# MJMR

# Image: Response preparedness: Challenges of FirstResponders in Managing Boko Haram Casualty in Kano,North-Western Nigeria

Jamilu L Ajiya¹\*, Yakubu Anas², Abdullahi Dahiru³, Mairo S. Muhammad³, Salisu M. Jella³, M.B. Idris⁴, Abdu Lawan⁵, Safiya B. Ibrahim⁵

<sup>1</sup>Department of Human Kinetics and Health Education, Federal University Dutsin-ma, Nigeria <sup>2</sup>Discovery Learning Alliance, FITILA Project, Funded by the Department of International Development, UKAID, Nigeria

<sup>3</sup>College of Nursing and Midwifery Kano, School of Nursing Kano, Nigeria

<sup>4</sup>Nigerian Police Medical Unit/Clinic, Gombe State, Nigeria

<sup>5</sup>Physical and Health Education Unit, Kano Educational Resource Department, Nigeria

<sup>6</sup>Department of Public Health, Ministry of Health, Kano, Nigeria

\*Correspondence Author's Email: ajiya mj@yahoo.co.uk

# ABSTRACT

This is a descriptive retrospective study of mass human-made disaster of Boko haram background that occurred in Kano from 2012 to 2015. The emergency preparedness and the challenges faced by the first responders were investigated with a view to improving the practice to international standards. Objective: This paper aimed at reviewing the challenges of first responders in managing Boko Haram casualty in Kano, North-western Nigeria with a view to delineating the best practice of handling casualties of mass disasters. Method: Six (6) focused group discussion (FGD) involving 36 participants from the responding agencies were conducted to explore the challenges faced during the Boko Haram emergency management. Data from the official reports of security agencies and emergency service providers as well as Nigeria newspaper reports were also reviewed. The standard protocols for disaster victim's identification and management developed by the World Health Organization, International Committee of the Red Cross and the INTERPOL were analyzed and compared with the response of the main responding agencies in Kano. Results: The findings indicate lack of sufficient equipment as the main challenge faced by the responders, followed by inadequate training, lack of effective co-ordination and poor safety of responders. Conclusion and Recommendation: Researchers concluded that first responders in Kano are working below the International standards and have faced major challenges of insufficient equipment and inadequate training during Boko haram insurgency. It was recommended that the state government should provide enabling environment for first responders to work in cases of disaster. First responders need to improve their co-ordination; ensure best practices and obey local and international humanitarian laws.

Keywords: Emergency Preparedness, Challenges, First Responders, Boko Haram, Kano

## INTRODUCTION

Since the aggressive surfacing of Boko Haram's campaign of terror in 2009, its activities have remained the biggest barriers to security in Nigeria. Coupled with the escalating pastoralists and farmers clashes across the country, the struggle to eclipse the insurgency has been daunted. The earlier ideological

objective of the group has evolved from simple advocacy for Islamic puritanism in Maiduguri and some parts of northern Nigeria, later escalated into the media explained aggressive move to the creation of Islamic State in West Africa and Lake Chad region. Its campaign of violence started as a less organised and less sophisticated uprising in 2002; but by 2015 it has acquired the infamous title of the "world's deadliest terrorist organization in Nigeria and West Africa". Violent attacks on civilians by Boko Haram since 2009 have caused widespread devastation in northern Nigeria with high devastation in the north east and gradual spread across some northern states, generating a crisis that caused the loss of over 100 thousand lives and rendered over 2.2 million people internally displaced (Shetima, 2016)

According to the World Health Organization 7 million people are estimated to be in need of humanitarian assistance and an estimated 3 million people lived in unknown conditions in inaccessible areas by 2015 (WHO, 2016).

In Nigeria evidences have indicated that all individuals, families, societies, public and political leaders tend to direct their long term preparations towards normal circumstances and where they prepare for accidents and emergencies, it is usually prepared for those known and or are familiar. Insurgencies like that of Boko Haram are new dimensions of crisis in Nigeria that are yet to be properly perceived, understood and managed. Managing conflicts and its consequences is a demanding state requiring not an on stage action but a preparation before, during and after the incidences. A diverse number of agencies and personnel are commonly on stage for rescue, first aid assistance and evacuations after every Boko Haram attacks; but the most unfortunate fact is the lack of preparedness among these agencies and personnel.

In view of the above and the current understanding of global practices concerning the management of disaster victims developed by the World Health Organization, International Committee of the Red Cross and the INTERPOL, Nigeria would appear to lag behind in managing different types of casualties ranging from managing crowds, offering first aid and evacuation of both injured and dead victims (Obafuwa, Fadulile, Soyemi, Eze, Nwana and Odesanni, 2015). Evidences of human right violation, mishandling of the dead and survivors are always seen in the operations and services offered by our security agencies and other first responders as a result of many circumstances that need to be clearly identified and ameliorated. Video clips and newspaper images have depicted naked human remains on trucks or other improvised and on stage alternatives. Sometimes dead bodies are left on streets without cover, or buried hurriedly without proper identifications and records which is one of the factors that left many families and victim relations on suspense for a long period. The large causality witnessed in Kano, February, 2012 and December, 2014 had shown generally poor preparedness from both first responders and the receivers at hospital emergencies. It was a horrible moment that left human remains undignified at the level of collection, transportation and storage.

The research question posed was how the main operational responding agencies responded to the incidences of Boko Haram terrorist attacks in Kano between 2012 and 2015. This paper also intends to review those experiences as described by official reports, media and other documented sources with a view to postulating strategies for improving the practice of first responders in Kano and Nigeria. Focused group Discussion (FGD) was conducted with six responding agencies.

#### METHODOLOGY

The aim of this study is to investigate the challenges faced by the first responders in managing Boko Haram casualty in Kano. The following sections outlined the methodology used in conducting this study:

#### **Design and Participants**

This is a descriptive retrospective survey involving first responders who provided emergency response during the Boko haram attacks between 2012 and 2015. Thirty six (36) responders were recruited for one-hour interview per group. All the participating agencies nominated the participants in accordance with the main criteria that the nominee must have attended at least one incidence as a first responder. Six (6) focus group discussions were conducted with first responders from the Nigeria Police Force (NPF), Kano State Hisbah Board (Hisbah), Kano Road Traffic Agency (KAROTA), State Emergency Management Agency (SEMA), Nigerian Red Cross Society (Red Cross) and Nigerian Security and Civil Defense Corps (NSCDC).

#### **Focus Group Discussion Guide**

Date of Interview

Good morning/ Good afternoon/ Good evening. My name is \_\_\_\_\_\_\_. I am part of a research team that focused on "the challenges of first responders in managing Boko Haram casualty in Kano in the past years of rampant attacks". Your contribution to the discussion is very valuable, and we hope you will actively participate in the focus group discussion. All information will be treated with utmost confidentiality. We seek your consent to record the discussion so that we could capture all the ideas expressed. We expect this discussion to last for no more than 60 minutes. Names of respondents will not appear anywhere in the research report; rather it will be used only during data analysis.

Q1: Have you participated as a first responder to the past Boko Haram attacks in Kano?

Q2: Has your agency participated officially?

Q3: Have you received any training from any emergency service provider? PROBE FOR: type of training, training provider and certification and year of training

Q4: What kind of equipments has the first responders in Kano used during the responses? PROBE FOR: Ambulance, body bags, PPE, Stretcher, Truck, identification forms, etc

Q5. Are the first responders in Kano well-coordinated and performed their functions professionally and according to the best practices. PROBE FOR: coordination and leadership, care of survivors, identification of bodies, managing the dead, safety precautions, including the use of PPE, support for families of the victims.

Q6. What are the main challenges you faced as a team during the emergency response? PROBE FOR: common challenges related to lack of training,

equipment, effective local co-ordination, etc

Q7: What recommendation do you have for improvement? PROBE FOR: recommendations to first responders, team leaders, organizations, international service providers and Government

Q8: How do you arrive at the scene of incident? Is it through police clearance, JTF, or communities? PROBE FOR: personal responders' safety and access to the scene of incident/accidents,

#### **Arrangements of FGDs Conducted**

The arrangement of the FGDs conducted is explained in table 3. The table provided the number of personnel interviewed, the date and language of the interview.

#### Interview and Discussion

Unstructured interviews and one-on-one discussions were conducted with the representative of NEMA and the senior officers of the participating agencies who were not part of the FGD, to clarify certain issues that came up during the FGDs. The changing roles of SEMA related to the transition from SERERA to SEMA were one of the issues that called for the interview/discussion. Other issues discussed with the senior officers include the willingness and roles of the agencies' leaders in co-ordination and subordination to one another in disaster management. The issue of bureaucracy as a challenge faced by the responding teams was also one of the issues discussed during the interactions.

#### Consent

Permission was sought from all the participating agencies to conduct FGD with their staff. Also each participant signed a consent form to participate in the FGD. Participants were informed of the detailed procedure of the FGD and that they are free to respond with whatever answer they fill is applicable to the questions. They may also decide not to answer a particular question or questions asked. Anonymity was assured and that the audio taping was to be used only in the analysis of data and deleted thereafter.

#### **RESULT:**

#### Table 1: Incidences and Nature of Boko Haram Attacks in Kano

S/N	Place	N	No of Victims		Nature of attacks/Victims	
		Injured	Dead	Total		
1	AIG Office + 6 other places	100+	86	186+*	Bombings, gun shots; dead & wounded	
2	Central Mosque	122	134	256**	Bombings; dead, wounded, parts & debris	
3	Kantin Kwari Market	22m	2	24**	Bombing; dead & wounded	
4	Hotoro Filling Station	5	2	7**	Bombing; dead & wounded	
5	NNPC Mega Station	21	5	26**	Bombing; dead & wounded	
6	School of Hygiene	43	10	53**	Bombing; dead & wounded	
7	St Chalect Catholic Church	18	7	25**	Bombing; dead & wounded	
8	Sumaila Local Govt.	17	6	23**	Bombing; dead & wounded	
9	Gold Coat Rd Sabongari	15	7	22**	Bombing; dead & wounded	
10	Emirs Convoy	4	3	7*	Gun shots; dead& wounded	
11	Trade Fair	7	-	7**	Bombing; wounded	
12	FCE Kano	37	19	56**	Bombing; gun shots; dead & wounded	
13	Central Admin Kano Poly	24	3	27**	Bombing; dead & wounded	
14	New Rd Motor pack	6	6	12**	Bombing; dead & wounded	

#### Table 2: First Responders in Kano

Category	Team	Main Concern	
Security Organization	Military, NPF, FRSC, NSCDC,	Provide Security, Evacuation, Detection,	
	Immigration	Provide access to the scene	
Government Agencies	SEMA, Fire Service, Hisbah	Fire Fight, Rescue, First aid Treatment	
Voluntary/HumanitarianRed Cross, VigilanteOrganization		First aid Treatment, Rescue Operation	

Table 3: Arrangement of FGDs Conducted

S/No	Agency	Venue	NO	Date	Language
1	Hisbah	Hisbah Board HQ	7	October 31, 2018	Hausa
2	Red Cross	Red Cross State Office	7	November 6, 2018	Hausa
3	NSCDC	NSCDC State HQ	6	November 6, 2018	Hausa
4	KAROTA	KAROTA HQ	5	November 7, 2018	Hausa
5	Police	Police HQ Bompai	4	November 7, 2018	Hausa
6	SEMA	SEMA State Office	7	November 8, 2018	Hausa
	TOTAL	-	36	-	-

#### **Data Analysis**

Evaluations of challenges of first responders were captured through discussions during the FGD. Evidences of key challenges in words and pictures from governments, agencies, newspapers and reliable internet pages were used to substantiate some of the key points raised in the FGDs as well as specific interviews and discussions with agencies' senior officers.

#### **Finding and Discussion**

The following findings are from a series of six (6) focus groups conducted with first responders from the Hisbah, Red Cross, NSCDC, KAROTA, NPF and SEMA. Thirty six (36) responders were recruited for one-hour interview per group. Each agency nominated the participants in accordance with the main criteria that the nominees must have attended at

least one incidence as a first responder.

Participants in all the groups have described the horrible situations that happened in Kano during the insurgency, the works of the first responders and the kind of challenges faced by the responders generally. The finding of this study identified four major challenges related to: equipments, training, coordination and safety of responders. Majority of the groups prioritize the ordering according to importance with more than half of the groups mentioning equipment as the main challenge faced, followed by training, co-ordination and then safety of responders, respectively.

*Equipments:* The finding of this study has shown that insufficient equipments is the major challenge faced. Several examples were cited where nothing used as materials during the emergency response. In some cases, bags were collected from hawkers and used as protective gloves which torn away in the process and served no purpose. There were instances of blood around the hands and clothes of responders. No 'body bags' used except in few instances. There were no first aid kits available, even to have one for each team. In some occasions like the central mosque, vehicles were incidentally stopped to transport casualties to hospital. No identification forms were available almost in all the incidences were dead bodies were managed. The issue of ambulances is such a perplexing one; that even the ones available served no special purpose except transportation. In other words, there were no lives saving facilities in the ambulances. Only one ambulance belonging to the Air Force was said to have life saving facility. According to the international best practices, first responders require some kits to be able to work efficiently. These include protective equipments like hand globes, overall wears and boots, and operatives like body bags, stretchers and identification forms as recommended by the ICRC (ICRC, 2016).

*Training:* Based on the findings of this study, lack of adequate training was identified as a challenge by all the groups. This includes not only basic first aid training which most of the responders have acquired; but training of managing mass disaster casualties, including management of dead bodies. When coupled with date of certification this problem becomes worst,

for instance, some of the responders have acquired basic first aid training but, the certificates were out of date. Some of the participants cited examples to justify lack of training and ignorance about the best global practices related to the emergency service responses of Boko Haram. These include handling of dead bodies without properly covered, using of ambulances in transporting the dead at the expense of survivors, lifting of dead bodies instead of rolling, misidentification or no identification of dead bodies, quick evacuation at the expense of first aid treatment, etc. International guidelines as outlined in the ICRC (ICRC, 2016). Humanitarian forensic action and Islam provided that after armed conflict or disaster those who died, their bodies must be handled with respect and with dignity. It also stressed that the remains of unknown individuals must be searched for, recovered and identified (Islam and Hamza, 2015). The INTERPOL (INTERPOL, 1996) maintained that every person has the right to be identified after death. According to the world health Organization, records of death and funerals need to be kept to monitor mortality rate and incidence of disease and to be able to provide timely, understandable and accurate information to relatives of dead (WHO, 2015). Survivors' rights to physical, mental and moral integrity; to family life and to religious freedom are guaranteed under the International Human Right Law. All these require training and re-training.

**Co-ordination:** Another major challenge identified by this research is lack of effective co-ordination among the responders. In the 6 FGDs conducted, all the groups agreed that lack of effective co-ordination has been a big challenge during the emergency responses. This is translated into random participation with no specific team leaders, talk less of incident cocoordinators. There were no briefings or debriefings. According to all the participants, each agency wanted to dominate the scene and get the credit and commendation of the public. Several field stories were shared during the FGDs that depicted the haphazard situation in which the responders operated. Very few individuals among the responders try to be organized or wait to read the situation. Co-ordination among emergency providers has been emphasized by the ICRC (ICRC, 2016).

Safety of Responders: Safety of Responders was mentioned by all the groups as a challenge usually last or second to the last. However, it has affected the quality of the responses and distant them from the global best practices. Most of the participants confirmed that in all the attacks only in two places the police had to give clearance and assured safety of the responders, despite the facts that all the attacks were terrorist attacks that usually came in sequence; where the first attacks served as invitation for more victims. Some of the incidences left burnt vehicles and hideouts that can cause harm to the responders. In two of the incidences gun shots continues for hours after the attacks. The safety measures emphasized by the ICRC and the Center for Disease Control and Prevention (CDC) (ICRC, 2013; CDC, 2008) in any case of disaster management also include: use of basic personal protective equipments- PPE (gloves, apron & boots) and hand washing with soap and water.

**Minor Challenges:** The findings of this study also identified other challenges considered as minor either because they were not identified or supported by all the groups or identified as minor by the groups. They include the following: Bureaucracy, crowd participation, lack of community awareness, welfare and logistics, lack of organizational motivation, traffic congestion, politics and media preference.

# CONCLUSION

This research investigated the challenges of first responders in Kano during the Boko Haram attacks. It was concluded that the major challenges faced were related to equipments, training, coordination and safety of responders. Lack of adequate equipments was found to be the major challenge followed by low knowledge and skill, lack of effective co-ordination, and poor personal safety of responders.

# RECOMMENDATION

The researchers recommended the following:

• The state government should provide enabling environment for first responders to work in cases of disaster. This can be achieved by empowering SEMA and supporting the responding agencies in terms of their specific needs, welfare and logistics.

• First responders need to improve their co-

ordination; ensure best practices and obey local and international humanitarian laws. In-house and refresher trainings must complement the efforts of training providers.

• Based on the findings, there has been serious concern over inadequate and or lack of equipment and therefore recommends that any attempt by the governments, emergency service providers like ICRC, NEMA, SEMA and community to provide standard equipments will go along meeting the global best practices.

• Responders received most of their trainings, from emergency service providers like Red Cross and the ICRC. Thus government has virtually done very little to strengthen and update knowledge and skills of responders. It is therefore recommended that the government should ensure regular and updated training of responders in accordance with international standards towards achieving global best practices.

• It is important to have co-ordination among first responders and plan together in advance, including plan for leadership and easy contacts among the responding teams. NEMA and SEMA should be responsible for co-ordination of responders.

• It is important to have clearance by the security agencies, usually the police or joint task force to the responding teams before work begins.

• NEMA and SEMA as the major coordinating bodies should conduct at least quarterly meetings with all the responding agencies to plan and execute programmes that will improve knowledge and skill of responders, plan for emergency, design regular trainings and make arrangements for proper co-ordination.

# **Conflict of interest**

The authors declare that they have no conflict of interest.

# ACKNOWLEDGEMENT

The researchers wish to acknowledge the contribution of the following individuals who served as research assistants: Musa D. Abdullahi, Branch secretary, Aminu D. Muhammad, Disaster Management Coordinator and Alhassan A. Aminu, Community First aid Training Coordinator, Nigerian Red Cross Society; Adamu Haruna Bayero Officer-in-Charge of Investigation, Kano State Hisbah Board; Garba Darki, SEMA, Ibrahim Koiranga KAROTA. Also wish to acknowledge the support of the following Institutions: Hisbah, NSCDC, KAROTA, NEMA, SEMA, NSCDC, NPF and Kano Branch of the Nigerian Red Cross.

#### REFERENCES

- BBC News, Kano, northern Nigeria: "Boko haram Kano attack: Loss of life on staggering scale by will Rose". Retrieve from: https//www..bbc.com/wc.
- Center for Disease Control and Prevention (CDC) (2008). *Interim health recommendations for workers who handle human remains*. Retrieve from: www.bt.cdc.govt/disasters.
- International Committee of the Red Cross (ICRC) (2013). Safer access: A guide for all National Societies: International Committee of the Red Cross.
- International Committee of the Red Cross (ICRC) (2016). Management of dead bodies after disasters: A field manual for first responders (second edition): International Committee of the Red Cross.
- Islam, M.A and Hamza, M.U. (2015). Respect for the dead: From the perspectives of the humanitarian law (IHL) and Islam: International Committee of The Red Cross
- Morgan, O and Goyet (2005). Dispelling disaster myths about dead bodies and disease: the role of scientific

evidence and the media. *Journal of Public Health*, 37(1); pp:33-37.

- Global Platform (2011). Disaster risk management for health: mass fatalities/daed bodies. Developed by the WHO, United Kingdom Health Protection Agency and Partners.
- Obafuwa, J. O., Fadulile, F. A., Soyemi, S. S., Eze, U. O., Nwana, E.J. C and Odesanni, W. O (2015). Forensic investigation of mass disaster in Nigeria: A review. *Nigerian Medical Journal*, 56 (1); 1-5.
- State Emergency Management Agency (2014). Comprehensive report and data on victims of terror attacks in Kano state, 22<sup>nd</sup> September, 2014.
- Saturday Vanguard News: Bomb blasts kill 200 in Kano central mosque" https//www.vangurdngr.com /2012/11/bomb-blast-police-confirm-186dead/amp.
- Premium times, February, (2017)http//www. premiumtimes.ng.com/news/headlines/22 3399shockingreveletion-100,000-killed-twomilliondisplaced-boko-haram-insurgency-born.
- USA CH PPM: Dealing with stress of recovering human dead bodies. USAMEDICAM Context stress manual.
- World Health Organization (WHO): Disposal of dead bodies in emergency.
- World Health Organization (2017): Nigeria Humanitarian response plan 2017. Available: http// www.int/emergencies/response-plans/2017/ Nigeria/en.