KEY MESSAGES

Health Facility Security Elements include the following:

1.24-hour Security guards

2.Perimeter Fencing

3.Gates with lock

4.Lighting

5.Staff Accommodation

- **Presence of these elements encourage service providers and users to provide and utilize round-the clock facility-based services.**

- **The Reverse is the case when these elements are absent or inadequate.**

Security of health facilities as a determinant of provision and utilization of Maternal and Child Health services in Anambra state, Nigeria

Introduction

To address the country's poor maternal and child health indices in the MDG era, the federal government of Nigeria embarked on an intervention programme, the SURE-P MCH (Subsidy Reinvestment and Empowerment programme for Maternal and Child Health) between October 2012-May 2015 in selected primary health care (PHC) facilities. In Anambra State, 12 facilities were selected initially, and, many supply and demand side interventions were implemented, to improve access and utilization of facility based maternal and child health services (1). However, the programme design did not clearly outline whose responsibility it was to provide human security;(i.e. the national SURE-P programme or the community). In our study we tried to explore the experiences of health care providers and users of service with respect to their perception of facility security while providing and accessing/utilizing services respectively. This document is aimed at raising the awareness of national, state and local government level policy makers and programme implementers, service providers and community leaders.

What we did in our study

We explored the notion of health facility security and feeling of safety from the perspective of health staff and health service users, which determine the provision and uptake of health services respectively. We interviewed facility managers, other health staff and service users in order to identify the decisions and behaviours triggered in them, by presence or lack of adequate facility security and elaborate the importance of health facility security in the provision and uptake of MCH services at grassroots level. We also spoke to programme managers and some state and LGA policymakers, to enable us to understand how the SURE-P MCH programme worked and under what circumstances; and not just if the programme worked or not.

Positive Experiences of service providers and users

"We are free to come here at any time be it 1am or mid night, anytime you knock on the gate, the gate man would open it for you." (FGD-P2C1F3_R5, female, 36, farmer/petty trader)

"When I came in, there was no security, and I know I will be sleeping here. I am a woman. So I went and I told them, give me security, and with that I can make this place what you want it to be. They gave me, …and since then, we've been sleeping; and when some of them come, they will relax. Because you know most women also are too afraid." (IDI_C1F2HW_01, facility manager/health worker, female)

Negative Experiences

"We work alone one person in a shift and in the night a staff working alone here, how can she sleep in this whole hall alone? At times staying there I may not sleep, I will be awake all night because of fear, no fence, no security, no partner that is our challenges." (IDI_C1F4HW_01, facility manager/health worker, female)

"Again, we don't have a night watch here, not to talk of day watch, and that is security issue because sometimes when I am not around (in the accommodation) you'd find out that the person on night shift finds it difficult to sleep within the compound, so in most cases it is tasking on my own side, unless there is one other person in the compound; we don't have any security. (IDI_C2F2HW_01, facility manager/health worker, female)

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We found five mechanisms through which security impacted on utilization of MCH Services

1) The presence or absence of different combinations of structural security(perimeter fencing, staff accommodation within facility and electricity) and human security (security guards, more than one staff in the facility/and on duty) either facilitated or constrained service provision by health workers, and access and utilization by service users.
2) Experiences of health workers and service users were more positive in the health facilities which were perceived to be guarded and secure. This facilitated round-the -clock service delivery and utilization. (See quote on positive experiences)
3) Before SURE-P MCH programme, most of the facilities were not fenced and did not have gates and/or security men to safeguard health workers and patients. This created a feeling of fear of crime among the health workers and their patients. In facilities where night-time security was not present, health workers resorted to locking the facility doors at night and would not respond when potential service users knocked as they could not be certain they were free from any threats.
4) During SURE-P, the health facilities had adequate number of staff and this made it possible for health workers to run shifts. In some facilities, the feeling of companionship through this made them feel safe enough and confident to provide round –the –clock services, even in the face of other security challenges (lack perimeter fence and night guards). This contributed to improved service delivery, access and utilization of services.
5) Where communities were not in a position to sustain programme inputs or provide facility security after the SURE-P programme ended, this led to provision of MCH services only during the day, thus putting a constraint on round the clock services due to the perception of insecurity at night time by both providers and users of MCH services.

Conclusion and Recommendations

Our findings highlight the importance of providing adequate security in health facilities to improve access to grassroots-level maternal and child health services. A well-funded and resourced programme, like the SURE-P MCH programme can be constrained or facilitated by a singular component (in this case security), if it is included or excluded in the initial programme design.

- Federal and state governments need to work closely with Local Government authorities and facility managers to ensure that security needs of PHCs are met.
- Communities should be incentivized by the government to enable them employ community members as security personnel for the facility, as these people stand a better chance of knowing how to protect the facility and whom to protect it from.

Reference

1. FMOH N. Saving Newborn lives in Nigeria: Newborn health in the context of the Integrated Maternal, Newborn and Child Health Strategy. In: Federal Ministry of Health, editor. 2nd Edition ed. Abuja, Nigeria: Jhpiego; 2011.

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