Bandit and Insurgent Attacks on Health and Education Infrastructure Hinder Access to Primary Healthcare and Education in Northern Nigeria

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Abstract

Armed conflict is a significant global issue that has far-reaching effects on various sectors, including the economy, education and healthcare. In Nigeria, two of the most severe conflicts are the Boko Haram insurgency in the northeast and the surge in armed banditry in the northwest and north-central which have detrimental effects on the healthcare and education systems in the region. Here, we examine the impact of the conflicts on healthcare services and access to education. Recent attacks suggest an increase in terrorism, banditry, arms trafficking, and drug-related threats. Evidence suggests secret cooperation between terrorist groups and bandits in northern Nigeria, resulting in well-organized gangs establishing underground fiefdoms, and launching attacks on education and health facilities. The attacks have led to the interruption of essential services, which has increased the rates of maternal and newborn mortality, malnutrition, and the occurrence of infectious diseases. Similarly, the two groups have killed kidnapped, raped and displaced thousands of school children and teachers. In 2021 alone over 1000 schoolchildren were kidnapped with dozens of school facilities destroyed or abandoned. The number of children who are not enrolled in school has climbed from 10.5 million prior to the conflict to almost 20 million in 2022, underscoring the effect of the crisis on school enrollments. No doubt, these kinds of conflicts have generational consequences. Therefore, a comprehensive approach that addresses the root causes of the conflicts, fosters peace and stability, and provides humanitarian help to achieve sustainable development to address these concerns, is necessary.

Keywords: *Conflicts; Displacement; Access to Education; Healthcare in Conflict; Northern Nigeria*

Introduction

Armed conflict is a great source of concern globally and has been one of the key factors virtually affecting every sector, including the economy, school enrolment, generation of internally displaced persons and lack of access to good healthcare facilities (Poirier, 2012). Several cases of armed conflict have been reported in Nigeria, Afghanistan, the Democratic Republic of the Congo, Colombia, Pakistan, Mali, Somalia, Syria, South Sudan, and Yemen (Singh et al., 2021).

Nigeria, the most populous country in Africa, has been facing a myriad of challenges in providing essential social services, particularly healthcare and education, due to the impact of armed conflicts (Omole et al., 2015). The country has experienced several conflicts in different regions, leading to the displacement of millions of people and the disruption of social services. Among the most severe conflicts are the Boko Haram insurgency in the Northeast and the surge in armed banditry in the Northwest and North-central.

One of Nigeria's biggest security issues has been the Boko Haram insurgency, which started in 2009 (Ogundele, 2019). The gang has targeted public infrastructure, including schools, hospitals, and other buildings, which has resulted in the closure of many of these facilities and restricted access to necessities like healthcare and education. Almost two million people have been forced to flee their homes as a result of the insurgency, which has also severely interrupted social services in the nation's northeast (Omole et al., 2015). Armed banditry on the other hand, has increased significantly in the Northwest and North-central region, mostly as a result of economic issues including unemployment and poverty. Many people have been displaced by the bandits' actions, which include cattle rustling, kidnapping, and extortion, as well as the disruption of social services including health care and education. The attacks on communities have resulted in the shutdown of medical centres and educational institutions, which has hampered access to these services in many communities in Kaduna, Kebbi, Katsina, Kebbi, Sokoto and Niger states.

The advancements made in the health and education sectors in the afflicted regions have been significantly impacted by the wars in these areas. Before the start of the hostilities, Nigeria had made significant progress toward meeting the Millennium Development Goals (MDGs), especially in the areas of health care and education. Yet the conflicts have undone this progress by closing schools and hospitals, uprooting medical personnel, and disrupting vital services, which have increased the rates of maternal and infant mortality, malnutrition, and the occurrence of infectious diseases like malaria and cholera (Chukwuma and Ekhator-Mobayode, 2019). Although there have been numerous studies conducted in the last decade regarding the Boko Haram crisis decade (Abubakar et al., 2015; Abdullahi et al., 2017) there remains a significant gap in the literature regarding the impact of the uprising on the healthcare and educational infrastructure. Importantly, while there have been reports of bandits collaborating with the Boko Haram insurgents to launch major attacks in the northwestern and north-central regions, there has been no comprehensive study conducted on the impact of the conflicts on the health and education systems.

Therefore, here, we distil available literature and examine the impact of the two conflicts on the healthcare and education systems. We provide insightful information on how the two conflicts have halted the advancements that had been made in the areas of health and education in troubled areas, including achieving the Millennium Development Goals through direct attacks on infrastructure and abduction of school children and their teachers. The article underlines the necessity of a thorough strategy to deal with the conflicts' underlying causes, bring about peace and stability, and offer humanitarian aid to achieve sustainable development.

An overview of the Boko Haram Insurgency and Banditry in Northern Nigeria

The 14-year conflict with Boko Haram has decimated communities in northeastern Nigeria. Boko Haram has targeted both civilians and security personnel in its operations, but it has also significantly damaged public infrastructure and buildings. The human rights of residents have been gravely abused by the regular raids. These crimes include murder, abduction, sexual assault, forced child labour, looting, burning of public buildings (like schools), private property (like farmland), and, in some cases, entire communities (Agbiboa, 2013; Abdullahi et al., 2017). Bombing, kidnapping, and the destruction of lives and property are the hallmarks of the crisis. It has something to do with weak governance and fundamentalism in religion. Almost 1.8 million individuals were evicted from their homes between 2009 and 2018, and 16 billion naira worth of property was damaged as a result of the Boko Haram insurgency (Ighodalo and Abdulqadir, 2022). The abuse victims usually have very painful physical and psychological aftereffects.

In rural Nigeria, banditry began to expand in the late 2000s. Nowadays, it has evolved into a highly sophisticated kind of violent crime that crosses international borders and is defined by powerful gangs. The pattern of recent attacks in northern Nigeria indicates that the threats from terrorism, banditry, arms trafficking, and illegal drugs have grown (WHO, 2016; Felix and Ejemai, 2017).

There is evidence of clandestine cooperation between terrorist organizations and bandits in northern Nigeria that is driven by pragmatism or tactical opportunism. By the late 2010s, they had developed into well-organized tribes of largely stationary criminals, establishing little fiefdoms underground. This was particularly true in a few areas of the Zamfara and Katsina states in northwest Nigeria (WHO, 2016). Banditry has developed into a sophisticated kind of organized crime due to several factors, including its ties to Islamic fanaticism, drugs, and the arms trade. Many states in Nigeria's northwest and northcentral areas are currently home to bandits. The main hotspots are Zamfara, Katsina, Kebbi, Kaduna, Sokoto, Nasarawa, and Niger. The Kaduna-Katsina-Zamfara axis has had a disproportionately high number of deadly incidents, with its epicentre in the neighbourhood of Birinin Gwari. The bandits attempted to demobilize a Kaduna-Abuja train on March 28, 2022, by bombing its rails. The episode brought to light the intractability and dynamics of the banditry situation (WHO, 2016). Armed bandits roaming freely in the area in towns in the Zamfara state of northwest Nigeria are believed to have carried out some of the worst attacks, killing at least 200 people in a single attack, according to estimates (Gimba et al., 2022).

Attacks on Health Facilities by Boko Haram and Armed Bandits

The operations of Boko Haram and armed bandits in the northeast and northwest/central of Nigeria, respectively, have a significant impact on all facets of human existence, including health, economy, politics, sociocultural, education, and religion, among others (Ighodalo and Abdulqadir, 2022). Comparing Nigerian healthcare facilities with those of developed nations is not apt, even in the pre-insurgency era (Abdullahi et al., 2017), because most healthcare facilities in Nigeria at large have some underlying issues even before insurgencies. Destruction of healthcare centres varies from partial to total destruction (Abdullahi et al., 2017).

Insurgent activities in the northeast have destroyed more than 700 health facilities, while undestroyed facilities are haywire due to a lack of accessibility (WHO, 2016), and these armed terrorists have equally kidnapped and savagely exterminated copious health providers and workers. Boko Haram's vicious assaults on health facilities and workers have increased in 2014 in number and severity. According to the Global Polio Eradication Initiative (GPEI) study, they have killed over 25 workers since the start of 2014, particularly those who provide polio vaccines (Abdullahi et al., 2017). Correspondingly, a report by Felix and Ejemai (2017) showed that 48 health providers were murdered by these terrorists

and more than 200 were incapacitated, while many others migrated out of the state to neighbouring states and countries, which ensued in the collapse of the healthcare services in Borno (Felix and Ejemai, 2017). All these calamities jeopardize the lives of many inhabitants of Borno, especially in the northern part, increasing the risks of infectious diseases such as cholera, Lassa fever, measles, and meningitis (Abdullahi et al., 2012). Similarly, in the Adamawa, Borno, and Yobe states which are known as Boko Haram-insured areas, the actions of these terrorists lead to an increase in maternal and infant mortalities than in other parts of the country due to destruction, lack of health facilities and a dearth of health workers attributable to huge migration because of anxiety about being killed or harmed (Abdullahi et al., 2012).

According to reports, the state of Zamfara is turning into a hotbed of violence due to the threat of armed banditry. There are 105 spots harbouring over 10,000 armed bandits who have killed over 12,000 people and kidnapped over 70 health personnel between 2011 and 2021, with Anka local government area experiencing the worst cases, which hurts the area's medical facilities, which 23 of the 41 primary healthcare facilities were devastated (Ighodalo and Abdulqadir, 2022). Additionally, kidnapped health workers are compelled to provide free medical care to their coworkers who occasionally suffer gunshot wounds during gunfights, even after being freed from captivity. In this local government, banditry activities further complicate the health situation of the inhabitants and prevent them from getting essential health care services, further aggravating their already precarious health and increasing the number of unnecessary fatalities (Ighodalo and Abdulqadir, 2022). In addition, the majority of the female carers are routinely sexually assaulted by bandits, which leaves them with mental trauma. Other women are likewise kept under their control as sex slaves and medical assistants. Additionally, the majority of non-governmental organisations (NGOs) that offer medical assistance to the towns decimated by these bandits to lessen the impact of their plights are kidnapped (Ighodalo and Abdulqadir, 2022).

To stop further attacks and devastation, it is crucial to strengthen the security forces in these regions and throughout Nigeria. The rehabilitation or reconstruction of damaged health facilities also necessitates multiple forms of support from government and non-governmental organizations (NGOs), including the allocation of financial resources.

Incidents of the Attacks on Schools

Over the past decade, Nigeria has witnessed a surge in attacks against schools, particularly in the northern part of the country where groups like Boko Haram and bandits operate (Omole et al., 2015). These attacks have resulted in the loss of innocent lives, including students and teachers. The Mamudo Government Secondary School in Yobe State was attacked in 2013, leaving 41 students and a teacher dead. This was followed by another attack at Gujba College, where 44 lives were lost, and at Federal Government College Buni Yadi, where 59 boys were killed. The kidnapping of 276 girls from Government Girls College Chibok in 2014 drew international attention, with some girls still missing to this day (UNICEF, 2018). Other incidents include a suicide bombing at the University of Maiduguri in 2017, the kidnapping of 111 schoolgirls from Government Girls Science and Technical College in Dapchi in 2018 (BBC, 2018). In an attack on the boarding school Engravers College in Kaduna State on March 11, 2019, armed men kidnapped six female students and two staff members (Yusufu, 2019).

In early 2021, Nigeria experienced a series of terrorist attacks and abductions of over 1000 school children (Maishanu, 2021). The first occurred on February 17, 2021, when terrorists attacked Government Science College in Kagara, Niger State, killing a student and abducting 27 others, including three school staff and 12 of their relatives. Negotiations for ransom were reported seven days later, but on February 27, the government announced that all 42 abductees had been released. Less than a month later, terrorists attacked the Federal College of Forestry Mechanisation, Afaka in Kaduna State, abducting 39 students. While some were released in April, the remaining 29 were freed after 55 days in captivity on May 5 (Kabir, 2021). On April 20, 2021, terrorists attacked Greenfield University in Kaduna, abducting 22

people, including 14 female students. While some students were released in May, three were found dead on April 23 and two more on April 26. The remaining 14 were released on May 29 after their parents reportedly paid ₦180 million in ransom. On July 5, terrorists abducted 121 students from Bethel Baptist High School in Kaduna. Some have since been released in batches, with the latest release of 30 students and a teacher on Jan. 8, 2022. In June 2021, many students, and staff of Government College (FGC), Yauri in Kebbi State were kidnapped by terrorists. Some were released on October 12, 2021, and 30 more students and a teacher were freed on January 8, 2022(Kabir, 2021).

In addition to the abduction of children and killing of children, many of the attacks are accompanied by the burning and destruction of school infrastructure. The attacks and abductions have caused widespread concern and condemnation in Nigeria. They have led to partial or total closure of schools in the affected states, leading to an increased number of school children in the country. Consequently, the number of out-of-school children has increased from 10.5 million before the conflict (Maishanu, 2021) to about 20 million in 2022 (Alabi, 2022), highlighting the impact of the crises on school enrollments. The constant threat of such attacks has caused fear and anxiety among parents and guardians, with many hesitant to send their children to school. The situation poses a significant threat to the future of education in Northern Nigeria.

Implications of Targeting Schools and Health Infrastructure During the Conflict

Nigeria's socioeconomic progress and residents' well-being have been significantly impacted by the attacks on medical facilities and educational institutions, particularly in the northern region of the country. On the one hand, attempts to increase public access to healthcare have been hampered by the attacks on medical facilities. Vaccinations, services for pregnant women and children, and the treatment of infectious diseases including HIV/AIDS and malaria have all been hampered by the attacks. Morbidity and death rates have risen in the impacted areas as a result, particularly for vulnerable populations like mothers and children. In addition to causing a shortage of medical staff and supplies, the destruction of healthcare institutions has weakened the country's already precarious health system in the region. Overall, the assaults on medical facilities and educational institutions have wreaked havoc on the social and economic foundation of the impacted areas, impeding attempts to advance the Sustainable Development Goals (SDGs), and fostering a cycle of poverty and instability.

Recommendations

The government must put the protection and safety of its residents first, especially those who live in vulnerable locations. This can be accomplished by providing sufficient security people and equipment to safeguard educational and medical facilities. The core causes of instability and violence, such as poverty, inequality, and religious extremism, should also be addressed. The government should keep funding programs like the National Health Insurance Scheme, the Midwives Service Plan, and the Save One Million Lives Initiative to increase access to healthcare. This will ensure that more people, especially in rural and underserved areas, have access to vital health care. Additionally, initiatives should be taken to raise the standard of healthcare services through the education and hiring of healthcare workers, the availability of essential medical supplies, and the execution of quality control procedures. The government should invest in education infrastructure, including the building and remodelling of schools, the distribution of instructional materials, and the training of instructors, to increase school enrolment and decrease the frequency of attacks on educational institutions. Also, especially in vulnerable areas, the government needs to focus on resolving the fundamental issues that lead to insecurity and violence. Addressing poverty and injustice as well as working with local groups to advance education and combat extremist beliefs are all part of this.

Conclusion

Any nation that wants to live sustainably must spend money on healthcare and education. Unfortunately, due to insecurity and other issues, the northern part of Nigeria has had a difficult time offering these services. Attacks on medical centres and educational institutions have worsened the situation, resulting in deterioration in educational and health outcomes. The northern region's health and education sectors need to receive priority investment from the Nigerian government and other stakeholders if these problems are to be solved. This investment should also enhance security, provide enough resources, and train and retain education and healthcare professionals. Building trust, encouraging responsibility, and ensuring that healthcare and educational services are available to the public and that they are accepted by them are all dependent on community engagement and empowerment.

Acknowledgement

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