and prevent crime is weak. Therefore, under such circumstance, the benefits of criminality become very high while the risk involved is low.

In applying the concept and context of this theory to our study therefore, we discovered in the views of (Murtala, 2021), that there is a nexus between the assumption of Queer Ladder theory on what encourage organized crime and the motives behind armed banditry activities. Available empirical evidence indicate that the activities of armed banditry are actually driven by the desires for illegitimate accumulation of wealth, orchestrated by prevailing level of poverty, hardship and very scarce legitimate means of livelihood/general socio-economic. These are the major reasons why armed bandits kidnap for ransom, rustle cattle and livestock, engage in armed robbery, collect tax and levies to allow farmers farm or harvest etc. discontent (Ayuba & Okafor, 2015).

However, the theory is criticized on the ground that it's at odd with whatever is normal, legitimate and dominant, it's an identity without essence.

**Frustration-Aggression Theory:** This model was postulated by Fererabend and Feirauben (1972) with the main assumption that frustration is a direct aggregate of aggression or aggressive behaviours are consequences of frustration, for example, aggression can lead to frustration when the individual/group feels unable to attain desired goal(s) or objectives. This presupposes that organized violent crimes are caused by prolong frustration. However, in a swift departure from this assumption, Berkowitz (1989), in his views, argued that, aggression can also be propelled by the expectations of the individual's personal gain and not necessarily as a result of frustration. He concludes that frustration itself is aversive in nature which generates aggressive inclinations that produce negative effects.

Applying the frustration-aggression theory to this study therefore, available empirical evidences suggest that armed banditry are driven by frustration of alienation/deprivation, thus, they become very aggressive in approach as effort to generate economic asset and free themselves from the shackles of economic servitude. This is demonstrated by their involvement in various forms of kidnapping for ransom, cattle rusting, farm and land seizure etc.

## **2.4 Discussion on the impact of Armed Banditry on Health Care Services in Anka LGA**

In terms of armed banditry activities, Zamfara State unfortunately is said to be the worst hit in Nigeria. Approximately, there are over 10,000 armed bandits operating in Zamfara State with 105 camps from where they launched attacks, killing over 12,000 people between 2011 and 2021 and abducted between 78-120 health workers (Global Terrorism index, 2020). The violent criminals have so far kidnapped over 3,672 persons with about N2, 805,049 paid as ransom (Nadama, 2019). Furthermore, the bandits claimed responsibility for rustling 215,241 cows, 141,404 sheep, 20,600 camels and donkeys (a means of livelihood the people depend on to afford health care service). As if that is not enough, they burnt down 3,587 houses and 1,487 motor vehicles (Vanguard News, 2021).

Aside the physical and psychological trauma armed banditry inflict on their victims, the impact it has on social amenities such as health care facilities in the affected communities also complicate the already bad situation for the people in Anka LGA of Zamfara State. For instance, as said earlier, armed banditry attacked 23 out of the 41 Primary Health Care facilities in Anka LGA leading to the disruption of free-flow of medical services, supplies and drugs especially to the crisis prone communities thereby resulting to acute scarcity. This is so because, most of the officials and vendors involved in medical supplies and drugs are afraid of being attacked (same with health workers), so, they stayed back, cutting supplies from the local pharmacies and other health centers. Consequently, the few Health Care centers that are not directly affected manage to cope without necessary basic medications for patients.

Furthermore, armed banditry interrupts the daily activities of the people in the local Government, preventing them from accessing basic health care services, thereby, further complicating the deteriorating health condition of the people, a situation that leads to more avoidable deaths (Médecins Sans Frontiers Report, 2020).

The impact of armed banditry also results in acute shortage of food, a phenomenon that increased malnutrition driven by malaria and other diseases in which there are no available essential drugs for treatment due to scarcity. This ugly situation compelled the only international aid organization remaining in Zamfara State (Médecins Sans Frontiers (MSF) to treat, 20,260 children for malnutrition, 35,358 patients for malaria, conducted treatment of patients and provided psychological support for 312 survivors of sexual violence in Anka LGA between January-October, 2020 (Médecins Sans Frontiers Report, 2020).

Another major area of armed banditry impact on health care as stated above, is the incessant kidnapping of care givers (Okoli *et al.*, 2014). Armed banditry in Anka LGA and Zamfara State use sophisticated weapons for kidnapping of health care providers, travelers, villagers, traders, farmers, strangers etc. for economic benefit which is presently a thriving venture for them (ACAPS, 2020). The armed bandits do not only kidnap health care providers for ransom, they also forcefully engage them to treat their members who sustain severe gun shots injuries, even when they are released from captivity, the armed bandits still compel them to render free medical services to their team-mates who sustained injuries during gun battle with the military or the vigilantes from time-to-time (BBC News pidgin, 2021). This to a very large extent, makes the vigilante group place them as suspected informant to the armed bandits, therefore, out of fear of being attacked, most of them abscond from the community, abandoning the health care centers with nobody to attend to patients. This is one of reasons some of the PHCs in the affected rural areas are nonfunctional. Furthermore, most of the female care givers are consistently raped by bandits, leaving them with psychological trauma, others are perpetually kept in their custody as medical aid and sex slaves. Also, most of the non-governmental organizations (NGOs) which provide medical aids to these bandits' ravaged Communities to cushion the effect of their predicaments are also kidnapped. This significantly dents the image and reputation of the State and Country at large before the International Community. Most of the victims of kidnap had to sell-off their properties to pay for ransom, thereby making them financially incapacitated to the extent that they can't even afford their medical bills anymore. This unfortunate situation further complicates their health conditions (Nadama, 2019).

### **3. Methodology**

The research focuses on Anka Local Government Areas of Zamfara State. The study area has a population of 142,280, covering an area of 2,746m<sup>2</sup> (National Census, 2006). The Local Government has 10 electoral wards and 127 polling units (INEC Zamfara State Directory of Polling Units, 2015). Furthermore, there are 41 Primary Health Care centers sparsely spread across the 10 wards in the Local Government Area (Zamfara State Health facilities listing, 2016).

Since the nature of the study is empirical, the researchers therefore adopted survey research design method. Using Taro Yamane formula (2016) to determine sample size, 189 questionnaires were randomly administered to the 10 wards in the LGA (which means, 19 questionnaires were administered in each ward).

### **4. Data Presentation and Analysis**

The data collected from the field are hereby collated, processed and analyzed as follow:

**Table 1. Do you think Health Care Delivery services is affected by armed banditry in Anka LGA of Zamfara State?**

		WARD	1
Strongly Agree	Count	13	
	% Within respondents' opinion	68.4%	
Agree	Count	4	
	% Within respondents' opinion	21.0%	
Undecided	Count	1	
	% Within respondents' opinion	5.3%	
Disagree	Count	1	
	% Within respondents' opinion	5.3%	
Strongly Disagree	Count	0	
	% Within respondents' opinion	0%	
Total	Count	19	
	% Within respondents' opinion	100%	

Source: Field Survey, 2021

Table 1 reflects respondents' opinion in ward one of Anka Local Government Area on the research question if they think health care delivery is affected by armed banditry in the locality? Out of the 19 completed and returned questionnaires, 13(68.4%) Strongly Agreed that health care delivery is affected by armed banditry in the LGA; while 4(21.0%) agreed to this; 1(5.3%) was undecided on the issue; same applied to 1(5.3%) respondent who disagreed; nobody representing 0(0%) Strongly disagree to the research question. Therefore, the findings from the respondents revealed that all the 17 respondents (representing 89.4%) in ward 1 are of the view that health care delivery is negatively affected by the activities of armed banditry in Anka Local Government of Zamfara State.

**Table 2. Are there evidences that some health care centers are deserted due to the activities of armed banditry in Anka LGA of Zamfara state?**

		WARD	2
Strongly Agree	Count	15	
	% Within respondents' opinion	79%	
Agree	Count	2	
	% Within respondents' opinion	10.5%	
Undecided	Count	1	
	% Within respondents' opinion	5.3%	
Disagree	Count	0	
	% Within respondents' opinion	0%	
Strongly Disagree	Count	1	
	% Within respondents' opinion	5.3%	
Total	Count	19	
	% Within respondents' opinion	100%	

Source: Field Survey, 2021

Table 2 represents the respondents' opinion in ward two of Anka LGA on the above research question. Out of the 19 completed and returned questionnaires, 15(79.8%) Strongly Agreed there are sufficient evidences which suggest that some health care centers are deserted due to the activities of armed banditry in the LGA; 2(10.5%) agreed in affirmation; 1(5.3%) was undecided on the issue; while no respondent disagreed 0(0%) to the question; one respondent strongly disagree representing 1(5.3%).

The findings from the respondents revealed that 17 respondents (representing 89.5%) in ward 2 confirmed that there are evidences which suggest some health care centers are deserted due to the activities of armed bandits in Anka LGA.

**Table 3. Do you think that the activities of armed bandits denied people access to Health Care Services in the affected Communities of Anka LGA?**

		WARD	3
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Strongly Agree	Count	12
	% Within respondents' opinion	63.1%
Agree	Count	2
	% Within respondents' opinion	10.5%
Undecided	Count	1
	% Within respondents' opinion	5.3%
Disagree	Count	3
	% Within respondents' opinion	15.8%
Strongly Disagree	Count	1
	% Within respondents' opinion	5.3%
Total	Count	19
	% Within respondents' opinion	100%

Source: Field Survey, 2021

Table 3 Represent the respondents' perspective in ward 3 of Anka LGA with regards to the above research question. Our data revealed that out of the 19 completed and returned questionnaires, 12(63.1%) strongly agreed that the activities of armed bandits actually denied the people access to health care services in the affected Communities. 2(10.5%) also supported this view; 1(5.3%) was undecided on the question; 3(15.8%) disagreed with the question, while one respondent strongly disagreed which represented 1(5.3%).

The findings from the above survey suggests that majority of the respondents (i.e., 14 out of 19 which represents 73.7%) were of the opinion that the activities of armed bandits denied people access to health care services in Anka LGA of Zamfara State.

**Table 4. Do you think insecurity fueled by armed banditry constitute a serious threat to health care delivery in Anka LGA of Zamfara State?**

		WARD	3
Strongly Agree	Count	16	

	% Within respondents' opinion	84.2%
Agree	Count	1
	% Within respondents' opinion	5.3%
Undecided	Count	1
	% Within respondents' opinion	5.3%
Disagree	Count	1
	% Within respondents' opinion	5.3%
Strongly Disagree	Count	1
	% Within respondents' opinion	5.3%
Total	Count	19
	% Within respondents' opinion	100%

Source: Field Survey, 2021

Table 4 presents the respondents' opinion on the research question with regards to whether or not, insecurity fueled by armed banditry constituted a serious threat to health care delivery in Anka LGA? Out of the 19 answered and returned questionnaires, 16(84.2%) strongly agreed that insecurity constituted a major threat to health care delivery in the Local Government, 1(5.3%) also supported this view; while 1(5.3%) was undecided. 1 respondent or (5.3%), each, disagreed and strongly disagreed, respectively.

Findings from the above analysis suggest that majority of the respondents (i.e., 16 out of 19 which represents 84.2%) are of the opinion that insecurity posed a major threat to health care delivery services in Anka LGA of Zamfara State.

**Table 5. Are there significant evidences to suggest that health care providers are also victims of armed banditry in Anka LGA of Zamfara State?**

WARD	3
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*Impact of Armed Banditry on Health Care Delivery in Anka Local Government Area of Zamfara State*

Strongly Agree	Count	11
	% Within respondents' opinion	57.9%
Agree	Count	4
	% Within respondents' opinion	21.0%
Undecided	Count	1
	% Within respondents' opinion	5.3%
Disagree	Count	1
	% Within respondents' opinion	5.3%
Strongly Disagree	Count	2
	% Within respondents' opinion	10.5%
Total	Count	19
	% Within respondents' opinion	100%

Source: Field Survey, 2021

Table 5 represents the opinions of 19 respondents with regards to whether or not there are significant evidences that suggest health care workers were also victims of armed banditry attacks in Anka LGA of Zamfara State. Therefore, out of the 19 completed and returned questionnaires, 11(57.9%) strongly agreed that there are sufficient piece of evidences suggesting that health care providers were also victims of armed banditry in Anka Local Government Area, 4(21.0%) agreed while 1(5.3%) was undecided and 1(5.3%) disagreed. Two respondents or 5.3% also strongly disagreed to the question.

Result from the above analysis revealed that majority of the respondents (i.e., 15 out of 19 which represents 78.9%) opined that health care providers were also victims of rampaging armed banditry in Anka LGA of Zamfara State.

## **5. Summary, Conclusion and Recommendation**

### **5.1 Summary of findings**

The study found out that some nurses and some Community Health Workers (CHEW) who rendered health care services were also victims of armed banditry attacks. Some sustained injuries in the process, others who are unlucky got raped, abducted or killed. Furthermore, those lucky to have escaped armed banditry attacks migrated to other locations outside the Local Government for safety leaving most of the Health Care centers deserted and abandoned. The unfortunate situation has further worsened the existing inadequate manpower needed to provide health care services in the Local Government. Also, most essential medical supplies, equipment and drugs were either destroyed during armed banditry attacks or prevented from supplied to the Local Government, thereby, making it difficult for health care centers to functions effectively while the people on the other hand are scared to patronize these health facilities without security. The few health care infrastructures not affected by banditry attacks in Anka LGA are over stretched (Field Survey, 2021; Nigeria Watch, 2018).

Furthermore, armed banditry has destroyed 23 out of 41 PHC facilities in Anka LGA, a phenomenon which has further reduced access to health care services. In summary, it has been established that armed banditry and insecurity constitute a serious threat to health care services, as both human and infrastructural facilities have suffered severely thereby limiting access to health care service delivery in the study area. Therefore, the earlier the problem of insecurity is addressed once and for all, the better for the people.

## **5.2. Conclusion**

The failure of Government to find lasting solution to the problem of insecurity has left the people at the mercy of armed banditry in Anka LGA of Zamfara State. The criminal group has greatly impacted health care delivery in the Local Government to the extent that over 50% of health workers posted to various communities have absconded, the high level of bandit induced insecurity has also denied majority access to basic health care, most of them have lost their means of livelihood to armed banditry attacks, such that, they can't afford basic health care services elsewhere. More also, medical supplies, drugs and routine health care services are abruptly disrupted during attacks, thereby, worsening the already fragile health condition of most people couple with fact that many of the victims lack access to proper medical care. Armed banditry also subjects the victims to psychological trauma especially women and girls who are rapped, sexually violated and subjected to dehumanizing conditions.

## **5.3 Recommendations**

Arising from the findings of this study, the following recommendations are put forward for policy guidance and implementation.

1. There should be provision of adequate security at various health care centers to protect the facilities, personnel and patients from being attack.
2. There should be recruitment of more skilled health workers with secured accommodation to boost manpower shortfall in various health care centers.
3. Life insurance cover and other incentives should be provided to all health care workers to encourage them.
4. More health care facilities should be built and equipped to replace the 23 destroyed by armed bandits.
5. Health workers who were victims of armed banditry should be adequately compensated by the Government.
6. Secondary health institutions such as the General Hospital in Anka LGA should be strengthened to accommodate referrals from the PHCs. This will reduce the pressure on PHCs.
7. The Government should urgently address the agitations of the armed bandits through genuine dialogue and strike a peace deal with them.
8. Provide adequate basic amenities across all the communities in Anka LGA
9. Military barracks and more police stations should be built so that the permanent presence of security personnel could prevent further attacks on soft targets.
10. The security agents should be well equipped with modern requisite technology and sophisticated weapons to withstand the armed bandits.

### **Acknowledgement**

Funding was received from the Tertiary Education Trust Fund (TETFund) to undertake this study

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