RESEARCH STUDY ON HUMAN RIGHTS AND MATERNAL MORTALITY:

PILOT STUDY ON WOMEN'S ACCESS TO HEALTH CARE FACILITIES IN SIX AREA COUNCILS OF THE FEDERAL CAPITAL TERRITORY (FCT), ABUJA.

BY
NATIONAL HUMAN RIGHTS COMMISSION

2015

PREFACE

The National Human Rights Commission Act 1995 as amended, empowers the Commission to amongst others "*undertake studies on all matters pertaining to human rights and assist the Federal, State and Local Governments where it considers it appropriate to do so in the formulation of appropriate policies on the guarantee of human rights*."

In compliance with this, the Commission ear-marked the important issue of Human Rights and Maternal Mortality in Nigeria, as one of the key human rights related studies to be undertaken in its 2015 work-plan. This report highlights the findings of the pilot survey carried out in the Federal Capital Territory (FCT) Abuja, on women's access to Health Care Facilities in the Six Area councils. Primary, Secondary and Tertiary Health Care facilities in these 6 Area Councils were selected and visited by staff of the Commission. Questionnaires were administered to staff and women undergoing ante natal and post-natal care in the health care facilities, and the outcome are shown in this report.

Nigeria's maternal mortality rating in the world over the years have been quite disheartening. Nigeria, according to World Health Organization (WHO), accounts for 14% of global maternal deaths. WHO 2014 report, shows that Nigeria's maternal mortality rate was 560 deaths per 100,000 live births. UNICEF in its report on 'Countdown to 2015-Marternal, Newborn & Child Survival' notes that Nigeria achieved an average annual rate of reduction in the maternal mortality rate of 3.2% between 1990 and 2010, urging the need for continuous improvement by Nigeria.

The office of the Senior Special Assistant to the President on MDGs, (OSSAP-MDGs), at a recent summit on transition from Millennium Development Goals (MDGs) to Sustainable Development Goals (SDGs), noted that the Nigerian Maternal Mortality

Ratio (MMR) had dropped from 1,000 per 100,000 live births in 1990 to 243 per 100,000 live births in 2014, indicating major success in the attainment of the targets.

In the view of the National Human Rights Commission, the tragedy of maternal and child deaths lies in the fact that most of these deaths can be prevented if only all pregnant women have access to adequate ante natal care, skilled attendant at child birth, emergency obstetric care when pregnancy related complications arise and appropriate post natal care for mothers and babies. There is no doubt that women of reproductive age constitute a large and important proportion of the population and are therefore, great national resources for development.

The findings of the report will be disseminated to all relevant health care authorities and health care institutions to enable them develop strategies aimed at improving and guaranteeing basic health care to pregnant women in the country.

We thank all the health care facilities visited in the FCT and the FCT Ethics Committee for their cooperation in the carrying out of the study. We look forward to working more with you in the area of human rights promotion and protection in our great nation Nigeria.

Professor Bem Angwe
Executive Secretary
National Human Rights Commission

EXECUTIVE SUMMARY

The aim of conducting this Pilot Research study on Women's Access to Health Care Facilities in the Six Area Councils of the FCT is to assess amongst others, the level of availability, affordability and accessibility of obstetrics and gynecological care to women in the FCT.

The Right to Health is a fundamental human right and it is vital to every human being. The main human rights instruments providing for the right to health include the Universal Declaration of Human Rights, Convention on Economic, social and Cultural Rights, African Charter on Human and People's Rights amongst others. According to the World Health Organisation 2014 report on Maternal Mortality, Nigeria's maternal mortality rate is 560 deaths per 100,000 live births and Nigeria accounts for 14% of global maternal deaths.

The report further shows that besides poverty and poor hygiene, inadequate access to medical treatment or health facilities are major causes of maternal deaths in Nigeria. Availability, affordability and accessibility to healthcare are crucial to preventing avoidable deaths thereby reducing the incidents of maternal mortality.

Chapter One of this report which is the introductory chapter, highlights the human rights instruments underscoring reproductive health as a crucial component of the right to health. It also discusses an overview of maternal health in Nigeria, drawing attention to maternal health challenges, particularly maternal mortality concerns. The chapter also briefly x-rays Nigeria's Millennium Development Goal's (MDGs) performance rating in the context of Goal Five which focuses on Improvement of Maternal Health, as the world begins the implementation of the recently adopted Sustainable Development Goals (SDGs). The SDGs, which are to build on and replace the MDGs, specifically in Goal 3 focuses on 'Ensuring Healthy Lives and promoting Well-being for All at All Ages'. Without doubt, improved maternal health is a critical component of this goal, as respect and protection of reproductive health rights would reduce maternal mortality.

Chapter Two highlights the field activities/data presentation of the study. Tertiary, secondary and primary health care facilities were randomly selected in the course of this study. The six Area Councils in the FCT were covered in the study and they include:

i. Abuja Municipal Area Council – AMAC
ii. Abaji Area Council
iii. Bwari Area Council
iv. Kwali Area Council
v. Kuje Area Council
vi. Gwagwalada Area Council.

The chapter highlights the fact that a total number of ninety seven (96) hospitals/health clinics were visited for the study. This was comprised of fifty one (51) primary health care institutions, forty three (43) secondary health care institutions and two (2) Tertiary health care institutions.

Chapter Three of the report highlights the status of health care facilities, number of respondents and educational qualifications of the pregnant women respondents and the health care workers. Also of importance were the following observations from the study.

i. That the educational qualification of the respondents tended to have direct effect on their utilization of health care facilities based on the interactions with the respondents on the field. Of the 567 respondents who were pregnant women, 390 of them had basic WAEC/GCE and higher educational qualifications. These women had better information and knowledge of maternal health care requirements than those who had primary 6 educational qualifications.
ii. The study also showed that assessibility and accessibility to health care facilities are key factors that can reduce the level of maternal mortality in Nigeria. Out of a total number of 567 pregnant women that were interacted with in the field, Three Hundred and Ninety Three (393) said that the health care facilitates were far from their places of residence while only eighty two (82) said the health facilities were close to their places of residence. This therefore affected their utilization or otherwise of the health care facilities.

Graphic representations, charts and tables also depict the findings in this chapter. Prevalent illnesses such as Malaria, Pregnancy Induced Hypertension, Candidiasis,

Pregnancy Induced Diabetes, Bleeding/Miscarriage and Urinary Tract Infections were the major illnesses highlighted in relation to the pregnant women at the health facilities visited. The poor attitude of some health care workers in relating with the pregnant women were also highlighted in the chapter.

Chapter Four of the report, highlights the challenges experienced in carrying out the research study and proffers recommendations. It is hoped that stakeholders would find the recommendations useful in order to improve maternal health care services in Nigeria so as to greatly reduce the incidents of maternal deaths.

Oti Anukpe Ovrawah
Director, Human Rights Institute Department.
National Human Rights Commission

ACKNOWLEDGEMENT

The deliverables from this pilot study was as a result of concerted efforts of many individuals and health care institutions.

Our profound gratitude go to the Executive Secretary, Prof. Bem Angwe for his support for the project and making funds available for the pilot survey.

The Commission wishes to acknowledge the cooperation of most Health Care Institutions visited at the six Area Council of the FCT. Without this cooperation, this report would not be in existence.

Appreciation and commendation also go to the under listed members of the Human Rights Institute (HRI) survey team for their immeasurable contribution to the study.

1. Musa Salihu - Director (Field Offices)
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11. Deborah Wada - Executive Officer
12. Winifred Achichi - Assistant Data Processing Officer

More specifically, I would like to thank the under mentioned Human Rights Institute department staff, who worked doggedly and under pressure to collate, analyze, develop and amend the various drafts of the research study report, before this final document.

1. Iheme Richmond E - Chief Investigation Officer
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CHAPTER ONE

1.0 INTRODUCTION

The Right to Health is a fundamental human right which is vital to all aspects of a person's life and wellbeing and is crucial for realization of all human rights, especially the right to life. The main human rights instruments providing for the right to health include the Universal Declaration of Human Rights (UDHR), the International Convention on Economic, Social and Cultural Rights (ICESCR), the African Charter on Human and Peoples Rights, amongst others. Article 12.1 of the International Convention on Economic, Social and Cultural Rights provides for state parties recognition of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. While the right to health does include the governments' duty to ensure health care. Right to health connotes entitlement to an effective and integrated health care system, encompassing health and underlying determinants of health. It is not merely a right to be healthy. It includes a variety of services, facilities and conditions that promote and protect the highest attainable standard of health. Governments are therefore under International Human Rights Obligation to ensure the realization of this right.

Nigeria's first comprehensive health policy, 1988 National Health Policy accordingly set a target of 'health for all citizens by the year 2000 and recognized primary health care as an integral part of the 1988 National Health Policy. It also stated that the minimum level of primary health services must include 'maternal and child health care, including family planning. Considering Nigeria's three tier

system of governance, and noting that the Constitution places most health matters on the concurrent list, thereby authorizing the three tiers of government to share responsibilities on matters of health, the 1988 National Health Policy provided for a health care system with three levels of care; primary, secondary, and tertiary. It assigned responsibility for providing primary health care to the local governments, with the support of State Ministries of Health; secondary health care to the state governments and tertiary health care to the federal government. Right to Reproductive Health or Maternal Health Care is a crucial component of the right to health which deserves special attention; especially against the background of the high maternal mortality rate in Nigeria.

Various Reproductive Health and Gender Polices in Nigeria acknowledge the importance of access to reproductive health information and services at the primary, secondary, and tertiary health care levels. In order to meet the National Goal of reducing maternal morbidity, mortality and unwanted pregnancies, these policies provide for a number of actions for government to take. These measures include strengthening reproductive healthcare information and services at all levels, especially at the Primary Level, removing barriers to reproductive health care, increasing training of health-care personnel in reproductive health, and promoting access to family planning information and services.

The importance of providing effective, comprehensive, qualitative accessible, affordable and appropriate reproductive health services in Nigeria need not be over emphasized; just as it is crucial to adequately strengthen measures to ensure compliance by all tiers of government and individuals with all relevant treaties,

policies and laws and obligations in the context of realizing the right to health, particularly reproductive and maternal health.

Within the last decade for instance, the Federal Ministry of Health in Nigeria developed the Integrated Maternal, Newborn and Child Health Strategy which addresses the main contributing factors to maternal, newborn, and child deaths and shifts the focus away from fragmented methods of implementing maternal and child health services to integrated methods. The strategy, which has three stages of implementation: 2007-2009, 2010-2012, and 2013- 2015, uses primary health care as its main base. Its specific goals include ensuring that 70% of deliveries occur in health facilities by 2015, and that at least 70% of basic emergency obstetric care will be provided at primary health-care clinics and at general hospitals.

Furthermore, the strategy recognizes that poverty constitutes a barrier to accessing health care. It therefore aims to establish 'Basic Health Insurance Scheme' that would ensure free service to pregnant women, newborns and children under the age of five. Accordingly, it is part of the objectives of this survey to evaluate the level of accessibility of healthcare services by pregnant women in the Federal Capital Territory, Abuja, and the extent to which the outcry of high mortality rate is being tackled in this regard.

According to the World Health Organisation (WHO) 2014 report on Maternal Mortality, Nigeria's maternal mortality rate is 560 deaths per 100,000 live births, and Nigeria accounts for 14% of global maternal deaths. Nigeria is also ranked

second in the world behind India in high Maternal Mortality Incidence. The International Conference on Population and Development (ICPD) 1994, Fourth World Conference on Women (Beijing, 1995), the Safe Motherhood Technical Consultation (Colombia, 1997) and the Millennium Development Goal (MDGs) all recognize improving maternal health as an essential part of development. They all call for a reduction in maternal mortality and Nigeria is a signatory to the development frameworks.

Maternal mortality is one of the major challenges to gender equality as many of the determinants of maternal health e.g. access to contraception, family planning, safe abortion services, access to information about fertility and reproduction, safe motherhood and access to health services are strongly influenced by gender norms. These factors not only contribute to depriving women of their right to life but they are also violations of other human rights.

The magnitude of maternal and child mortality in Nigeria is a sign of social injustice against women. The tragedy of maternal and child death lies in the fact that most of these deaths can be prevented if only all pregnant women have access to adequate ante natal care, skilled attendant at child birth, emergency obstetric care when pregnancy related complications arise and appropriate post natal care for mothers and babies. Women of reproductive age constitute a large and important proportion of the population and are therefore, great national resources for development. The chances of survival of children in the absence of their mothers are very low and of great consequences. Hence it is imperative that the lives of mothers should be preserved.

According to experts, besides poverty and poor hygiene, inadequate access to medical treatment or health facilities has been figured as a major cause of maternal deaths in Nigeria – accessibility not just in terms of distance but also in the context of availability and affordability. Professional care during pregnancy and childbirth and timely access to hospitals where complications can be treated are critical to improving maternal health and sustaining maternal lives. Availability, affordability and accessibility to healthcare are crucial for preventing avoidable deaths thereby reducing the incidence of maternal mortality consistent with the fifth goal of the Millennium Development Goals which focuses on Improvement of Maternal Health.

Following the adoption of the United Nations Millennium Declaration, the **Millennium Development Goals** (**MDGs**) were established following the Millennium Summit of the United Nations in 2000. The goals include the following:

- Goal 1 - To eradicate extreme poverty and hunger
- Goal 2 -To achieve universal primary education
- Goal 3 -To promote gender equality
- Goal 4 -To reduce child mortality
- Goal 5- To reduce maternal mortality
- Goal 6- To combat HIV/AIDS, malaria, and other diseases
- Goal 7 -To ensure environmental sustainability
- Goal 8 -To develop a global partnership for development

Each goal has specific targets, and dates for achieving those targets and a series of measurable health indicators and economic indicators for each target. For Goal **5:**

Improve Maternal health; the targets include Target 5A - the reduction of maternal death by three quarters, between 1990 and 2015, the maternal mortality rate as indicated by maternal mortality ratio and proportion of births attended by skilled health personnel. Target 5B - Achievement of Universal Access to Reproductive Health by 2015 indicated by contraceptive prevalence Rate, adolescents birth rate and antenatal care coverage. Various reports on Nigeria's progress towards this goal are promising in underscoring the point that if the improvements are sustained, Nigeria's transition to the Sustainable Development Goals (SDGs) would be on a promising pedestal.

Auditing its performance in the Millennium Development Goals, Nigerian Government has said that the nation has attained the targets on HIV/AIDs and Maternal Mortality. The highlights are that the Maternal Mortality Ratio (MMR) has dropped from 1,000 per 100,000 live births in 1990 to 243 per 100,000 live births in 2014, indicating major success in the attainment of the targets. This was from the Office of the Senior Special Assistant to the President on MDGs, (OSSAP-MDGs), through its Director Programmes, Mr. Ogenyi Ochapa at the sensitization workshop on transition from Millennium Development Goals (MDGs) to Sustainable Development Goals (SDGs) and the 2015 MDGs Report for Conditional Grant Scheme to Local Governments' Technical Assistants and Zonal Technical Officers held in Abuja.

WHO and UNICEF report titled, ***Countdown to 2015- Maternal, Newborn, & Child Survival***, showed that Nigeria achieved an average annual rate of reduction in the maternal mortality rate of 3.2% between 1990 and 2010, noting the need for

improvement in order for Nigeria to achieve the child health MDG and continue to improve beyond 2015 when the MDGs expire.

There are concerns by experts, however, that the proportion of births attended to by a skilled health worker seems to have remained low and threatens to hold back further progress. In any case, the Nigerian government seems to have shown manifest goodwill and commitment as exemplified by respective programmes including the Midwives Service Scheme which is expected to contribute substantially to ongoing shortfalls in the ratio. Stakeholders have canvassed for expansion of the scheme proportional to the national gap in the number of midwives, so as to further enhance progress. As access to qualitative Primary Health Care improves, more mothers would be covered by antenatal care services thus increasing the number of skilled attendants providing care to women in need of such services. The need to fill these and related gaps need not be overemphasized as the 2015 dateline for the MDGs gradually draws to a close as various countries of the world met from September, 25th to 27th 2015 to adopt the Sustainable Development Goals (SDGs) which would replace the MDGs.

Notably, Goal 3 of the SDGS is to 'Ensure ***Healthy Lives and Promote Well-being for All at All Ages'***

For the goals to be reached, everyone needs to play one role or the other: governments, the private sector, civil society, all and sundry. More importantly, respect for human rights would improve realization of the goals.

1.2. RIGHT TO LIFE

The right to life is contained in article 6(1) of the International Covenant on Civil and Political Rights (ICCPR) and article 1 of the Second Optional Protocol to ICCPR. The right to life entails the right not to be deprived of life arbitrarily or unlawfully by the country or its agents. Under international human rights law, the right to life must be respected at all times. It will be extremely difficult to justify any limitations on the prohibition. Even though Section 33 of the 1999 Constitution of the Federal Republic of Nigeria justifies Death Penalty in prescribed circumstances, there is growing advocacy within the International Human Rights Community on States to abolish this type of punishment. As a result, Nigeria has signed a Moratorium on Death Penalty since 2004. The right to life imposes a duty on governments to take appropriate steps to protect the right to life of those within its jurisdiction and to investigate arbitrary or unlawful killings and punish offenders. More importantly, the United Nations Human Rights Committee has noted in its General Comments on Right to Life that the right to life has been too often narrowly interpreted. It pointed out that the expression "inherent right to life" cannot properly be understood in a restrictive manner, and the protection of this right requires that States adopt positive measures. In this connection, the Committee considers that it would be desirable for State parties to take all possible measures to reduce infant mortality and to increase life expectancy. Herein lies the responsibility of the Nigerian Government to take effective steps to reduce the incidence of Maternal Mortality, in the context of discharging her Right to Life obligations.

The National Human Rights Commission in line with her mandate, carried out a preliminary survey to evaluate the level of availability and accessibility of

Maternal Health Care in various Health Facilities, using the Federal Capital Territory as pilot with possibility of replicating the survey in other parts of the country. – Primary, Secondary and Tertiary Healthcare Facilities. Maternal health had been restrictively perceived from the medical and public health lens without much emphasis on the human rights perspective. Maternal Health ought to be viewed as a right to healthcare issue and a right to conditions that promote good health which includes access to timely, acceptable, and affordable healthcare of appropriate quality. It should also be expansively interpreted to touch on right to life. Findings on the project would be brought to the attention of appropriate authorities in order to build on the progress so far recorded in improving Maternal Healthcare targets of the MDGs in Nigeria to realize the Sustainable Development Goals (SDGs).

CHAPTER TWO

FIELD ACTIVITIES/DATA PRESENTATION

2.0 INTRODUCTION

The pilot research study was carried out solely to evaluate the level of availability, affordability and accessibility of obstetrics and gynaecological care to women in the FCT. It is expected that from the findings, advice would be given to government appropriately as well as influence programming for improved right to reproductive and maternal healthcare. To achieve this objective, research instruments were designed for data collection and were administered, collated and analyzed as contained in this report.

2.1 AREAS COVERED IN THE PILOT STUDY

The six area councils in the FCT covered by the research/survey are shown below:

i. Abuja Municipal Area Council - AMAC
ii. Abaji Area Council
iii. Bwari Area Council
iv. Kwali Area Council
v. Kuje Area Council
vi. Gwagwalada Area Council

In carrying out the research, health care facilities in all the area councils – Tertiary, Secondary and Primary including both government and private health care facilities were randomly selected.

2.2 HEALTH CARE FACILITIES COVERED

A total number of ninety seven (96) hospitals/health clinics – fifty one (51) primary health care institutions, forty three (43) private and government health

care institutions and two (2) Tertiary health care institutions were visited during the survey. The hospitals/clinics that were visited to administer the questionnaires are shown in the table 2.3 below:-

TABLE 2.3

S/N	ABUJA MUNICIPAL AREA COUNCIL (AMAC)	ABAJI AREA COUNCIL	BWARI AREA COUNCIL	KWALI AREA COUNCIL	KUJE AREA COUNCIL	GWAGWALADA AREA COUNCIL
1.	NISA Premier Hospital, 15/16 Alex Ekweme Street, Jabi Abuja.	Abaji General Hospital, Abaji Area Council, Abuja.	Bwari General Hospital, Bwari Area Council, FCT, Abuja	Primary Health Care, Leleyi Gwari, Kwali Area Council, FCT	Jerab Hospitals, Plot 145, Kutunku, off FRCN Road,P.O.Box 223 Gwagwalada Abuja opp. Kuje Police Station Kuje, Kuje Area Council Abuja.	University Teaching Hospital, Kutunku, Paiko Kore road Gwagwalada, Gwagwalada Area Council
2.	Fereprod Medical Centre, Area 11 Garki Abuja	Primary Health Care Luku, Abaji, Abaji Area Council, Abuja.	Bwari Town Clinic Sabongari, Bwari Area Council,FCT, Abuja	Pai Health Clinic, Pai, Kwali Area Council, FCT	Allison Clinic and maternity, Kuje Area Council Abuja.	Gwagwalada Clinic & Maternity, Gwagwalada Area Council

3.	Rouz Hospital Maternity Ltd, Zone D,2nd Gate, Apo Quarters, Abuja	Primary Health Care Barrack Low Cost, Abaji Area Council, Abuja	Our Lady of Fatima, Bwari, Bwari Area Council, FCT, Abuja	Sheda Health Clinic, Kilankwa 1, Kwali Area Council, FCT	Ila – Universal Hospital, Plot MF 1 AA 1 Layout Along Funtaj international School.	Dobi Clinic & Maternity Dobi Gwagwalada Area Council
S/N	**ABUJA MUNICIPAL AREA COUNCIL (AMAC)**	**ABAJI AREA COUNCIL**	**BWARI AREA COUNCIL**	**KWALI AREA COUNCIL**	**KUJE AREA COUNCIL**	**GWAGWALADA AREA COUNCIL**
4.	St. Jude Women's Clinic,Utako District, off Utako Market, Abuja.	MCH, Abaji, Abaji Area Council, Abuja.	Ushafa Health Clinic, Usafa, Bwari Area Council,FCT, Abuja	Primary Health Care, Kilankwa 11, Kwali Area Council, FCT	Alfad Hospital Medical Centre, Kuje Area Council Abuja.	Primary Health Care Katukun, Gwagwalada Area Council
5.	Rainbow Hospital, Apo, Gudu	Township Hospital, Abaji, Abaji	Dutse Alhaji Health Centre,	Primary Health Care Clinic, Petti,	New Foundation Hospital,	Tsuani Health Clinic Dobi, Gwagwalada

	Distrct, Abuja.	Area Council, Abuja.	Dutse, Bwari Area Council, FCT, Abuja	Kwali Area Council, FCT	Plot 528 phaseAA1 Layout Opposite Holy Family Basic School Along Funtaj International School, Kuje, Kuje Area Council Abuja.	Area Council
6.	Zankli Medical Centre,Plot 1021, B5 Shehu Yaradua Way, P. O. Box 7745 Utako District, Abuja.	Naharati Health Centre, Abaji, Abaji Area Council, Abuja.	Dutse Baupma Health Clinic, Dutse, Bwari Area Council, FCT, Abuja	Dabi Comprehensive Primary Health Care Dabi Kwali Area Council, FCT	Kiyi Primary Health Care, Kuje, Kuje Area Council FCT Abuja.	Kaida Sabo Health Centre Paiko, Gwagwalada Area Council
7.	Garki Hospital, Tafawa Balawa Way, Garki, Abuja	Lafuaka Hospital Abaji, Abaji Area Council, Abuja.	Usman Dam Health Clinic, Usman Dam, Bwari Area Council,FCT, Abuja	Kwali General, Bolongo New Extension, Kwali Area Council, FCT	Kuje General Hospital. Kuje Kuje Area Council FCT Abuja.	Gwagwalada Township Clinic, Kutunku, Gwagwalada Area Council

S/N	ABUJA MUNICIPAL AREA COUNCIL (AMAC)	ABAJI AREA COUNCIL	BWARI AREA COUNCIL	KWALI AREA COUNCIL	KUJE AREA COUNCIL	GWAGWALADA AREA COUNCIL
8.	National Hospital, Central Area, Abuja	Pandaji Health Centre, Abaji, Abaji Area Council, Abuja.	Jigo Health Centre, Jigo, Bwari Area Council, FCT, Abuja	Rhema Foundation Hospital, Kwali, Kwali Area Council, FCT	Nigerian Prisons Clinic Kuje Area Council Abuja.	PaikonKore Health Centre Paikon, Gwagwalada Area Council
9.	Capital Hospital & Maternity, 15 Oran street by Key Stone Bank	Yaba Health Centre, Abaji, Abaji Area Council, Abuja.	Lora Hospital, Kogo, Bwari Area Council, FCT, Abuja	Basic Health Clinic, Kwali, Kwali Area Council, FCT	Capital Doctors Hospital, Pasali Kuje Area Council Abuja.	Padayu Health Centre Dobi, Gwagwalada Area Council
10.	Sheraton Clinics, Ladi Kwali Way, Zone 4, Abuja	St Peter Catholic Hospital, Abaji, Abaji Area Council, Abuja.	Kubwa General Hospital, Phase 4 Kubwa, Abuja	Primary Health Care, Kwaita Hausa, Kwali Area Council, FCT	Chukuku Primary Health Care Chibiri Kuje Area Council Abuja.	Ladi Health Centre Dobi, Gwagwalada Area Council
11.	Wuse General Hospital, Conary	Ayaura Health Centre, Abaji, Abaji	Daughters of Charity St Vincent Health	Gumbo Health Clinic, Gumbo,	Chibiri Primary Health Care Kuje Area	IbwaPada Health Centre Ibwa, Gwagwalada

	Street, Wuse Zone 3, Abuja.	Area Council, Abuja.	Center, Gado Nasko Road Kubwa Abuja.	Kwali Area Council, FCT	Council Abuja.	Area Council
12.	Gwarinpa General Hospital, Tufashiya Crescent, Life Camp,		Summit Hospital, Bwari, Bwari Area Council, FCT, Abuja	Choice Maternal And Nursing Homes Kwali, Kwali Area Council, FCT	Comprehensive Health Centre beside Secretariat Kuje, Kuje Area Council Abuja.	RafinZufi Health Clinic Ibwa, Gwagwalada Area Council
S/N	**ABUJA MUNICIPAL AREA COUNCIL (AMAC)**	**ABAJI AREA COUNCIL**	**BWARI AREA COUNCIL**	**KWALI AREA COUNCIL**	**KUJE AREA COUNCIL**	**GWAGWALADA AREA COUNCIL**
13.	Kings Care Hospital, plot 2181. IBB Way Wuse, Abuja.		Express Hospital Plot 49, Kukwuaba, Along NYSC Road, Kubwa, Kubwa, Abuja.	Piri Health Clinic Gumbo, Kwali Area Council, FCT	Pagi Primary Health Care Clinic, Gaube Kuje, Kuje Area Council Abuja.	Community Rural Primary Health Care, Dobi, Gwagwalada Area Council
14.	Maitama District Hospital, 61 Aguiyi Ironsi		Ugonma Hospital, 53 Extension, Old Maitama,	FSP Hospital, Yangoji, Kwali Area	Gbaupe Primary Health Care Gbaupe Kuje	Wuna Health Clinic Ibwa, Gwagwalada Area Council

	Street, Maitama, Abuja		Kubwa, Abuja	Council, FCT	Area Council Abuja.	
15.	Queens Maternity & Clinic, 38 Cotonou Crescent, Wuse Zone 5, Abuja.		Ronella Specialist Hospital, Plot 12 ,Ring Road, Kubwa, Close to NYSC Camp Kubwa, Abuja.	Dafa Health Clinic Dafa, Kwali Area Council, FCT	Daystar Medical Centre Kayarda Kuje Kuje Area Council Abuja.	Nakowa Clinic, Dobi, Gwagwalada Area Council
16.	Camelwood Hospital and Maternity, No 31, 1st Avenue, Phase 1, Kado Estate, Abuja.		Kings Care Hospital, Phase 4 Kubwa,Abuja	Heti Hospital Yangoji, Kwali Area Council, FCT	Gaube Primary Health Care Gaube Kuje Kuje Area Council Abuja.	Dobi Health Centre Dobi, Gwagwalada Area Council
17.	Nyanya General Hospital, Area 8, Nyaya, FCT, Abuja.		Asher Hospital and Maternity, Gado Nasko Road, Kubwa Abuja.			
S/N	**ABUJA MUNICIPAL AREA COUNCIL**	**ABAJI AREA COUNCIL**	**BWARI AREA COUNCIL**	**KWALI AREA COUNCIL**	**KUJE AREA COUNCIL**	**GWAGWALADA AREA COUNCIL**

	(AMAC)					
18			Unity Clinic and Maternity, Kubwa, Gado Nasko Road,Phase 2.1 Kubwa, Abuja			
19			Pison Hospital, Gado Nasko Road,Phase 4 Kubwa, Abuja			
20			Victory Maternity Home, Gado Nasko Road,Kubwa Abuja.			

2.3 INSTRUMENT AND DATA COLLECTION APPROACH

The major instruments used for data collection during the survey were questionnaires. Two separate questionnaires were developed for women accessing antenatal care and health workers in those health care facilities - See **Appendix A & B.** The approach used was through administration and explanation

of the questionnaires to women that were attending ante- natal or post natal care as well as to the health care workers.

2.4 PROCEDURE FOR DATA COLLECTION

The questionnaires were either directly applied by the field researchers or completed by the respondents or with the assistance of the researchers where necessary. A total number of One Thousand and Fifty (1,050) questionnaires were retrieved from all respondents. The breakdown of the retrieved questionnaires from each Area Council is as follows:

1. Abuja Municipal Area Council - Two Hundred and Fifteen (215)
2. Abaji Area Council - One Hundred and Fifty Four (154)
3. Bwari Area Council - One Hundred and Ninety Five (195)
4. Kwali Area Council - One Hundred and Sixty Nine (169)
5. Kuje Area Council - One Hundred and Seventy Six (176)
6. Gwagwalada Area Council - One Hundred and Forty One (141)

2.5 SCOPE AND LIMITATIONS

The survey was designed to cover the entire country and the pilot survey was conducted only in the Federal Capital Territory, Abuja. The survey will subsequently be extended to other states of the federation. The six area councils covered are Abuja Municipal, Abaji, Bwari, Kwali, Kuje and Gwagwalada Area Councils. 250 questionnaires were to be administered in each area council between the public and private health care facilities. However, on the field, field researchers noted that not all the private hospitals identified carried out anti-

natal and post natal services. This therefore limited the distribution of questionnaires.

2.6 CHALLENGES

The two major challenges faced in the course of this survey were as follows:

1. Non-cooperation of some health care institutions, especially government hospitals who were not willing to attend to the researchers because they insisted on the Commission getting an approval letter from the Federal Capital Territory Health Research Ethics Committee located at Area 11, Garki – Abuja.

2. On contacting the Ethics Committee Secretariat at Area 11 Garki – Abuja, the Commission was asked to provide the following:

   a) 6 copies and a soft copy in CD Rom of the research proposal.
   b) Curriculum vitae of Principal Researchers (6 copies)
   c) Any other document for ethical review certification
   d) Proof of payment of application fee of N15,000 to carry out the survey.

On provision of the requested documents and payment of the application fee, the Commission was informed that the processing would take some weeks. After three months (23rd February 2015 - 22nd May, 2015), the approval letter from the FCT Ethics Committee was released and the researchers had to gear up to go back to the field to complete the survey. This therefore delayed the completion of the survey within the timelines proposed.

CHAPTER THREE

FINDINGS AND ANALYSIS

3.0 INTRODUCTION

This chapter deals with the findings, observations and analysis of the completed questionnaires from all the health care facilities visited at the six area councils of the FCT.

The variables for data collation were as follows:

1. Status of Health Facilities
2. Number of Respondents
3. Educational Qualification
4. Accessibility of Health Facilities
5. The Prevalent illnesses reported and treated at the facilities
6. Rate of Maternal Mortality
7. Factors Responsible for high rate of Maternal Mortality
8. Factors that can Reduce Maternal Mortality
9. Place where you access your medical care
10. Availability of Traditional Birth Attendants in the Communities
11. Attitude of Health Workers at the Health Facilities
12. Availability of Qualified Health Attendants in the Facilities
13. Availability of Equipment to handle reported cases
14. Availability of Emergency obstetrics care in the facilities
15. Availability of Pharmacy/ Dispensary
16. Availability and Affordability of Drugs in the Health Facilities
17. Opinion about Ante Natal Services
18. Availability of post natal services

19. Reasons for no Satisfactory Services at the Health facilities
20. Awareness of Government Policy on Free Medical Care for Pregnant women

3.1 STATUS OF HEALTH FACILITIES

A total number of Ninety Six (96) Health Care Facilities were visited during the research. The breakdown is as follows: Fifty One (51) primary health care facilities, Forty Three (43) secondary health care facilities and two (2) tertiary health care facilities.

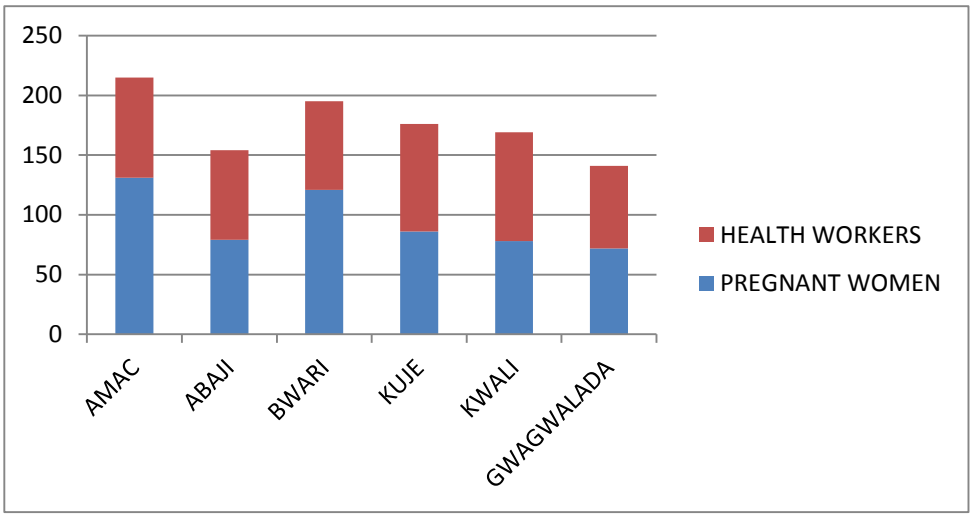
3.2 NUMBER OF RESPONDENTS

The table below shows the breakdown of the respondents in the health care facilities visited. The respondents were Five Hundred and Sixty Seven (567) pregnant women and Four Hundred and Eighty Three (483) health workers from all the health care facilities visited at the six Area Councils of FCT.

Table 3.2 NUMBER OF RESPONDENTS

RESPONDENTS	AMAC	ABAJI	BWARI	KUJE	KWALI	GWAGWALADA	TOTAL
PREGNANT WOMEN	131	79	121	86	78	72	567
HEALTH WORKERS	84	75	74	90	91	69	483
TOTAL	215	154	195	176	169	141	1050

Chart 1: NUMBER OF RESPONDENTS



3.3 EDUCATIONAL QUALIFICATION

The educational qualification of the respondents tends to have direct effect on the accessibility of health care facilities based on the interactions with the respondents at the course of the research in the field. The details of level of education of the pregnant women and the health workers at the health care facilities visited were analyzed below.

3.3.1 PREGNANT WOMEN

The finding shows that 3.53% (20) of the pregnant women had First School Leaving Certificate, 31.57% (179) had West African Examination Certificate or General Certificate of education while 14.64 (83) of the respondents (pregnant women) had Ordinary National Diploma (OND)/ National Certificate of Education (NCE) while 6.53 (37) had Higher National Diploma (HND) and 11.87 (67)had Bachelor of Science (BSC) and 4.23 (24) of the pregnant women had masters while 27.69(157) did not respond to the question. In the course of the field research, interactions with the pregnant women with West African Examination Certificate

or General Certificate of education and higher qualifications showed that they had better knowledge of maternal mortality than those of them with primary six certificates (First School Leaving Certificate).

Table: 3.3 PREGNANT WOMEN

Responses	Primary 6 (First school Leaving Certificate)	West African Examination Certificate (WAEC)/ General Certificate of Education (GCE)	Ordinary National Diploma (OND)/ National Certificate of Education (NCE)	Higher National Diploma (HND)	Bachelor of Science (BSC)	Masters	No Response	Total
Pregnant Women	20	179	83	37	67	24	157	567
%	3.53	31.57	14.64	6.53	11.82	4.23	27.69	100

***Note*:** Table 4.3.1 above shows that 68.79% of the respondents have West African Certificate and above. Based on the findings the respondents are educated with good knowledge of maternal mortality/health issues. It is therefore believed that with their level of education, the respondents should know that ante natal services are key to improving maternal health during pregnancy.

3.3.2 HEALTH WORKERS

A total of 483 health care workers responded. From the finding o% of them had only First School Leaving Certificate, 14.08% (68) had only West African Examination Certificate or General Certificate of education, 35.82 (173) of the

respondents (health workers) had only Ordinary National Diploma (OND)/ National Certificate of Education (NCE) while 10.77% (52) had Higher National Diploma (HND) and 16.15% (78) had Bachelor of Science (BSC) while 11.59% (56) of them had masters. However, 11.59% representing 56 out of a total of 483 of health workers did not respond to the question. The table 3.3.2 below further illustrates the analysis of the findings.

Table: 3.3.2 HEALTH WORKERS

Responses	**Primary 6 (First school Leaving Certificate)**	**West African Examination Certificate (WAEC)/ General Certificate of Education (GCE)**	**Ordinary National Diploma (OND)/ National Certificate of Education (NCE)**	**Higher National Diploma (HND)**	**Bachelor of Science (BSC)**	**Masters**	**No Response**
Health workers	0	68	173	52	78	56	56
%	0	14.08	35.82	10.77	16.15	11.59	11.59

3.4 ACCESSIBILITY OF HEALTH FACILITIES

Accessibility of health facilities is one of the factors that can reduce maternal mortality. Out of a total number of 567 pregnant women that were interacted with at the course of the field work , Three Hundred and Ninety Three (393) said that the health facilitates were far from their places of residence while Eighty Two (82) said the health facilities were near from their places of residence. The details are as shown in table 3.4 below.

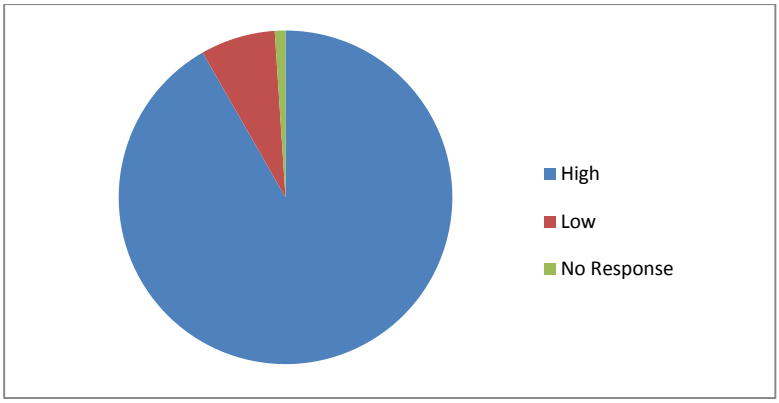
Table 3.4 DISTANCE OF THE HEALTH FACILITY FROM YOUR HOUSE/RESIDENCE

Responses	FAR	NEAR	NO RESPONSE
Pregnant Women	393	82	92
%	69.31	14.46	16.23

From the responses in the above table, it is obvious that the health facilities were not easily accessible. Three hundred and Ninety Three (393) representing 69.31% of the respondents stated that health care facilities were far from their homes and this negatively affected access to the health care facilities. There is no doubt that the nearer the health care facility, the more accessible to pregnant women during emergencies.

The pie chart below presents a graphical illustration of the accessibility of the health care facilities visited at six Area Council of FCT during the exercise.

Pie Chart 2: ACCESSIBILITY OF HEALTH FACILITIES



3.5 THE PREVALENT ILLNESSES REPORTED AND TREATED AT THE FACILITIES

The findings showed that the prevalent illnesses at the health care facilities visited include Anaemia, Malaria , Pre-eclampsia, Obstructed labour,Post- partum

Hemorrhage (PPH) , High blood pressure, pregnancy Induced Hypertension (PIH), Miscarriage , Candidiasis , Typhoid, Gastro-enteritis, Upper respiratory Tract infection, Pregnancy Induced Diabetes (PID), Diarrhoea, Bleeding/Miscarriage, Eclampsia, Diabetes, STDs , Urinary Tract Infections, Typhoid ,Dysentery , Still birth & VVF , Low PVC, Threatened Abortion and Infertility amongst others. All of these major infectious diseases are linked to declining levels of nutrition and poor environmental conditions, especially inadequate water and sanitation accounting for motality/ morbidity.

3.6 RATE OF MATERNAL MORTALITY

Maternal mortality is one of the major challenges to gender equality as many of the determinants of maternal health like access to health services and safe motherhood are strongly influenced by social norms. These factors not only contribute to depriving women of their right to life but they are also violations of human rights. The magnitude of maternal and child mortality in our country is a sign of social injustice against women. The tragedy of maternal and child death lies in the fact that most of these deaths can be prevented if only all pregnant women have access to adequate ante natal care, skilled attendants at child delivery, emergency obstetric care when pregnancy related complications arise and appropriate post natal care for mothers and babies.

Women of reproductive age constitute a large and important proportion of the population. Therefore they are great national resources for development. The chances of survival of children in the absence of their mothers are very low and of great consequences. Hence it is imperative that the lives of mothers should be preserved.

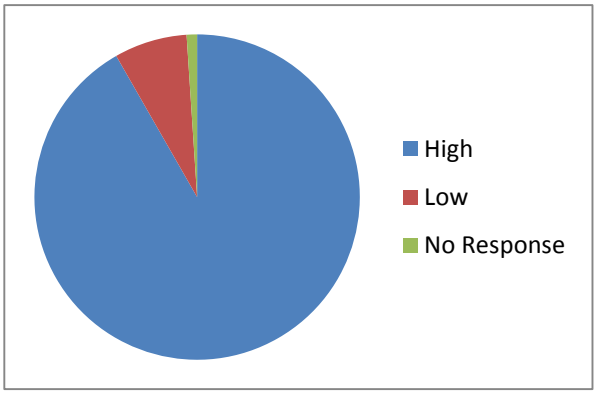
Table 3.6 RATE OF MATERNAL MORTALITY

Responses	Low	High	No Response
Health Workers	443	35	5
%	91.72	7.25	1.04

A total of 483 health workers responded and 443 of them said that the rate of maternal mortality was low while 35 of them said that the rate of maternal mortality was high and 5 of the respondents did not respond.

Pie Chart 3: RATE OF MATERNAL MORTALITY

The pie chart below presents a graphical illustration of the Rate of Maternal Mortality at the health facilities visited at the six Area Council of FCT during the research exercise.



3.7 FACTORS RESPONSIBLE FOR HIGH RATE OF MATERNAL MORTALITY

The major factor responsible for the high rate of maternal mortality as indicated by the health workers and the pregnant women was poor health care facilities followed by poverty. This shows that most of these health facilities were poorly equipped.

3.8 FACTORS THAT CAN REDUCE MATERNAL MORTALITY

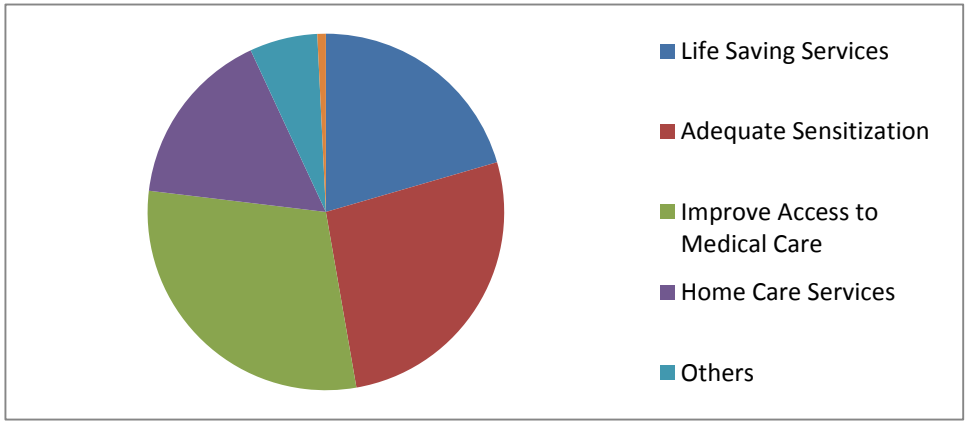
Maternal Mortality is major challenge to health care systems in Nigeria. Based on the interactions with pregnant women on the field during the research, their responses on the factor that can reduce the rate of maternal mortality is as shown in table 4.8 below. 20.50% of the respondents said that Life Saving services was a factor that can reduce maternal mortality,26.76% said Adequate Sensitization, 29.64% said Improve Access to Medical Care while 16.17% said that home care services can reduce maternal mortality and 6.16% of the respondents (pregnant women) said others while 0.77% did not respond.

Table 3.8 FACTORS THAT CAN REDUCE MATERNAL MORTALITY

Responses	Life Saving Services	Adequate Sensitization	Improve Access to Medical Care	Home Care Services	Others	No Response
Pregnant women	213	278	308	168	64	8
%	20.50	26.76	29.64	16.17	6.16	0.77

The chart below shows further illustration of table 3.8 above on the factors that can reduce the rate of maternal mortality.

Pie Chart 4: FACTORS THAT CAN REDUCE MATERNAL MORTALITY



3.9 WHERE DO YOU ACCESS YOUR MEDICAL CARE DURING PREGNANCY

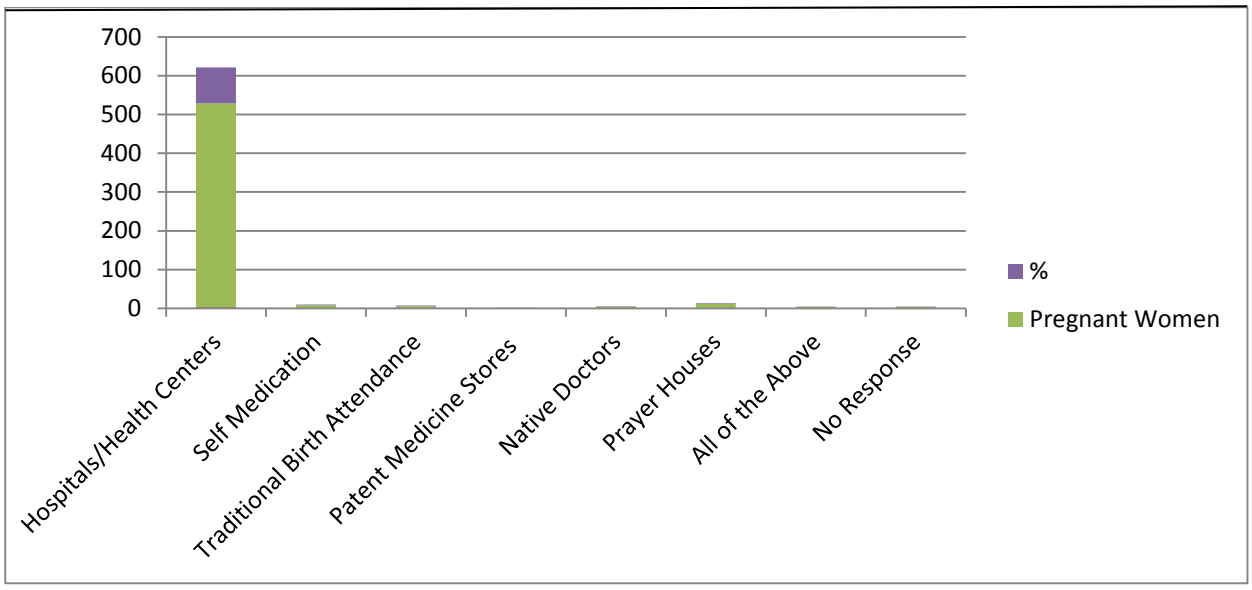
Over the years there had been a lot of government effort to reduce maternal mortality in the country. But from the interaction with the pregnant women on where they access their medical care during pregnancy, it is pertinent to note that some women do not access medical care at the health facilities. Out of 567 pregnant women that responded 92.95% representing 527 of the pregnant women said they access medical care at the hospitals/health centers during pregnancy, while 1.14% rely on self-medication for their medical care, 1.06% said they depend on traditional birth attendance for their medical care while 0.18% access medical care at chemist during pregnancy. However, 0.88% said they visit native doctor for their medical care during pregnancy while 2.12% access medical care at prayer houses, 0.71% said they access medical care from hospitals/health centers and all other means which include Self Medication, Traditional Birth Attendance, Patent medicine store, Native Doctors and Prayer Houses and 0.71% did not respond. It is obvious that there is need for more sensitization on maternal mortality.

Table 3.9 WHERE DO YOU ACCESS YOUR MEDICAL CARE DURING PREGNANCY

Responses	**Hospitals/Health Centers**	**Self Medication**	**Traditional Birth Attendance**	**Patent Medicine Stores**	**Native Doctors**	**Prayer Houses**	**All of the Above**	**No Response**
Pregnant Women	527	8	6	1	5	12	4	4
%	**92.95**	**1.41**	**1.06**	**0.18**	**0.88**	**2.12**	**0.71**	**0.71**

The Bar chart below gives further illustration of the table above on where women access medical care during pregnancy.

Bar Chart 5: WHERE DO YOU ACCESS YOUR MEDICAL CARE DURING PREGNANCY



3.10 AVAILABILITY OF TRADITIONAL BIRTH ATTENDANTS IN THE COMMUNITIES

The interactions with the pregnant women in the field indicated the availability of traditional birth attendants at the communities in the six area council of FCT.

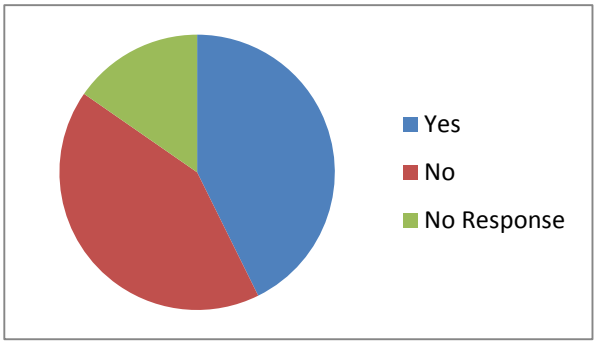
Table 3.10 AVAILABILITY OF TRADITIONAL BIRTH ATTENDANTS IN THE COMMUNITIES

Responses	Yes	No	No Response
Pregnant Women	242	238	87
%	42.68	41.98	15.34

This is as shown table 3.10 above. 242 out of 567 of the pregnant women interacted with in the field during the research said that there were availability of traditional birth attendants at their communities while 238 which represents 41.98% of the respondents said there were no traditional birth attendants at their communities in the six area council of the FCT visited but 87 pregnant women did not respond.

This is further illustrated with the pie chart below

Pie Chart 5.



3.11 ATTITUDE OF HEALTH WORKERS AT THE HEALTH FACILITIES

There is need for proper sensitization of health care workers on the international best practices in the health sector and its implication to right to health. From the study and interaction with the pregnant women at the health care facilities visited at the six area council of FCT, the attitude of health care workers was not commendable. On the attitude of health workers 0.35% representing 2 out of 567 pregnant women interacted with in the field at the course of the research said that the attitude of health workers was very good, 44.80% said the attitude of health workers was good, 49.38% of pregnant women said the attitude was poor while 2.12% said that the attitude of health workers at the health care facilities

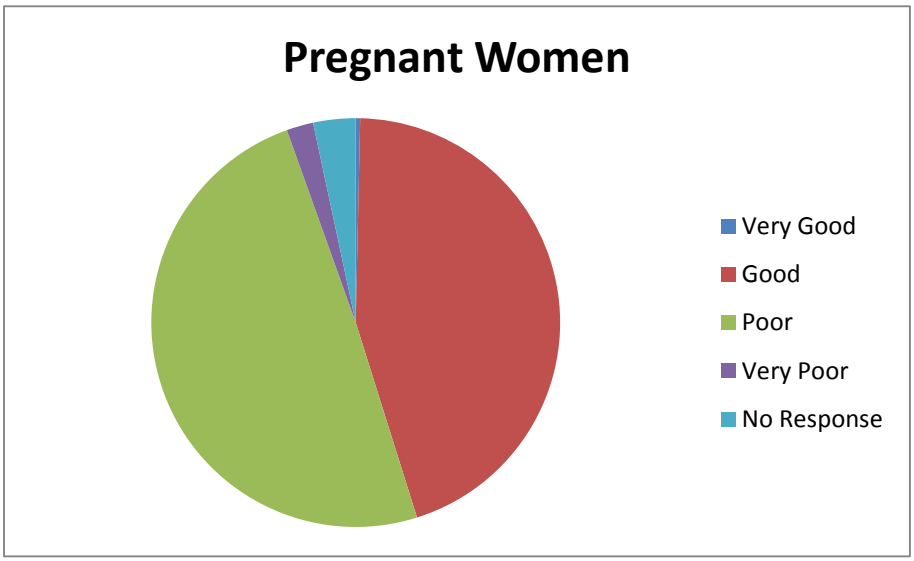
visited was very poor but 3.35% did not respond. Based on the analysis, over 50% of the pregnant women rated the attitude of health workers as poor. This means that even with the high number of health workers in the health care facilities at the six Area Council of FCT visited their attitude to pregnant women was poor.

The table and pie chart below further illustrate the attitude of health workers at the health facilities visited.

Table 3.11 ATTITUDE OF HEALTH WORKERS AT THE HEALTH FACILITIES

Responses	Very Good	Good	Poor	Very Poor	No Response
Pregnant Women	2	254	280	12	19
%	0.35	44.80	49.38	2.12	3.35

Pie Chart 6: ATTITUDE OF HEALTH WORKERS AT THE HEALTH FACILITIES



3.12 AVAILABILITY OF QUALIFIED HEALTH ATTENDANTS IN THE FACILITIES

331 pregnant women out of 567 of the pregnant women interacted with during research said there were enough qualified health attendance at the health care facilities visited at the six Area Council of the FCT while 86 said there were not enough qualified health attendants in the health care facilities. However, 150 pregnant women did not respond to the question.

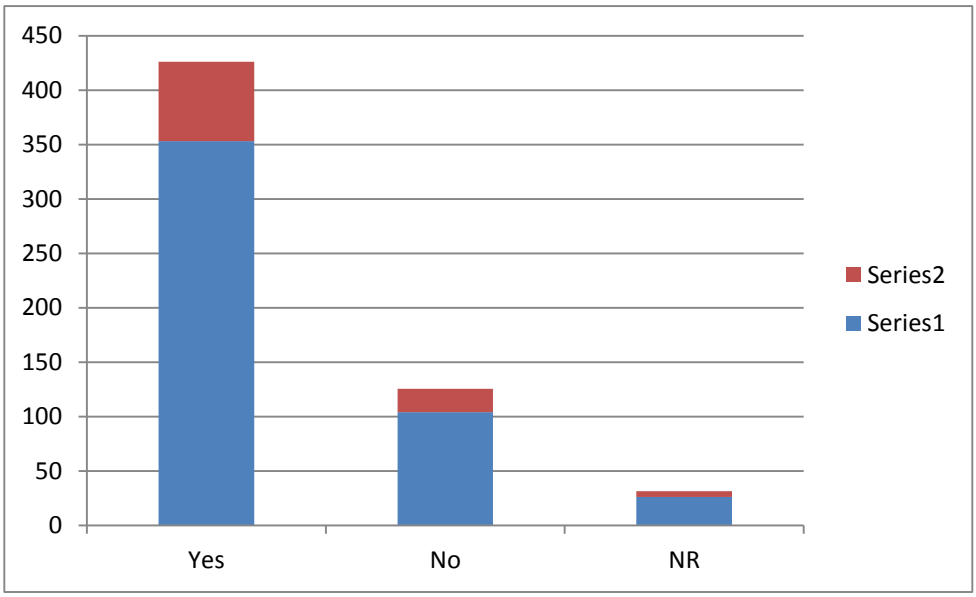
3.13 AVAILABILITY OF EQUIPMENT TO HANDLE PREVALENT MATERNAL ILLNESS AT THE HEALTH CARE FACILITIES

The findings showed that the prevalent illnesses reported at the health care facilities visited as shown above include Anaemia, Malaria , Pre-eclampsia, Obstructed labour,Post-partum hemorrhage (PPH) , High blood pressure, pregnancy Induced Hypertension (PIH), Miscarriage , Candidiasis , Typhoid, Gastro-enteritis, Upper respiratory tract infection, Pregnancy Induced Diabetes (PID), PET, PIH, Diarrhoea, Bleeding/Miscarriage, Eclampsia, Diabetes STDs , Urinary Tract Infections, Typhoid ,Dysentery , Still birth & VVF , Low PVC, Threatened Abortion and Infertility. However, with the interaction with the health workers at the health facilities visited, 353 out of 483 health care workers representing 73.08% of the respondents stated that there were sufficient equipment to handle such cases at the health facilities. 104 out of 483 representing 21.53% said there were no equipment to handle such cases and 26 health workers did not respond. The breakdown is as shown in table 4.10 below. Bar Chart 7 also illustrates the analysis.

Table 3.10 AVAILABILITY OF EQUIPMENT TO HANDLE PREVALENT MATERNAL ILLNESS AT THE HEALTH FACILITIES

Responses	Yes	No	No Response
Health Workers	353	104	26
%	73.08	21.53	5.38

Bar Chart 7: AVAILABILITY OF EQUIPMENT TO HANDLE REPORTED CASES ON MATERNAL MORTALITY



3.14 AVAILABILITY OF EMERGENCY OBSTETRICS CARE IN THE FACILITIES

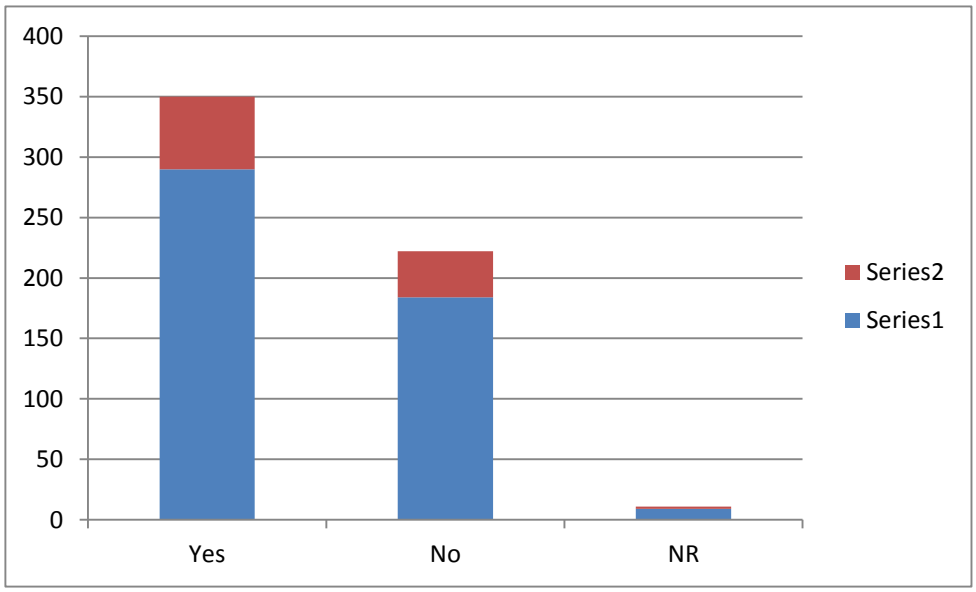
On the issue of emergency obstetrics care in the health facilities 60.04% of the respondents indicated that Emergency Obstetrics Care were available in the health care facilities visited at the six Area Council of FCT while 38.10% said there were no emergency obstetrics care at the health care facilities. 1.86% of the health workers did not respond. It is therefore clear that most of the respondents were of the view that the health facilities had adequate Emergency Obstetrics Care in the health care facilities.

Table 3.14. AVAILABILITY OF EMERGENCY OBSTETRICS CARE IN THE HEALTH CARE FACILITIES

Responses	Yes	No	No Response
Health Workers	290	184	9
%	**60.04**	**38.10**	**1.86**

The availability of emergency obstetrics care in the health care facilities is further illustrated with Bar chart 8 below.

Bar Chart 8: AVAILABILITY OF EMERGENCY OBSTETRICS CARE IN THE HEALTH CARE FACILITIES



3.15 AVAILABILITY OF PHARMACY/DISPENSARY

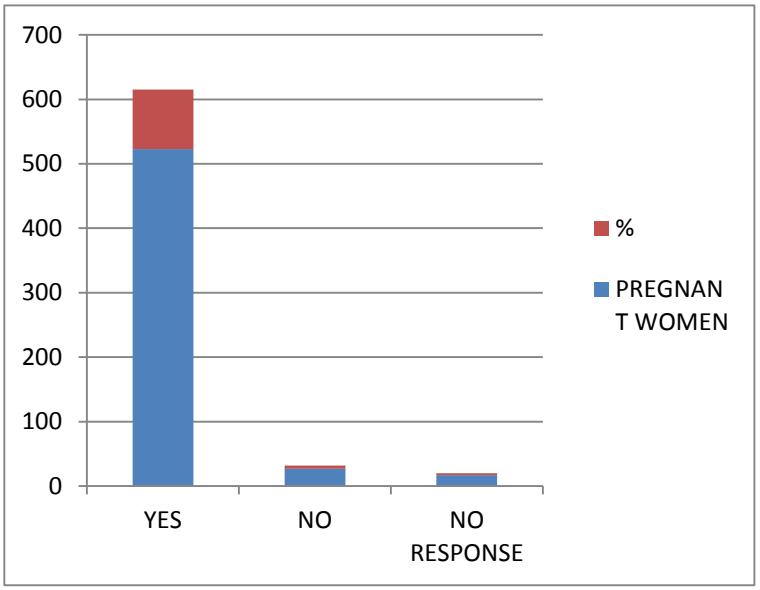
It was obvious that most health facilities visited had pharmacy /dispensary as indicated by the respondents from their responses as shown in table 4.15 below. 523 out of 567 of pregnant women representing 92.24% of the respondents indicated that there were availability of pharmacy /dispensary in the health facilities visited at the six Area Council of FCT. 4.76% said there were no pharmacy /dispensary at the health facilities while 3.0% did not respond.

Table 3.15: AVAILABILITY OF PHARMACY/ DISPENSARY

REPONSES	YES	NO	NO RESPONSE
PREGNANT WOMEN	523	27	17
%	92.24	4.76	3.0

The chart below further illustrates the analysis on table 3.15 above.

BAR CHART 9: AVAILABILITY OF PHARMACY/DISPENSARY



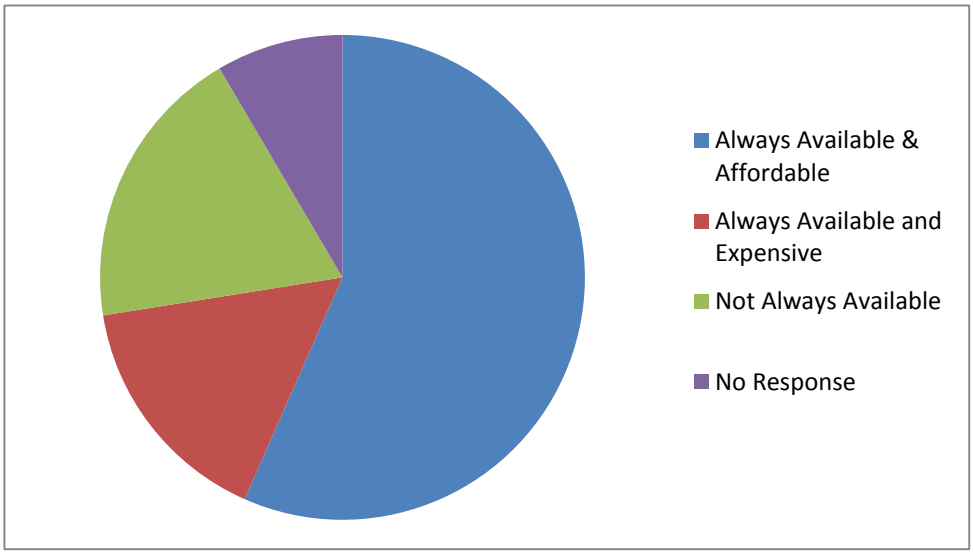
3.16 AVAILABILITY AND AFFORDABILITY OF DRUGS IN THE HEALTH CARE FACILITIES

On the issue of availability and affordability of drugs, majority of the pregnant women indicated that drugs were available at the health care facilities visited. The table above shows that 321 out of 567 of pregnant women interacted with in the field at the course of the research was of the opinion that drugs were always available and affordable in the health care facilities visited. While Ninety (90) respondents said there were available but expensive, Hundred and Eight (108) said drugs were not always available and 48 did not respond.

Table 3.16 AVAILABILITY AND AFFORDABILITY OF DRUGS IN THE HEALTH FACILITIES

%	Always Available & Affordable	Always Available and Expensive	Not Always Available	No Response
No of Respondents	321	90	108	48
	56.61	15.87	19.05	8.47

Pie Chart 10: AVAILABILITY AND AFFORDABILITY OF DRUGS IN THE HEALTH FACILITIES



3.17 AVAILABILITY OF POST NATAL SERVICES

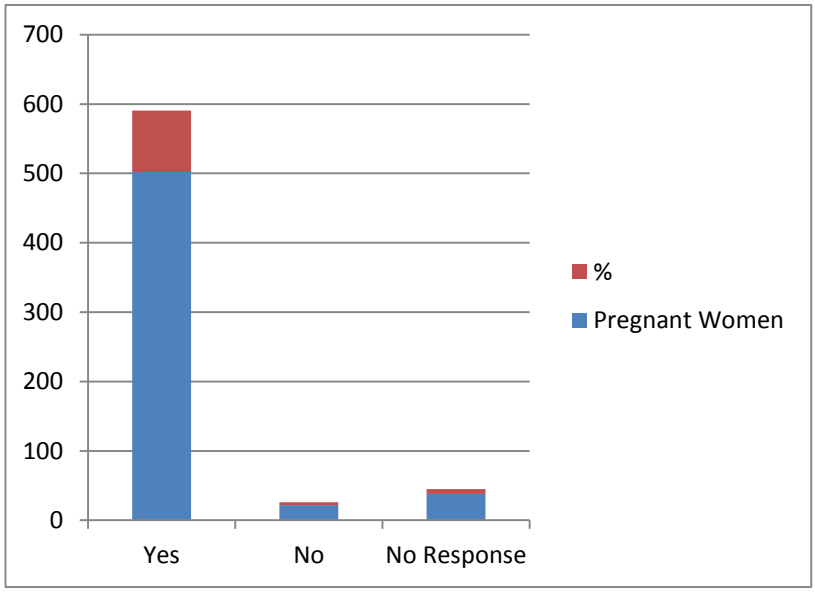
The finding showed that 502 out of 567 pregnant women interacted with during the research in the field said that there were availability of post natal services in the health care facilities visited at the six Area Council of FCT while 22 said there were no post natal services at the health care facilities visited. However, 38 pregnant women did not respond. Based on the findings it is apparent that most

health care facilities visited in six area council of FCT had availability of post natal services. The table below shows the breakdown of the analysis.

Table 3.17 Availability of Post Natal services

Responses	Yes	No	No Response
Pregnant Women	502	22	38
%	88.54	3.88	6.70

Bar Chart 11: AVAILABILITY OF POST NATAL SERVICES



3.18 OPINION ABOUT ANTE NATAL SERVICES

The opinions of most of the respondents on ante natal services were stated below

- The government should provide adequate routine drugs to the clinic
- Provide mosquito net to the clinics
- Supply adequate delivery equipment and staff to enhance the services
- Offer free antenatal services

- Need for government to carry out sensitization and awareness programmes to educate the pregnant women
- Provide adequate medical facilities for proper medicare
- Free medical care to be given to all pregnant women
- Modern Equipment to be acquired and utilized in the health care facilities
- Renovation of the facilities,
- Proper and safe blood screening before being transfusion to pregnant women in need
- Enrolment into National Health Insurance Scheme and making National Health Insurance Scheme effective
- Training and retraining of health care workers needed.
- Fully Equipped health facilities with modern delivery equipment.
- Prompt payment of salaries to the health care workers
- Steady power supply required in the health facilities at all times.

3.19 REASONS FOR NO SATISFACTORY SERVICES AT THE HEALTH CARE FACILITIES

Interactions with the pregnant women who were of the opinion that there were no satisfactory services at the health care facilities visited stated that poor services rendered by health workers at the health facilities were as a result of the following: Inadequate Manpower, Inadequate Space, Lack of free Drugs, Lack of awareness, Lack of fund, Lack of modern midwifery equipment and poverty.Lack of Home Delivery services, Late booking, inadequate bed space, Inadequate water supply and Ambulance, poor welfare packages, lack of emergency services Poor attitude of health workers, High cost of medical care, poor referral system and inadequate sensitization/enlightenment.

3.20 AWARENESS OF GOVERNMENT POLICY ON FREE MEDICAL CARE FOR PREGNANT WOMEN

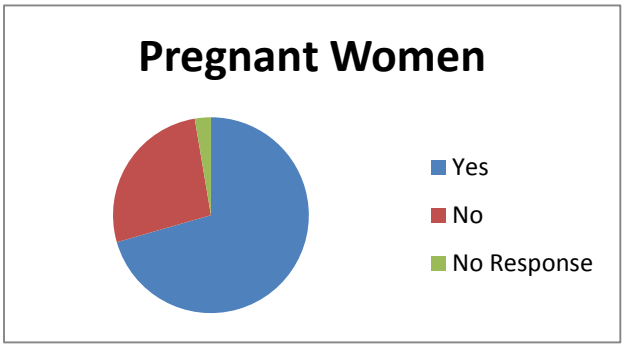
A total of 567 pregnant women responded and 400 of them said they were aware of government policy on free antenatal services by the government as shown from the responses by the pregnant women on the table below. 26.81% also said that they were not aware of the government policy on free medical care for pregnant women and 2.67% did not respond. Based on this, there is need for awareness creation by health institutions and other stake holders to sensitize pregnant women especially at the grass root so as to achieve the millennium goal of eradication of maternal mortality by the year 2020. A further illustration of the awareness of government policy is shown in the barchart 12 below

Table 3.20: AWARENESS OF GOVERNMENT POLICY ON FREE MEDICAL CARE FOR PREGNANT WOMEN

Responses	Yes	No	No Response
Pregnant Women	400	152	15
%	70.55	26.81	2.65

Pie Chart 12 below further illustrates the awareness of government policy on free medical care for pregnant women.

Pie Chart 12: Awareness of Government Policy on Free Medical Care for Pregnant Women



CHAPTER FOUR

4.0 CONCLUSION

Nigeria has an impressive policy framework for health and there is growing awareness of the need for gender sensitive spending in the health sector. Most of the focus has been on ensuring a reduction in the country's high maternal mortality rates. The 2013 Country MDG Acceleration Strategy MDG report indicates that there has been a decline in maternal mortality between 1999 and 2012: from 1,100 per 100,000 live births in 1990 to 350 in 2012. In spite of the notable decrease, there is still room for a lot of improvement. This need for accelerated action led, in 2013 to the development of a National '***MDG acceleration framework, in maternal health'***. The framework highlighted that maternal deaths are as a result of the following: ignorance and apathy by women and the society; inadequate preparation for any emergency before, during and after delivery; as well as poor or delayed access to adequate emergency obstetric care (EmOC) and the absence of sufficient facilities that are free at the point of delivery. Other factors are tied to the individual tendencies of the mothers themselves including maternal age, educational attainment, socio-economic status and antenatal attendance. Poor socio-economic development, weak health care system and socio-cultural barriers to care utilization are also contributory. Also some women prefer Self Medication, Traditional Birth Attendants, Patent medicine stores, Native Doctors and Prayer Houses during pregnancy to hospitals/health centers. Thus there is need for proper sensitization of women on the need to access medical care at hospitals/ health centers especially during pregnancy to reduce maternal death in the country.

In the course of the survey, a total number of ninety six (96) hospitals/health care facilities, fifty one (51) primary health care institutions, forty three (43) private and government secondary health care institutions and two (2) Tertiary health care institutions were visited at the six area councils of Federal Capital Territory, Abuja.

The findings of this survey would be disseminated to the stakeholders and the Commission would build on it and also take further steps in ensuring that the right to health of Nigerians are promoted and protected especially during pregnancy.

4.1 CHALLENGES

The two major challenges faced in the course of this survey were as follows:

1. Non-cooperation of some health care institutions, especially government hospitals were not willing to attend to the researchers because they insisted on the Commission getting an approval letter from the Federal Capital Territory Health Research Ethics Committee located at Area 11, Garki – Abuja.

2. On contacting the Ethics Committee Secretariat at Area 11 Garki – Abuja, the Commission was asked to provide the following:

   a) 6 copies and a soft copy in CD Rom of the research proposal.
   b) Curriculum vitae of Principal Researchers(6 copies)
   c) Any other document for ethical review certification
   d) Proof of payment of application fee

   On the provision of the requested documents and payment of Application Fee, the Commission was informed that the processing would take some time. Three months later, (23rd February - 22nd May, 2015) an approval letter was released and the researchers had to go back to the field. This therefore delayed the completion of the survey as proposed.

4.2 RECOMMENDATIONS

The Recommendations are as follows:

1. Government should build more health facilities, equip health facilities with modern delivery equipment as well as employ competent, experienced and qualified doctors & nurses.
2. There should be training and retraining of all health care workers, improve on workers welfare and also need to address the issues of strike in order to enhance better performance.
3. All health institutions should be under Public Private Partnership and there should be establishment of Monitoring and Evaluation Taskforce on Health Goals in order to ensure that service providers of different health care are well monitored.
4. There should be adequate funding for health sectors for proper medical interventions.
5. General demeaning treatment of free medical patients should be checked and eliminated.
6. There should be a regulatory body to checkmate the high cost of private hospitals nationwide especially in Abuja.
7. Alleged killing of twins at Pasali Community in Kuje Area Council should be investigated and more sensitization and awareness creation should be embarked upon by the Commission.
8. There should be general sensitization, awareness creation and campaign on maternal mortality in order to encourage mothers to attend ante natal clinics.

ANNEXURE 1

QUESTIONAIRE FOR RESEARCH ON HUMAN RIGHTS AND MATERNAL MORTALITY. PILOT RESEARCH ON WOMEN ACCESS TO HEALTH CARE FACILITIES IN FCT

This research is being conducted by the National Human Rights Commission in order to evaluate availability, affordability and accessibility of Health Care Service in the six area councils of the FCT. The NHRC has the mandate to promote, protect and enforce human rights in Nigeria. Right to life and Right to health are human rights issue.

Findings of this research would be useful in advising Government on possible ways of improving maternal health in FCT and other parts of the country in the context of Right to Health.

Tick as appropriate against each question and/ or write your answer in the spaces provided.

SECTION A: BIO DATA

I. Sex: Male ☐ Female ☐
II. Age: 18-30 ☐ 31-45 ☐ 46-60 ☐ 60 and above ☐
III. Educational qualification ……

SECTION B: GENERAL INFORMATION

1. Place of Residence ……..
2. How long have you lived here? .....
3. Do you have any health facility in your community?
4. Are they (A) Public ☐ B)Private ☐ C)Both ☐ D)None of the above ☐
5. How far is the health facility from your house/residence? .....
6. Do you have traditional birth attendant in your community? A)Yes ☐ B)No ☐
7. Where do you go when you fall ill? A)Public Hospital ☐ B)Private Hospital ☐ C) Traditional ☐

8. If your answer is Public Hospital, do you get prompt attention from the health workers? A)Yes ☐ B)No ☐
9. Does this Health Facility have a pharmacy/Dispensary? A) Yes ☐ B) No ☐
10. Are prescribed drugs available in this facility? ☐es ☐ B) No ☐
11. What is your opinion on the accessibility of drugs in this health facility?
    A.) Always available and affordable ☐ B.) Always available but expensive ☐
    C.) Not always available ☐
12. Do you know about maternal mortality? A) Yes ☐ B) No ☐
13. If yes, which activities do you think can reduce Maternal Deaths? Tick as many as you know: A.) Life-saving Services ☐ B.)Adequate sensitization ☐ C.)Improved access to medical care ☐ D.) Home care services ☐ E.) All of the above ☐ F.) others ☐

SECTION C: SPECIFIC ISSUES

PREGNANT WOMEN ATTENDING ANTE NATAL CLINICS

1. Have you been pregnant before? Yes ☐ B) No ☐
2. Where do you access your medical care during pregnancy? Tick as many as you know: A.) Hospitals/ Health Centres ☐ B.)Self Medication ☐ C.)Traditional Birth Attendance ☐ D.)Chemist ☐ E.)Native Doctor ☐ F.)Prayer House ☐ G.)All of the Above ☐ H.)None of the Above ☐
3. Do you know that ante natal service is a key to improving maternal health? a.)Yes ☐ b.) No ☐
4. If yes, do you attend regular ante natal clinic during pregnancy? A.)Yes ☐ B.) No ☐
5. What is your opinion about ante natal services in this facility? A.)Satisfactory ☐ B.)Not Satisfactory ☐
6. If not satisfactory, give reason ……
7. Do you put to birth in hospitals or Health facilities? A)Yes ☐ B) No ☐
8. If yes, were there complications? A)Yes ☐ B)No ☐
9. If yes, Tick as many as you know. A) Bleeding ☐ B.) Placenta complications ☐ C.) Stillbirth ☐ D.) Miscarriage ☐ E.)Infection ☐ F.) Others ☐

10. Does this health facility respond promptly to emergencies? A) Yes ☐ B)NO ☐
11. Are there doctors to attend to patients? A.) Yes ☐ B.) No ☐
12. What other categories of health workers attend to patients in this facility? Tick as many as you know: A.) Nurses ☐ B.) Community Health Extension Workers ☐ C.)Social Workers ☐ D.)Others, ☐ Specify…….
13. How do you rate the attitude of health workers in this facility? A)Very Good ☐ B)Good ☐ C) Poor ☐ D) Very Poor ☐
14. Are you satisfied with the treatment you get at this health facility? A.)Yes ☐ B.)No ☐
15. If No, give possible reasons ……
16. What is the cost of health care services to you? A.) Very Expensive ☐ B.)Expensive ☐ C.)Affordable ☐ D.) Cheap ☐
17. Does this health facility offer Post –Natal Services? A.)Yes ☐ B.) No ☐
18. Are you aware of the government policy of free medical care for pregnant women in government facilities? A.)Yes ☐ B.) No ☐
19. In what way do you think that the government can improve maternal Health services? ……
20. Make your recommendations…….

QUESTIONAIRE ON HUMAN RIGHTS AND MATERNAL MORTALITY PILOT RESEARCH ON WOMEN ACCESS TO HEALTH CARE FACILITIES IN FCT

SECTION A: BIO DATA

I. Sex: Male ☐ Female ☐
II. Age: 18-30 ☐ 31-45 ☐ 46-60 ☐ 60 and above ☐
III. Educational qualification ……

SECTION B: SPECIFIC ISSUES

A-HEALTH WORKERS

1. What is the rate of maternal mortality in this facility? A)High ☐ B)Low ☐

2. In your opinion, what factors are responsible for high rate of maternal mortality? Tick as many as you know: A.) Poverty ☐ B.)Poor health care facility ☐ C.)Unskilled health care attendants ☐ D.)Social –economics status ☐ E.)All of the above ☐
3. Do you think that maternal mortality is a major challenge to health care systems in Nigeria? A.)Yes ☐ B.) No ☐
4. If yes, how do you think Maternal Deaths can be reduced? Tick as many as you know: A.) Life-saving Services ☐ B.)Adequate sensitization ☐ C.)Improved access to medical care ☐ D.) Home care services ☐ E.) Others ☐
5. Are there enough qualified health attendants in this facility? A.)Yes ☐ B.)No ☐
6. What are the prevalent maternal illnesses reported and treated at your facility?

   .....
7. Are there equipment to handle such cases? A.) Yes ☐ B.)No ☐
8. Are there equipment to handle other cases including miscarriage, VVF etc in this facility? A.) Yes ☐ B.) No ☐
9. Do you carry out emergency obstetrics care in this facility? A.) Yes ☐ B.)No ☐
10. What are the challenges encountered in your course of duty in the area of maternal health care? ----------
11. What steps have government taken to address these challenges? If any----- ----------
12. Do you think that Government has done well in Health sector? A) Yes ☐ B)No ☐

    Why…….
13. In your opinion what type of intervention do you need? ---------- ----------

ANNEXURE II

LIST OF ACCRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AMAC	Abuja Municipal Area Council
EmOC	Emergency Obstetric Care
FCT	Federal Capital Territory
HIV	Human immunodeficiency virus
HND	Higher National Diploma
ICPD	International Conference on Population and Development
MDGs	Millennium Development Goals
OND	Ordinary National Diploma
PET	Position Emission Tomography
PID	Pelvic Inflammatory Diseases
PIH	Pregnancy Induced Hypertension
PPH	Postpartum Haemorrhage
PVC	Premature ventricular contraction
SDGs	Sustainable Development Goals
STDs	Sexually Transmitted Disease
VVF	Vesico Vaginal Fistula
WAEC	West African Exanimation Certificate