Abstract
In Nigeria, corruption is the obstacle preventing the country from achieving its enormous potential. Corruption in the health sector is a concern in Nigeria where public resources are already scarce. Corruption in the health sector has made various health institutions to be ineffective while scarce resources invested in the sector are wasted. It weakens the social contract between the government and its people, and drains billions of dollars annually from the country’s economy. The deplorable condition of the health sector in Nigeria, in spite of government spending raises serious concerns. These concerns include mismanagement, embezzlement, poor funding, shortage of drugs and medical equipment in public hospitals etc. This paper therefore examines how corruption has impeded on the service delivery in Ahmadu Bello University Teaching Hospital (ABUTH) Shika, Zaria. The main objective of this study is to investigate the effect of corruption on service delivery and how it affects patients in the study area. Data were collected from the targeted populations through in-depth interviews and focus group discussions. The findings revealed that there is diversion of drugs, injections and other materials for personal use and sales, also money meant for fuel and diesel diverted to personal pocket. It is recommended that any health workers caught in one corrupt act or the other should be dealt with severely to serve as deterrent to others and also Federal Ministry of Health should procure and distribute drugs and other medical materials needed in the hospital and the public must be aware of the drugs that are free.

Keywords: ABUTH, corruption, health sector, Nigeria, sustainable development

Introduction
Corruption is one of the most distressing challenges threatening national development in all sectors in Nigeria. Although African leaders declared 2018 as the African Year of Anti-Corruption, this did not translate into tangible progress in Nigeria. Corruption in Nigeria retards economic development and contributes to government instability, undermines democratic institutions
Out of the 180 countries and territories ranked globally in 2018, Nigeria stood at the 148th position CPI. Nigeria was considered the 19th most corrupt nation of the 54 countries on the African continent (Transparency International, 2019). This is seven points decrease from that of 2016, scoring 27 out of 100 points. With this score, the perceived level of public sector corruption is on a scale of 0 (highly corrupt) to 100 (very clean). This is not a good omen for any country that aspires to be among the great economies of the world. Agha (2012) cited by Diara and Onah (2014) opined that due to the high presence of corruption in Nigeria the main mechanisms that would have brought development to the nation are circumvented for personal gains. This happens in all sectors of the economy thereby posing serious threat to national growth. On individuals and households levels, evidence abounds on how corruption negatively affects the health and welfare of citizens. This has therefore attracted a lot of attention from both local and international organizations who are donors in health care and even Nigerians on how corruption can be combated (Hadi, 2015 in Tormusa and Idom, 2016).

The United Nations Development Programme (UNDP) (2015) defines corruption as the misuse of entrusted power for private gain. Similarly, Transparency International regards corruption as the abuse or ‘misuse of entrusted power for private gain’ (Hadi, 2015). In Nigeria today, there are many unresolved problems, but the issue of the upsurge of corruption is alarming. Corruption is endemic in Nigeria. Thus it is believed by many in the society that corruption is the bane of Nigeria. Consequently, the issue kept reoccurring in every academic and informal discussion in Nigeria. This paper, therefore, seeks to conceptualize the word corruption; to discuss types of corruption in ABUTH, causes and effects of corruption in Nigeria and lastly, recommend a way out of these corrupt practices.

Corruption delays, discourages the use of public health clinics and reduces satisfaction of households with public health services. A notable example of corruption in Nigeria health sector cited by Jaiyesimi (2015) was Geneva Gavi Organisation (the Vaccine Alliance) who provided funds to increase access to immunization for children in the world’s poorest and developing countries including Nigeria. This organization released its Nigerian audit report that covered the expenditures incurred and procurement activities conducted at the Federal Ministry of Health, the National Primary Health Care Development Agency (NPHCDA), and States in the fiscal years 2011-2013.

Geneva Gavi as an organization has a zero tolerance approach to misuse of funds. The Cash Programme Audit (CPA) of Gavi’s programme in Nigeria determined that US$ 2.2 million had been misused. In accordance with the joint letter of understanding and in line with Gavi and Nigeria’s Partnership Framework Agreement (PFA), co-signed by the then Minister of Health, the then Minister of Finance and the Gavi Chief Executive Officer, Gavi requested refund of the identified US$ 2.2 million and this has since been fully repaid. Effectively, US$ 2.2 million had been misused by Nigerian officials and has had to be refunded by the Nigerian government (Jaiyesimi, 2015).
Discreditable as this is, more perturbing is the dearth of integrity of officials who have misappropriated funds meant to save lives of Nigerian children. However, this study investigates how corruption has impeded the service delivery in relation to diversion of drugs and how it has affected service delivery in Ahmadu Bello University Teaching Hospital, Shika, Zaria, Kaduna State, Nigeria.

**Statement of Research Problem**

Health systems are particularly susceptible to corruption because uncertainty, asymmetry of information and the large number of actors create systematic opportunities for corruption and hinder transparency and accountability. Uncertainty regarding the effectiveness of medical treatments, the inability to predict who will fall ill, when and with what kind of illness, distinguish health markets from others, leading to inefficiencies and scope for abuse. The poor functioning of health markets makes it difficult to set standards of accountability and to discipline health care providers for poor performance. Consumer choice is not a good regulator as patients cannot “shop around” for the best care due to a public service delivery monopoly, distance, limited availability or high cost of private care. The health sector is characterised by a high degree of asymmetry of information (information is not equally available to all health sector actors) leading to significant inefficiency and vulnerabilities to corruption. The discretion given to providers puts patients in a vulnerable position if providers should choose to abuse their position. This asymmetry of information makes it difficult to fully monitor the actions of different actors, to hold them accountable and to detect and assign responsibility for abuses. Corruption in any health sector is propagated and sustained by a complex of interacting factors. It thrives where health workers are poorly paid and lack resources to meet the needs of their patients, in settings characterized by weak governance structures and processes, ineffective accountability mechanisms and lack of transparency. It is common among those involved in procurement of resources where oversight is weak. Through custom and practice, many types of health sector corruption can become normalized, even while those involved accept, even if not openly, that it is unjust and risks health.

**Research Objectives**

- To identify various types of corruption in ABUTH, Zaria.
- To examine the effect of corruption on service delivery and how it affects patients.

**Brief Review of Literature**

The efficiency of health care delivery in any nation is predicated on transparent combination of financial resources as well as human resources, the supply and delivery of timely services to vulnerable populace throughout the country. The
most corrupt countries are invariably also the poorest. Corrupt countries cannot collect enough taxes to get good institutions they need to escape the poverty trap. Corrupt individuals in these poor countries often put both their stolen and legitimate wealth in offshore accounts, hence loss of revenue for the government (Alm, Martinez-Vazquez & McClellan, 2016; Jacobsen & Piovesan, 2016; Litina & Palivosb, 2016). Meanwhile, without an adequate tax base, poor countries cannot invest in police, education, health, and transport.

This entails that good governance is considered as a yardstick in ensuring a sustainable and efficient health care delivery. However, citizens will not have good health services where corruption prevails and self-interest is the focus of political participation. Besides, where corruption prevails there is difficulty in the implementation of state policies on effective health care delivery. This is the situation Nigeria has found itself. Nigeria has been dominated with personal, ethnic, religion and regional interest which is greatly affecting the health sector in all ramifications (Akinbajo, 2012).

Hussmann (2011) argues that the link between corruption and health service delivery is very critical. He stresses that corruption makes health initiatives, health policy, international aid and the provision of care less effective, undermining efforts to increase better coverage and quality in the health systems and to improve the health status of the population. In both developed and developing countries, corruption affects all health systems, through the embezzlement from health budgets, health insurance fraud, fraudulent drug procurement, or bribes extorted at the service delivery level. The negative consequences are huge and the burden falls disproportionately on the poor (World Bank, 2009 in Adegboyega and Abdulkareem, 2012). Corruption should therefore be seen as a monster that needs to be dealt with immediately, as an estimated $1trillion is paid each year in bribes around the world, with the total economic loss from corruption many times that amount. Nigeria cannot be immune to the virus of corruption, as billions of dollars attributed to corruption are making the news daily headline. The National Bureau of Statistics (2017) reported an estimated $4.6 billion in purchasing power parity (PPP) as the cost of corruption in Nigeria from 2015-2016. This is equivalent to 39% of the federal and state education budgets combined in 2016. Fear, ignorance of authorities, and apathy, may explain limited reporting of bribery, even as 28.2% average monthly salary is paid as cash bribe by Nigerians (UNODC, 2017). PwC partner Mark Anderson has considered what the future holds for corruption prevention, enforcement, and compliance (Anderson, 2015, 2018).

Causes of Corruption in Nigeria
Many reasons could be adduced for the endemic nature of corruption in Nigeria. Some of the factors responsible for corruption in Nigeria are:

i. Weak institution of government, a culture of affluent and get rich syndrome which has become part and parcel of public officials coupled with the extended family pressure, village and ethnic loyalties and
unbridled competition between and among the ethnic groups and a dysfunctional legal system.

ii. Lukewarm attitude of the enforcers of the law (police, judges etc.) encouraged some officials to be corrupt because they believed they could go unpunished and get away with their unwholesome acts. Those in this group are called the sacred cows, the untouchable, the cabals etc. it goes with varied appellations.

iii. Sometimes poor reward system, low remuneration for public servants and greed account for corruption related behaviour or actions. The reward system in Nigeria is perhaps the poorest in the world. Some states in the federation owed worker salaries for six to ten months. Yet, these members of the society are expected to be honest, productive and train their children in most honourable manner without getting their salaries. Corrupt acts become the alternative means to achieve their objectives and make ends meet because they cannot depend solely on their meager salaries for a decent living (Obuah, 2010).

iv. Some people, individuals or firms engages in corruption usually occasioned by bureaucratic bottlenecks. For example, businesses are likely to pay ransom or spend money in order to facilitate faster processing of their application or documents. Individuals frisked at police check points in Nigeria are likely to pay bribe in order to avoid wasting their precious time, similarly, individuals who apply for passports or driver’s license in Nigeria are likely to pay bribe to speed up the issuing process.

**Types of Corruption in ABUTH**

Health systems across the globe are vulnerable to abuse because they are complex in character and because they face many uncertainties. There are countless examples of actions that reveal a lack of transparency and integrity, and that may ultimately be defined as health sector corruption. Such abuses take place in all the branches of the health sector, varying from health ministries, to hospitals and pharmaceutical companies (Hadi, 2015). Ahmadu Bello University Teaching Hospital Shika, Zaria, Kaduna State is such a place. Some examples of corrupt practices that exist in ABUTH, Shika, Zaria includes:

- A health worker embezzles money from the hospital budget, and steals medicine and medical supplies and equipment for personal use;
- A doctor asks for ‘informal payments’ or ‘under-the table-payments’ from his or her patients;
- A nurse consistently works fewer hours than agreed;
- A doctor makes a patient pay for the same service twice, first in the public hospital, secondly in the private hospital to which the patient has been referred;
Pharmacists’ syphoned drugs meant for patient to their private Pharmaceutical stores and referred patient to go and buy from their shops.

- NHIS Pharmacists sends expensive drugs to the open Pharmacy and referred patients to go and buy from open pharmacy while they in turn collect their money from the open pharmacy.

- Absenteeism topped the list as the most prevalent type of corruption as well as one that was the most feasible to address. It was mostly driven by health care workers’ wanting to make more money by running their own practices and there being no rules around it.

- Employment related corruption, such as employing unqualified people, was also considered difficult to manage as the government directly employs workers at public facilities.

It is not difficult to see that such acts have a negative impact on the availability and the accessibility of health services. On a macroeconomic level, fraud and corruption negatively affect the (financial) resources available for healthcare. But at the level of healthcare provision access to healthcare can also be affected. The patient who has to pay an under-the-table payment runs the risk of not being able to afford the bill, and the doctor who lets himself be influenced by a pharmaceutical company runs the risk of not providing the drug that is most suitable for his patient. If such acts deprive people of their access to healthcare services, then their human rights, including their rights to health, life and information are potentially compromised and threatened.

**Effects of Corruption in Nigeria**

1. Corruption perpetuates social, economic and political inequality (Adegboyega and Abdulkareem, 2012) and thus, aggravates mass poverty as poor people on the average pay higher proportion of their incomes in bribes. This, in economic parlance, retards economic growth. The misappropriation and mismanagement of public resources by successive regimes, has rendered millions of Nigerians poor, unemployed, and uneducated. This can be described as oil that worsens factors related to overall human development. In the words of Osoba (Mackey and Liang, 2012), it is an anti-social behaviour conferring improper benefits contrary to legal and moral norms, and which undermine the authorities to improve the living conditions of the people. Corruption also diverts public expenditure from sectors that benefit the poor the most, away to the sectors and project where kick-backs can readily be obtained by public officials. In effect, distorted priorities of public policies and diversion of public resources which could have been productively employed to increase productivity bring about effectiveness and efficiency of government performance becomes the order of the day. This also endangers the fiscal viability of the state as substantial portions of government revenues do not reach government coffers. Because the system creates avenue for leakages.
Corruption, if averred, can bring about skewing of the composition of public expenditure from social services that are important to the poor (Ibenegbu, 2017).

2. Corruption can also cause reduction in quality of goods and services available to the public, as some companies could cut corners (thereby producing sub-standard goods to increase profit margins. On several occasions the Nigeria Drugs and Law Enforcement Agencies (NDLEA) have exposed drug dealers who deal in production of fake and sub-standard drugs. These drugs they sell to the poor just to make their maximize profit not minding the dander caused to the masses.

3. Corruption has a negative impact on human rights of the citizenry. A country with a corrupt government will have no regard for people’s fundamental human rights as guaranteed in the constitution. Hence, it desecrates the rule of law and distorts the entire decision-making process, undermines the credibility and legitimacy of government. Even those who tried to expose corrupt practices find themselves to blame as they can be dealt with and the culprits walk away without being punished. This has encouraged the acceptance of the saying “join them if you cannot beat them”.

4. Corruption has always caused political decay and economic downturn in Nigeria and depending on the scale; it has led to social conflict and violence as competing groups vie for state power which is the source of distribution of resources and other amenities in the country. This has made politics all-comers job and is seen as surest means to affluence, earn respect and recognition.

**Theoretical Framework**

**Theoretical/Conceptual Framework**

This study is anchored on Talcott Parson’s Structural functionalism Theory that emphasizes on four functional requirements that are essential for all systems. They include – adaptation (A), goal attainment (G), integration (I), and latency (L), or pattern maintenance (Parsons, 1937 in Akokuwebe and Adekanbi, 2017). These four functional imperatives are known as the AGIL scheme and a system must implement them. Talcott Parsons’ works elucidates the pragmatic basis for the frame of reference as seen as a group of interaction of individuals (social actors). In this perspective, social actors have particular goals that they wish to achieve and to realize these goals; and must take advantage of opportunities (means) that are available under a particular set of conditions (situations).
In the Nigeria public hospitals, corruption in the areas of distribution and misappropriation of drugs/medical supplies is owing to under-financed and badly managed systems, poor record-keeping and ineffective monitoring and accounting mechanisms (Lewis, 2006). Figure 1 above indicates that lack of assessment and monitoring of health official and hospital management board staff, may have resulted in the endemic corrupt practices in Ahmadu Bello University Teaching Hospital, Shika, Zaria, Kaduna State, Nigeria.

Parson posited that behavioural organism is the action system that handles the adaptation functions by adjusting to and transforming the external world. The personality system performs the goal-attainment function by defining system goals and mobilizing resources to attain them.

The social system copes with the integration function by controlling its component parts.

Finally, the cultural system performs the latency function by providing actors with the norms and values that motivate them for action. Though, corruption in the health sector can have severe consequences on access, equity and effectiveness of health care services, especially for poor and vulnerable people in Nigeria communities.

In drug selection, a pharmaceutical product can receive a market approval but most public procurement systems and insurance schemes have mechanisms to limit their procurement or reimbursement of medicines. The inclusion of any pharmaceutical company on this list will lead to increased market shares; besides if the process is not transparent, ‘special interest groups’ may offer enticements to the members of the selection committee to get their product on
the list. Interested parties may also bribe the committee responsible for deciding which products are reimbursed through government social insurance programs (Akokuwebe and Adekanbi, 2017).

**Methodology**
Information were obtained from 20 in-depth interview informants and four key informants selected through a combination of purposive and chain referral sampling methods. Using a chain referral sampling technique, four key informants (Chief Medical Director and Resident Doctors who are top health management officials that oversees the affairs of the hospitals) were contacted for interviews and requested to introduce other key members among the various groups in the hospital. The KII participants comprise one resident doctor the chief medical director and the chief pharmacist. Key informant interview was employed to elicit information from the participants in line with the objectives of the study. Also, in-depth interview was employed to gather information from 20 participants (Pharmacist, Accountant, Nurses, and Store Keepers) selected from the hospital. In line with ethical principles in social science research, the purpose of the study was communicated to the participants for obtaining their consent and assent. Four focus group discussions were conducted among the patients, two male groups and two female groups. Two research assistants were employed from among the students attached to this hospital, to obtain an insider’s perspective of the problem under investigation. Their understanding of the structure and hierarchy of the management board of the hospital facilitated acceptance and encouraged participants to freely express their opinions.

**Presentation of findings**

*The Impact of Corruption in the Health Sector*

The issues identified as responsible for the impact of corruption in the health sector and its service delivery in ABUTH, Shika, Zaria are several and are linked to personal, and social factors. The respondents expressed different views on description of corruption, specific cases of corruption in ABUTH Shika, Zaria, its impact, anti-corruption measures put in place, type of approach used and participation of persons in the corruption programmes interventions.

In the views of one doctor:

Corruption has to do with individual or group that has bigger ways of obtaining benefits for themselves, be it public funds or private funds in whatever level or sector you talk about. (*KII Participant, Doctor/ Yoruba/ Male/ ABUTH, Shika, Zaria. 2018*)
An IDI corroborated the above view as well as she highlighted issues related to detrimental behaviour of taking materials and equipment that are meant for the general populace for personal gains. She stated that:

Corruption as I can say is a bad behaviour that will have negative influence on other people as corruption does not only means stealing of money it could also be taking something that belong to a group of people or the state and that person is making use of it for his or her own personal benefit. (IDI Respondent, Pharmacist/ Yoruba/Female, BUTH, Shika, Zaria)

Corruption as viewed by the participants was also not doing what one is supposed to do such as lateness to work and leaving office early before closing time, pilfering office materials, drugs, injections and other medical equipment among others. The consensus was that corruption was not limited to mismanagement and misappropriation of funds but also include not doing what one is supposed to do in place of work. The above findings corroborated with the works of Transparency International as cited by Vian (2010), that corruption is the ‘misuse of entrusted power for private gain’ among public officials to use their position and power to benefit themselves and others close to them. However, the participants were further asked to discuss types of corruption in ABUTH, Shika, Zaria. A resident doctor however, expressed his experiences as follows:

Like asking the patients to see you in your own private hospital
Later instead of you treating he/she in the hospital.
(KII Participant, Doctor/ Male/Igbo/ABUTH, Shika, Zaria)

Other corrupt practices that exist in ABUTH, Shika, Zaria as stated by the respondents include diversion of drugs, vaccines and injections for personal use and sales, diverting money meant for equipment, fuel and diesels among others. Notably, there is a ‘denial of reality’ of corrupt practices among the participants especially management board officials of the hospitals. Other participants such as nurses were indifferent as regards giving out information about corrupt practices in the hospital. A KII participant was asked on the effects of corruption in ABUTH, Shika, Zaria and he averred:

The effects of corruption on the health sector is always felt by the patient. For example, when the money that is supposed to be used to procure drugs and other equipment is diverted and when there is emergency for surgery or any medical attention and there is no power supply and you ask them to switch on the generator and they tell you that there is no diesel or fuel. Such thing can lead to death of the patient or
even a child as in neo-natal death. *(KII Participant, Doctor/Idoma/Male/ABUTH, Shika, Zaria)*

The affirmations from participants revealed that effects of corruption can be grievous and critical, and can lead to mortality of patients. This corroborated the findings of Lewis (2006) that severe negative impact of corruption on morbidity complications and mortality is increasing.

Focus group discussion was conducted among four groups comprising two female groups and two male groups. One female group for literate and the other for non-literate patients, also, one male group for literate and the other for non-literate patients.

The respondents expressed different views on describing corruption.

In the view of a literate male patient:

Corruption is using your position to take what does not belong to you. *(FGD respondent, Male/ a civil servant with Kaduna State/ABUTH, Shika, Zaria. 2018)*

Another patient has this to say:

Corruption simply means stealing, it could be stealing of time or stealing of money. When a doctor supposed to come to work at 8.00 am but will not come until 11.00am and same doctor will close before 2.00pm. That is corruption. *(A non-literate Hausa man/ ABUTH, Shika, Zaria. 2018)*

A female patient has a different view about corruption as she said:

Corruption is not doing any work but collecting salary. Many of these doctors don’t do anything but they only collect salary at the end of the month. I have been coming to this hospital since three Days but I have not been attended to by any doctor. They come enter their offices and see two or three patients and they will leave. Not attending to the rest of us.

Another patient a female literate said:

Corruption is taking money from patients before treating them, Referring the patients to your hospital and also giving them long appointment period so that they can bribe you to change it for them. All these and many more are things that happen in this Hospital. *(A staff of ABU/Yoruba/ABUTH, Shika, 2018)*
When respondents were asked on the likely consequences of corruption in public hospitals in Nigeria, one of the interviewee stated:

The consequences is that it is going to cause mortality of people especially the poor masses because when you are supposed to have oxygen and oxygen is not available... it will of course result to mortality of people. All these that I have mentioned, happened in all public hospitals across the country. This is a terrible situation. *(IDI Respondent, Doctor/Yoruba/ Male/ABUTH, Shika, Zaria, 2015)*

The consequences of corruption in the public hospital and health sector in general in Nigeria especially ABUTH Shika, Zaria are so severe that it can increase mortality and morbidity rate of ailments especially amongst poor masses. This corroborates the findings of Ahmed and Ahmed (2012) and Oluwabamide (2014) on the increase of morbidity and mortality of poor patients who cannot access better and quality healthcare in public hospitals as a result of mismanagement of public hospitals’ funds. It is however painful to note that many citizens of Nigerians have lost their life owing to corruption in the health sector. Maternal mortality is on the increase (Nigeria’s mortality rate still at 576 deaths per 1,000 pregnant women) owing to the ever increasing rate of corruption in the health sector (Okafor, 2016). However, respondents were asked about their experiences of such consequences of corruption and its implication on public hospitals as demonstrated below:

When people...poor masses are given too much burden... such as they have little ailments and you are asking them to pay so much for treatment. The consequence is that most of them will run away and will not come to the hospital and can even die from such ailments. *(IDI Respondent, Nurse/Yoruba/ Female/ABUTH, Shika, Zaria 2018)*

For this, corruption in the health sector has dire negative consequences on poor masses who cannot afford better health care in private healthcare facilities. This opinion is equivalent to the works of Ahmed and Ahmed (2012) and Oluwabamide (2014).

**Conclusion**

This study has demonstrated that corruption in the health sector especially in the ABUTH, Shika, Zaria has negative implications for service health delivery in Nigeria. Corruption in the health sector includes but not limited to mismanagement and misappropriation of public fund but also not doing what one is supposed to do including coming late to work and leaving the office before the specified closing time. Corruption in the health sector still includes...
Patterns of Corruption in Ahmadu Bello University Teaching Hospital

Corruption, which is endemic in the health sector, cuts across the administrative officers, doctors, nurses to the pharmacists and even the patients. Deficiencies of assessment, evaluation, monitoring policies, epileptic power supply and lack of transportation means are the major inconsistencies in procurement and distribution of drugs. Mismanagement and diversion of public funds are the major factors responsible for poor management/administration of funding in the health sector.

Recommendations
The following recommendations were proposed in order to curb corruption in the health sector and improve quality of service been delivered in ABUTH, Shika, Zaria, Nigeria. They are as follows:

1. Stringent measures should be taken to deal with corrupt health workers who are caught in one corrupt act or the other so that they can serve as deterrence to other potential perpetrators in the health sector.
2. Seminars, symposiums and convention programs to enlighten health workers/officials on the dangers and negative impacts of corruption on their image as a person and its effects on sick poor masses citizens who are always on the receiving end should be conducted from time to time.
3. Federal ministry of health should be decisive and swift in procuring and distributing drugs, vaccinations, medical equipment and materials needed in public hospitals. There should also be public awareness to ensure that masses have knowledge of drugs that are free.

References


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