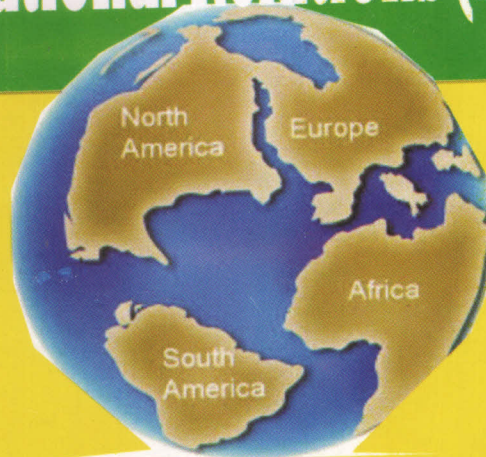




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All correspondence and contributions should be addressed to:

**Prof. AOY Raji**

Editor-in-Chief,

*Al-Hikmah Journal of History and International Relations*,

Faculty of the Humanities & Social Sciences,

Al-Hikmah University,

P.M.B. 1601,

Ilorin, Nigeria.

GSM: 08067990090

Email: [dradeyusufraj@yahoo.com](mailto:dradeyusufraj@yahoo.com)

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**Prof. AOY Raji**

Editor-in-Chief,

*Al-Hikmah Journal of History and International Relations*,

Faculty of the Humanities & Social Sciences,

Al-Hikmah University,

P.M.B. 1601,

Ilorin, Nigeria.

GSM: 08067990090

Email: [dradeyusufraj@yahoo.com](mailto:dradeyusufraj@yahoo.com)

**Dr. TS Abejide**

Managing Editor,

*Al-Hikmah Journal of History and International Relations*,

Faculty of the Humanities & Social Sciences,

Al-Hikmah University,

P.M.B. 1601,

Ilorin, Nigeria.

GSM: 08139514787

Email: [tayesayo4@gmail.com](mailto:tayesayo4@gmail.com)

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## GOVERNMENT HOSPITALS AND MERE CONSULTING CLINICS: AN ANALYSIS OF KWARA STATE GOVERNMENT STANCE ON HEALTH CARE, 1968-DATE

**Onagun Rasheed**

Department of History and International Studies,  
University of Ilorin, Ilorin Nigeria  
onagun.rasheed@yahoo.com; +23480 3443 1528

### Abstract

The paper discusses the nature and character of government attitude to the provision of health care services in Kwara State since its creation. Through a critical examination of the historical antecedent of the State, the study discovers how poor social infrastructure in the rural areas, inadequate medical equipments and personnel have contributed to the poor state of health care delivery in Kwara State. The essay therefore asserts that these elements of retrogrades in healthcare in Kwara was a direct product of the bad, unethical and crooked attitudes of several administrations that had served the State in the past.

### Introduction

Health care refers to the general well-being of the body, having the function of maintaining physical and mental well-being among the general public, and the administration of medical and related services. Health care is also known as the promotion of physical and mental well-being of human being and animals. It is globally accepted that, it is the duty of every responsible governments to cater absolutely for the health care of her people. Despite a general acceptance of the important role the health sector in every society, however, the health indicators in Kwara State have remained below targets and the internationally-set benchmarks have recorded very slow progress over years. Primary health care (PHC), forms the bedrock of the national health system. It is noted that the PHC has been in a prostrate state because of poor political will, inadequate funding, and lack of capacity at the Local government level. It was hereby studied and shown that, corruption and leadership role, uneven health service delivery, inadequate and inefficient financing, weak health infrastructure, and inadequate number of health workforce has been a major attitude of different administrations, and have therefore been an impediment to the development of health sector, not

only in Kwara state, but also throughout the nation.

### Discrepancies in Growth and Development of Healthcare in Kwara State

The growth of modern health facilities began in the colonial period, especially when health centers were constructed to cater for the wounded soldiers that participated in the First World War. Subsequently, colonial and successive indigenous administrations erected new health centers, as well as converted some communally sponsored health posts to government property. By illustration, the first general hospital in Kwara was constructed in 1958, when Alh. Yahya Oriokoh was the health minister for the northern region. Later in the 1960s and 1970s when Kwara and some other 11 States were created, some colonial and communal health posts were converted and upgraded to State's ownership.<sup>1</sup> Health posts and dispensaries in Igbaja, Kanji, New-Bussa, Iwoh, Isanlu, Ora and Odo- Ore in Isin, and many others were upgraded to General hospital, primary or basic health centers status.<sup>2</sup> In the second republic between 1979 and 1983, Governor Adamu Attah through John Lawani his commissioner of health contracted Danish Overseas Construction Company (DOC) to construct more full time specialist hospitals in Sobi in Ilorin, Oke-Ode, Offa, Lokoja, New-Bussa, Kabba and Jebba to cater for health needs of Kwarans.<sup>3</sup> Gov. Attah also established Civil Service Clinic to cater for the health needs of the State's civil servants. Afterward in 1984, the military Governor Latinwo established specialist hospitals in Offa, Kaiama, Pategi, and Lafiji.<sup>4</sup>

Also, subsequent military administrations especially during Gen. Ibrahim Babangida regime in 1988 boosted primary health care system through the National Health Policy implemented by Ransome-Kuti who was the then Health Minister.<sup>5</sup> Through this policy, the Federal, States and the Local government solely and jointly erected cottage hospitals, basic health, and dispensaries and maternity centers. Alapa cottage hospital and primary health centers in Okuta, Chikanda, Idofian, Erinle, Ajase-Ipo, Omupo and many more were established under this scheme.<sup>6</sup> In 1999 and 2003, the civilian governor of the State, Mohammed Lawal embarked on the construction of 193 health centers in the 193 political wards of the State. As at 2010, Kwara State has 752 public and private health facilities that were not being able to cater for the health needs of her citizens. A significant problem with distribution of healthcare facilities is the discrepancy between growth and development in the health sector. We shall therefore be wrong to fix the

above projects within the context of the concept of development. They were mere evidence of growth and not development. Development should be assessed in terms of its targets and ability to meet the real needs of the people. From the above analyses, each military and civilian government continued to embark on construction of new health centres irrespective of the problems and deficiencies experienced by the existing structures. According to a 2010 survey, Kwara State has 752 health facilities accounting for private and public health facilities.<sup>7</sup> In this, private facilities that were established to generate profits constitute 40% of health facility and providing 60% of health care.<sup>8</sup> The public health system is organized into primary, secondary and tertiary level. In Kwara state, basic health centres, cottage hospitals, and dispensaries and maternity center are categorized in primary level. General and specialist hospitals are in the secondary tier. The only tertiary facility in the State is the UITH that belongs to the Federal Government, which means the State has no tertiary health facility of her own. This is retrograde for Kwara state that was created in 1967, when Osun which was founded in 1993 have two State governments own and one federal tertiary facility, and Ekiti State that was among the last generation of States in Nigeria have a tertiary health facility.

In the Kwara central districts that were believed to have benefitted mostly from the State's health expenditure in terms of growth, provision of healthcare was disheartening and depressing. In the area of infrastructure in these districts, most of the hospitals had little to show that they are health centres. As at 2003, Balogun Fulani Cottage Ward Clinic's theatre was without a bed. As at 2005, the civil service clinic's theatre had no air-condition or fan, and the generating set and the borehole that was supposed to be serving the clinic was also grounded.<sup>9</sup> If you are still wondering what manner of hospitals exist in Kwara, and then you need to visit Adewole Cottage Hospital where there are no doctor and medical equipments. The blood bank that was brought to the premises some years back still lie fallow, while their drug store looks like an abandoned room with drugs covered with dust; and worst still, a black pot and a kerosene stove serve as the sterilizer.<sup>10</sup>

At the Dental center, which is within the old University of Ilorin Teaching hospital premises, the records office is almost caving. Anytime it rains, the room literally turns to swimming pool. Ajikobi Cottage hospital which normally records high patients' patronage has no oxygen, while the old incubator in the hospital is as good as having no incubator, and if patients

are rushed into the place, then their fates lies in the hand of God.<sup>11</sup> Droughts of equipments like ventilator machine and other operating and laboratory equipments made Kwara hospitals to always refer simple health challenges like breech presentation, fever, abdominal pain, soft tissue fractures and many more to University of Ilorin Teaching Hospital for proper management.<sup>12</sup>

The condition of the Kwara State Specialist hospital located at Sobi in Ilorin is one where a heartless man will weep for the State. Its situation could be likened to the abandoned Ajaokuta Steel Complex which has been grossly under-utilized by Nigerians. It is however sad that, the hospital which was once a pride of Kwara in the 1980s, became a forest where all kinds of animals and reptiles have turned to their haven. In 2003, most of the structures in the hospital have overgrown by weeds, while the mortuary will literally scare dead man because it has been overwhelmed by weeds. The hospital's hydro therapy pool which is very useful in the management of stroke and arthritis patients and which should have been money spinner for the government was left to rot in a typical Nigerian manner.<sup>13</sup> The hospital's eye clinic was described as haven for snakes and scorpions, while it also experienced unstable power supply which makes it look like hell at night. As a man who brought his wife to the hospital put it that "the darkness here at night makes those of us who have patients here to be afraid everyday".<sup>14</sup> The most important question is what the government has been doing with the huge funds allocated to health sector in the past years.

Moreover, past administrations in Kwara State are only fond of painting and not equipping government health centres. For instance, former president Olusegun Obasanjo during one of his visits to commission a painted Adewole Cottage hospital that was built in 1991, he remarked that "Kwara is one of those States where paints sells most in Nigeria".<sup>15</sup> Similarly, in 2013, the State claimed to have renovated and equipped the State's five General hospitals. Contrary to this propagandish report, these hospitals were only given a new and elegant outfit with paints, while they were still ill-equipped as they previously were. Like Olodo Saka Kayode has once said that, "at the newly rehabilitated Kwara State General Hospital Ilorin, a patient was asked to go back because there was no fuel in their generator. The said patient died unattended to".<sup>16</sup>

High rate of road accidents along Bode-Saadu Jebba road have in the past complicated and worsened the latency of health facilities in Kwara state. As a matter of fact, the ambulance point that was constructed along Jebba

road in 2004 only serves as shelter for rats, snakes and other animals. According to Dr. Bola Olaosebikan a former health commissioner, "the State's ambulance points are to be manned by competent medical and health personnel in the State to save lives through provision of emergency medical services to accident victims along the major highways leading to the State from 8.00 a.m. to 6.00 p.m".<sup>17</sup> Contrary to this statement, most ambulance points with specific reference to the one along Jebba road are not functional. It lacks medical personnel and simple first aid equipments to cater for accident victims. Even Jebba Specialist hospital which was the most standard government health center in Moro Local government area had no Accident and Emergency (A & E) unit to facilitate accidents' victims' treatment. Even the Lanwa Basic Health Centre (one of the major districts in Moro LGA) was in a state of devastation as it lacks staffs, boreholes, vehicle and drugs, and was not being rehabilitated by the local government since its establishment in 1993.<sup>18</sup>

### Health Workers Distribution in Kwara State

Over the years, Kwara have suffered greatly from the problems of the shortage of professional healthcare providers. From the available past records, the State has lacked a steady development and growth in the recruitment of medical experts. Data analysis in table below shows an absence of a steady, firm and solid growth in the population of medical doctors, pharmacists, medical health records officers, community health workers and other categories of professional healthcare providers. Moreso, nurses and midwives that was nine hundred and thirty (930) in 2010 reduced to seven hundred and fifty four (754) in 2015. Furthermore, the population of medical doctors that was 282 in Osun State that was among the last category of States in Nigeria was just 163 in Kwara as of 2015.<sup>19</sup>

**Table I. Distribution of Health Workers in Kwara, 2004-2015**

| Cadre        | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|--------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Doctors      | 40   | 59   | 59   | 56   | 51   | 54   | 83   | 105  | 12   | 126  | 15   | 16   |
| Nurses       | 591  | 687  | 681  | 646  | 625  | 501  | 930  | 880  | 683  | 623  | 756  | 754  |
| Pharm/PT     | 69   | 60   | 65   | 65   | 64   | 56   | 59   | 58   | 55   | 50   | 50   | 52   |
| MHR          | -    | -    | -    | -    | -    | -    | 85   | 85   | 85   | 85   | 74   | 74   |
| CHEW         | -    | -    | -    | -    | -    | -    | 358  | 346  | 337  | 345  | 304  | 303  |
| Attendant    | 170  | 220  | 220  | 206  | 197  | 136  | 208  | 208  | 208  | 203  | 250  | 250  |
| Nutritionist | 16   | 13   | 13   | 13   | 12   | 5    | 5    | 5    | 5    | 5    | 5    | 5    |

**Kwara State Ministry of Health**

Apart from the problems of shortage of health facilities, Kwara State government has over the years maintained a very poor attitude towards recruitment and posting of professional health staffs to the rural areas. Remarkable inequalities, as well as insufficient numbers of health personnel, have been identified as one of the key impediment to the development of healthcare not only in Kwara, but generally in Nigeria. For instance, it could be observed in the 2004 statistical data table that, medical professionals are unequally and unevenly distributed across the 16 local government areas of the State.

**Table II. Distribution of Health Personnel by L.G.A, 2004**

| LGA       | Consultant | Med. Doc. | Dental Surg. | Pharm. | Nurses |
|-----------|------------|-----------|--------------|--------|--------|
| Asa       | -          | 1         | -            | -      | 14     |
| Baruten   | -          | 1         | -            | -      | 8      |
| Edu       | -          | 2         | -            | -      | 11     |
| Ekiti     | -          | -         | -            | -      | 7      |
| Ifelodun  | -          | 2         | -            | -      | 21     |
| Ilorin. E | -          | 5         | 1            | 3      | 86     |
| Ilorin. W | -          | 2         | 7            | 2      | 74     |
| Ilorin. S | 1          | 5         | -            | 5      | 155    |
| Irepodun  | -          | 5         | -            | 1      | 76     |
| Isin      | -          | -         | -            | -      | 9      |
| Kaiama    | -          | 1         | -            | -      | 4      |
| Moro      | -          | 1         | -            | 1      | 7      |
| Offa      | -          | 3         | -            | 2      | 68     |
| Oke-Ero   | -          | -         | -            | -      | 7      |
| Oyun      | -          | 2         | -            | -      | 31     |
| Pategi    | -          | 1         | -            | -      | 13     |

**2007 Statistical year book & the writer's estimates**

Most rural areas in Kwara State and generally in Nigeria lack basic social and infrastructural amenities like good schools, motorable roads, portable pipe-borne water, internet service, communication access, recreational facilities, electricity, and standard shelter to attract posting of health professionals to their domain. Local governments like Moro, Edu, Pategi and Baruten have over the years sunk deeply into these vices, and this have directly chased away qualified health professionals from their communities. For instance, according to 2006 national population census figure, Baruten has the total population of 209,459 and 15 members of health staffs in government hospitals with only a single medical doctor. Similarly, inequality was exhibited in the manner by which 67 nurses are working in 12 bed capacity in Civil Service Clinic and 18 nurses at Comprehensive Health Center Ogidi both in Ilorin South local government situated in Ilorin metropolis; while the whole of Edu L.G.A have a total of 11 nurses, Baruten L.G.A had only 8 nurses, Asa with just 14 nurses, Kaiama with only 4, Pategi with 13, and Moro with 7 nurses in the government hospitals.<sup>20</sup>

### Health Institution Distribution in Kwara State

The State currently has about 4000 settlements of varying sizes and structures dotted on its land-scape. Nevertheless, only Ilorin, Offa, Omuaran and Oro can truly be classified as urban and collectively harbor more than thirty percent of the State's population. On the whole therefore, Kwara State is about seventy percent rural and thirty percent urban.<sup>21</sup> Distribution of health care in Kwara communities is clustered in specific few urban areas, while most rural areas with difficult terrain are neglected. About a third of all social infrastructures, public and private medical institutions in the State are located at Ilorin. The 65 State funded Hospitals are mal-distributed as they are specifically cited at the State capital, while the remaining few are situated at the local government headquarters, making them inaccessible to people living in remote and isolated communities. For instance, due to the abysmal state of roads and other infrastructures in Baruten local government, the area is usually cut-off from the rest part of the State. For instance, as at 1998, Baruten which is the biggest Local government with 9,382,602 SQ.KM and the population of 209,459 do not have a single specialist and general hospital, and public maternity center,<sup>22</sup> while Offa Local government with just 111,259 SQ.KM and 89,674 people have a General and Specialist hospital in the same compound. Baruten only have unequipped Okuta Cottage and Dispensaries hospitals.

According to statistics, Baruten during this period has a total number of 85 beds in both government and private hospitals. These lapses have led to situations where by patients in Baruten local government had to be transported to either Shaki General Hospital in Oyo State or the Nikki and Parakou hospitals in faraway Benin Republic for treatments.<sup>23</sup> Furthermore, Moro with 3,190,889 SQ.KM and 108,792 number of people have only one State government health center i.e. Jebba Specialist hospital, while Isin Local government with 628,596 KM.SQ and 59,738 people, and Ekiti with 552,566 SQ.KM and 54,850 has eight and four State health facilities respectively.

In the same vein, the Onikoko, Beri, and Ilaga, communities of about ten thousand inhabitants in Ilorin East local government area of the State did not only lack portable, but are also deprived of health facilities. These communities had suffered untold hardship as they trekked several kilometres in search of drinking water, while most villagers often resorted drinking from their local stream that posed dangerous health threats. Absence of a single health centre in their domain has in the past killed several members of these

communities, as most of the health centres are located at the local government headquarters. Several pleas to State and local governments did not yield any appreciable outcome, and as a result of this, the three communities embarked on the construction of a health centre at cost of one hundred thousand naira (100,000 naira) through self-help in 1992.<sup>24</sup> Even with this, the then local government chairman failed to fulfill the promise of refunding the money back to the communities.<sup>25</sup>

Asa local government area have been noted to be one of the most complicated area in term of health and other social infrastructures, which made her prone to water impounded and other killer diseases. Asa was created in 1976, one of the oldest and the largest (with 1,406,168 SQ.KM), and the most deprived in term of health infrastructures among the local governments in the Kwara central district. It remains the most affected in health challenges like poverty, malnutrition, mother and infant morbidity and mortality. Lack of quality water and appropriate health facilities in the area have in the past made her nematodes diseases prone area, with guinea-worm in particular which have killed thousands. Despite the successful efforts of several international and Federal Government agencies in obviating Guinea-worm in Nigeria, its outbreak still killed several people in Elewure village in Asa local government in 2004; an information that was exposed by concerned members of the affected community, and was debunked by a prominent and notable traditional ruler.<sup>26</sup>

### Venality, Politics and Health Sector in Kwara State

Since Nigeria independence in 1960, her leaders at all levels of government have criminally managed the country's affairs; accumulate wealth at the expense of national development and throwing the people over the precipice where they now wallow in absolute poverty, illiteracy, hunger, rising unemployment, insecurity and above all, unavoidable health crisis.<sup>27</sup> Corruption and mismanagement of public funds in Nigeria serves as the common government attitude that have direct bearing on the nation's collapsing infrastructure like portable water, good road network, health facilities, and other challenges which are interconnected. According to Adebayo, 'Corruption remains the biggest barrier to ending extreme poverty, and stands in the way of progress in health and education sector of any sovereign State'.<sup>28</sup> Poverty in the Kwara State has various indicators and signs including, lack of income and productive resources sufficient to ensure

sustainable livelihood, hunger and malnutrition, ill health, lack of or limited access to basic services, increased morbidity and mortality from illness.<sup>29</sup> According to Ijaiya, the quality of social services in Kwara State, particularly on health has drastically fallen, placing the poorer families at a disadvantage and encouraging the richer and better educated to move out or to resort to the private provision of such services.<sup>30</sup>

Corruption has been a powerful obstacle to healthcare development since 1967 when Gen. Gowon created States. Military corruption serves as the bed-rock and foundation of institutionalized corrupt practices in Nigerian States, such that by 1971, the military had become debased as all sorts of allegations were raised against Gowon's military ministers and State Governors.<sup>31</sup> After the civil war in 1970, the three "Rs" (Rehabilitation, Reconciliation and Reconstruction) were massively looted by State governors and other public holders. The huge oil revenue that was devoted to reconstruction and rehabilitation of infrastructures were amounted to waste; as the fund were personally aggrandized. For instance, throughout the whole of Kwara State that was as at then comprised of larger parts of Kogi and Niger State, did not have well equipped modern health facilities. Patients with simple ailments were thereby referred to a privately owned EKWA Missionary Hospital Yagba or University College Ibadan Hospital;<sup>32</sup> whereas during this same regime, Col. Bamigboye who was the military Governor was accused of acquiring personal landed properties that worth millions of naira at the G.R.A. and other lucrative areas of Ilorin.<sup>33</sup>

Similarly, corruption is the most single critical impediment to achieving the Millennium Development Goal (MDGs); and like a deadly virus, it attacks the vital structures and systems that engender progressive functioning of the Nigeria society. A good example of this occurred in Kwara State in 2012 when Mr. Ope Saraki who was the Special Assistant to the governor on MDGs abused his office and laundered State funds for his personal benefit by awarding inflated contracts to companies owned by cronies. In one of the transactions involving the purchase of Ambulance Buses for hospitals in the State, he was accused of duping the people of Kwara State by procuring thirteen Hiace buses from a local car dealer and converted them to ambulance for which a contract of One hundred and seventy one million, nine hundred and ninety thousand naira (171,990,000) was awarded.<sup>34</sup> Similarly, another Special Adviser to the State Governor was also alleged to have used the position to enrich himself. He awarded

contracts to the tune of over two hundred million naira (200,000,000) for the renovation of Ijagbo Health Care Centre and Specialist Hospitals with in the State; to a company he has interest and was sole signatory to its account.<sup>35</sup>

Since the second republic, political or grand corruption has brought much social decadence upon Nigeria States, carrying along with it, such rotten baggage as godfatherism, influence peddling, embezzlement and fraud.<sup>36</sup> War Against Indiscipline (W.A.I) crusade of Buhari-Idiagbon regime in 1984 accused notable Kwara political office holders of neglecting the masses plight in health, education and other welfarist sectors of the economy, and therefore engaged in misappropriation of these funds. In this, high profile political office holders in the State like Alh. Adamu Attah, Dr. Olushola Saraki, and many others were arrested, detained and sentenced to long term imprisonment. In 1991, a high profile water project contract scam was witnessed during the tenure of Alhaji Shaaba Lafiaji as the State governor. The project was intended and targeted at solving the problems of water scarcity and pipe-borne diseases, before the funds meant for it were diverted by some high profile political class and godfathers.

Godfatherism as an element of Grand corruption has for many years since the second republic being an impediment to sectoral developments in Kwara State. The question of "Who gets what" has being a decision of a single political family and a sole godfather. Cronies and associates who are ready to follow any instructions and conditions were placed in public offices. Prominent traditional rulers, elders' statesmen, and religion leaders are also cohorts to these corrupt oppressors. This singular act accounted for a total loss of adequate skillful personalities in maintaining the State's resources. Merits, past records and awards are not considered in electing or selecting public office holders by political deciders. Positions of governance and authority have therefore turned into business venture where those that are loyal to the State's mini-god are the ones considered as favoured agents. Various positions ranging from Governorship to local council seats were mainly reserved for those that can act the script of the master by engaging in corruption, funds diversion, resources mismanagements and payment of returns at the detriment of the welfare of Kwarans. High handedness as an attitude of past governments has acted as debris to the development of healthcare in Kwara State. The self-serving inclination of those in government could be seen by having a glimpse into the manner of budgeting for some few years back. Hereunder are the salient budgeting provisions of

Kwara State which shows that, much allocation goes to where the interest of the rulers or the minority are, as slender allocations stands for provision of health infrastructures for the masses or the majority.

**Table III: Budgetary vote to Government House, Governor's Office and Health Sector, 2001-2009**

| YEARS | GOVT HOUSE     | GOV'S OFFICE  | HEALTH SEC.      |
|-------|----------------|---------------|------------------|
| 2001  | 682,341,540    | 207,670,040   | 1,032,500,000.00 |
| 2002  | 798,791,227    | 319,138,826   | 717,003,780.00   |
| 2004  | 1,090,179,702  | 301,371,964   | 575,000,000.44   |
| 2005  | 1,723,930,409  | 634,086,884   | 768,646,947.44   |
| 2006  | 1,646,993,737  | 735,476,256   | 768,696,947.00   |
| 2007  | 1,953,435,390  | 755,837,785   | 698,500,000.44   |
| 2008  | 2,147,435,900  | 1,614,073,366 | 1,768,151,976.44 |
| 2009  | 2,827,028,900  | 2,384,159,366 | 1,888,000,000.44 |
| TOTAL | 23,022,748,803 | 6,951,814,487 | 8,216,822,650    |

Source: Culled from Letters to the Emir by the author

From the financial proposals depicted above, a lot of money was annually voted as allocations to the government house and Governor's office. It is also important to note that, these funds was fixed under capital and recurrent expenditure, and much of it was spent on feeding, welfare, maintenance, exotic or bullet proofs cars, and numerous and endless overseas travels and tours of the governor, his deputy, first ladies and other public officials.<sup>37</sup> With this analysis, it is very painful, agonizing and sorrowful to see that a lot of funds were allocated to intangibles and waste at the detriment of the bad state of health infrastructure and services in the State. If the sum of 8,216,822,650 was allocated to capital projects in health sector and 29,974,559,290 was voted for the government house and governor's office at the same period of time,<sup>38</sup> then this serves as a clear justification and defense for the poor condition of health infrastructure and care in Kwara State. In addition, a similar analysis of Kwara State's financial records in the table below shows that, the amount of funds that was projected for the governor's and political office holders' conveniences and comfort was much more higher than each of the capital and recurrent expenditure since 1989 to 2011.

**Table IV: Budgetary Allocation to Health Sector in Kwara State from 1989 to 2011**

| Year  | Health Allocation | Recurrent Expenditure | Capital Expenditure |
|-------|-------------------|-----------------------|---------------------|
| 1989  | 120,271,118       | 37,949,638            | 82,321,480          |
| 1990  | 72,408,940        | 41,308,940            | 31,100,000          |
| 1991  | 105,307,000       | 58,331,044            | 47,065,956          |
| 1992  | 82,097,255        | 35,657,255            | 46,440,000          |
| 1993  | 143,374,964       | 69,899,967            | 73,495,000          |
| 1994  | 186,173,819       | 73,888,119            | 112,285,700         |
| 1995  | 281,803,912       | 63,813,912            | 217,990,000         |
| 1996  | 308,434,920       | 95,484,920            | 212,950,000         |
| 1997  | 321,930,564       | 140,504,564           | 181,426,000         |
| 1998  | 263,608,034       | 143,848,034           | 119,760,000         |
| 1999  | 261,047,321       | 182,269,321           | 79,208,000          |
| 2000  | 802,247,343       | 259,309,044           | 542,938,299         |
| 2001  | 1,660,296,345     | 630,296,345           | 1,032,500           |
| 2002  | 1,580,971,780     | 871,968,000           | 717,003,780         |
| 2003  | 929,225,095       | 650,704,989           | 278,520,106         |
| 2004  | 1,362,608,990     | 787,608,990           | 575,000,000         |
| 2005  | 1,567,087,792     | 868,587,792           | 698,500,000         |
| 2006  | 1,544,618,623     | 775,921,676           | 768,696,947         |
| 2007  | 1,567,087,792     | 868,587,792           | 698,500,000         |
| 2008  | 2,644,088,524     | 875,936,548           | 1,768,151,976       |
| 2009  | 2,796,941,584     | 908,941,548           | 1,888,000,000       |
| 2010  | 3,392,225,287     | 929,175,690           | 2,463,049,597       |
| 2011  | 3,617,762,705     | 1,155,455,980         | 2,462,306,725       |
| Total |                   |                       | 12,402,354,049      |

Source: Kwara State Ministry of Health, 2015

### Conclusion

From the foregoing, we have seen the impact and effect of attitudes and actions on the condition of healthcare in Kwara State. Each administration and political dispensation relied heavily on growth in the number of health centers, without due recourse to proper healthcare delivery as well as development in the sector. In this wise, past regimes have therefore

imbibed the culture of putting health structures or posts in place with the aim of immortalizing their personalities at the detriment of the health needs of Kwarans. This belief has twisted the global objective of a responsible government as healthcare and welfare provider to mere indifferent and undaunted entity.

Highhandedness, corruption and blithe attitudes of various past rulers of the State had impacted negatively on the health sector. These leaders have in the past favored insignificant sectors than welfarist divisions like health sector in their annual fiscal spending.

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