

Partnership for Development: NGOs as Development Partners in the Fight
against Malaria in North-Central/ North-West Nigeria

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DEDICATION

I dedicate this thesis to God Almighty for giving me the inspiration to do this research.

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ABSTRACT

The processes of globalisation have created an arena for cooperation between nations, institutions, and private sector agencies. Several studies have indicated that among these private sector agencies, are Non-Governmental Organisations (NGOs)- a sector now commonly referred to as the 'third sector'. NGOs are said to be getting recognition as key actors within the field of development. The growth of NGOs, especially in developing countries, is argued to be a result of the inability of states to deliver basic social services to their citizens efficiently. Thus, NGOs are increasingly included in development discourses as major stakeholders in social service delivery. Against this background, this thesis drew from the hypothesis that *'partnerships can achieve better results than individuality'* and analysed Public-Private Partnerships (PPPs) for health interventions in Nigeria in the context of NGOs' role as development partners in malaria intervention projects within communities in NC/NW Nigeria- bearing in mind that malaria is identified as one of the major health challenges in Nigeria.

Three NGOs engaging in malaria projects were selected and used as case studies for this research. This thesis reviewed the debate among scholars on the relationship between NGOs and the State. It questioned the role of NGOs as 'development partners' for malaria intervention projects in study sites. The study examined if these partnerships have been effective in reducing the prevalence of the disease in the study area, and if these NGOs are playing a complementary role with the State or replacing the State. This research findings show that NGOs do not have the structure to replace the State as perceived in some literature. The empirical evidence from the field study showed that the engagement of these private sector organisations is like 'a drop in the ocean'. Therefore, there is no indication that NGOs are, or can replace the State, their participation is more of complementarity. Evidence from study location also indicated that the malaria projects implemented by the case studies in partnership with the State had made some positive impact on host communities. However, malaria remains a disease burden in Nigeria, consequently, for the disease to be eliminated in the country, sustainable interventions, along with political commitment by the state government is imperative.

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LIST OF ABBREVIATIONS AND ACRONYMS

ACSM	Advocacy Communication and Social Mobilisation programme
APRM	Africa Peer Review Mechanism
ARFH	Association for Reproductive and Family Health
AU	African Union
CA	Christian Aid
CAC	Corporate Affairs Commission
CMH	Commission for Macroeconomics & Health
CRS	Catholic Relief Services
CSOs	Civil Society Organisations
DFID	Department for International Development
DS	Development Studies
FBO	Faith Based Organisation
FIRS	Federal Inland Revenue Service
FMoH	Federal Ministry of Health
GFATM	Global Fund to Fight Aids Tuberculosis and Malaria
HD	Human Development
IHVN	Institute for Human Virology Nigeria
IIAG	Ibrahim Index of African Governance
INGO	International Non-Governmental Organisation
IRS	Indoor Residual Spraying
JHPIEGO	John Hopkins Programme for International Education in Gynaecology & Obstetrics
LGA	Local Government Area
LGHDs	Local Government Health Departments
LLITN	Long Lasting Insecticide Treated Net
NC	North Central
NEPAD	New Partnership for Africa's Development
NERGP	Economic Recovery and Growth Plan
NGO	Non-Governmental Organisation
NHIS	National Health Insurance Scheme
NMEP	National Malaria Elimination Programme
NMSP	National Malaria Strategic Plan
NSHDP	National Strategic Health Development Plan
NW	North West

OAU	Organisation of African Unity
OSSAP-SDGs	Office of the Senior Special Assistant to the President on the SDGS
PMI	President's Malaria Initiative
SD	Sustainable Development
SMoH	State Ministry of Health
SSA	Sub-Saharan Africa
SuNMaP	Support to National Malaria Programme
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Education Scientific & Cultural Organisation
UNICEF	United Nations International Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

CHAPTER 1: RESEARCH SETTING: THE PARTNERSHIP FOR DEVELOPMENT PARADIGM

1.1 Introduction

An increase in interactions and interdependences across borders is being witnessed on a global scale. Globalisation is argued to have created the platform for such interactions, the outcome of which include, cooperation between nations, institutions, and private organisations, among them- Non-Governmental Organisations (NGOs), a sector that has gained recognition as one of the key actors in development discourse (Werker and Ahmed 2008). Allen (1995, as cited in Potter. Et al. 2018: 141), categorised globalisation into three components: economic, cultural, and political. Firstly, the economic aspect of globalisation sees distance as a non-factor for economic activities. Secondly, cultural globalisation connotes the stereotypical' idea that globalisation has created the spread of western culture via consumption and lifestyles on a global scale. Thirdly, in political globalisation, internationalisation is perceived to be responsible for the increasingly shrinking role of the State which is being replaced with that of inter-governmental organisations, such as the United Nations (UN) and the World Bank, as well as other regional bodies (including private sector organisations) 'fostering free trade, economic integration and harmonisation'. This research draws from the third assertion, vis-à-vis, internationalisation created by political globalisation and its consequent impact, i.e., a variety of actors in the political space, such as, international, regional and other private for-profit and non-profit agencies (Pearce 2003; Katz and Anheier 2005; Blood 2005). The role of the private sector in development cooperation has gained significance since the 1990s. One path for private sector engagement which has been on the increase over the years, and is of particular interest to

this research is, Public-Private Partnerships (PPPs) in the areas of health, infrastructure, and agriculture (Hunt 2016), also see (Tomlison 2012).

Globalisation, as mentioned earlier, is described as the processes of ongoing change (Held 2004). These processes of change are making the world a single unit- in terms of increasing uniformity and interdependence in culture, politics, technology, and the economy (Koning 2001; Faulconbridge and Beaverstock 2009). This interdependence among different societies have led to international initiatives often rooted in national issues around which different actors meet, after which it is recognised that international strategies are needed to tackle issues; this phenomenon has contributed to the growth of NGOs globally, especially those addressing social problems in least developed countries (Brown. Et al. 2000). NGOs are playing active roles in humanitarian work and advocacy, such as emergency response in conflict situations and advocacies for human rights (Lewis and Kanji 2009). NGOs are involved in social development projects, which include, healthcare delivery, education and poverty reduction projects mostly in developing countries, these attributes qualify them to be classified as development actors Dogra (2012), or development partners (as used in this thesis).

1.2 Conceptualising Partnership

Partnership has become a buzzword for agencies delivering policies, funding, and implementation strategies for effective international development. The idea of partnership is argued to be central in constituting the meaning of what development is and should be about (Contu and Girei 2014). Partnership involves the merging of resources, competencies, capacity, and expertise, to achieve outcomes that add value to what each party could achieve by acting alone. This approach builds on the idea that each sector in society has core

competencies and resources that, if appropriately organised, are complementary to one another (Warner and Sullivan 2004). Accordingly, the partnership formalised in 2002 at the World Summit on Sustainable Development (WSSD) held in South Africa comprised of governments, international organisations, private corporations, along with other major actors in society aimed at translating the multinational agreed outcomes of the summit into concrete actions (Guttman 2003; Elliot 2006). In the WSSD summit, partnerships between States, civil societies and businesses were proposed as the avenue where poverty reduction targets were to be achieved. Notwithstanding the rhetoric, there was minimal consideration of how these partnerships could work in practical terms, the outcomes that could be attained, or the relative merits of partnerships over other more traditional approaches to development (Warner and Sullivan. 2004). It is also believed that the current Sustainable Development Goals (SDGs) have created the avenue for the involvement of the private sector more than its predecessor MDGs; it comes with a broad variety of issues that will involve collaboration from different stakeholders, the SDGs is said to be a framework aimed at building a world of wellbeing for humanity, hence the growing advocacy for multi-sector partnerships to achieve these global objectives (Florini and Pauli 2018).

Partnerships exist in different forms; they involve the coming together of different stakeholders. These interactions between individuals or organisations can be described as *cooperation, collaboration, or partnership*. In this thesis, however, the word *partnership* will be used as a matter of choice, not that it is different in meaning. It is argued that the main reason behind a partnership is to achieve a set goal. McQuaid (2000), notes that the key element of any partnership is the purpose to which that partnership is in place; it could be, for example, to get resources for a project or organisation, or synergy through

cooperation and putting together of resources. Hence, to understand why partnership is needed for development, we must know what partnership means. McQuiad (2000:13) notes that there are five dimensions for analysing partnerships, these include, 'purpose'- what the partnership seeks to do; 'who' is involved; 'when' -timing or stage of development of the partnership process and activities over time; 'where'- the spatial dimension- geographical area of the partnership; and 'how'- implementation mechanism of the partnership. However, the discussions in this research will be centred around four of these partnership dimensions: the 'what'-purpose of the partnership, in the context of this research (malaria intervention in Nigeria); 'how'- the partnership mechanism (malaria intervention strategies); 'who'- the different actors in the partnership (State, NGOs and donor agencies); and 'when'- time frame for intervention projects (this is dependent on when malaria is eliminated in Nigeria- currently, the target for malaria elimination in Nigeria is year 2030).

Furthermore, the definitions from Investopedia and Collins dictionary best explains the meaning of partnership as applicable to this thesis. Investopedia defines partnership as '*any endeavour undertaken by multiple parties. These parties can be governments, non-profits enterprises, businesses, or private individuals*' (Investopedia 2017). While Collins online dictionary describes partnership as '*a relationship in which two or more people, organisations, or countries work together as partners*' (Collins Dictionary 2017). It is important to also look at how the UN as the driving force behind the advocacy for international cooperation describes partnerships. According to the UN, *partnerships are a voluntary and collaborative relationship between various parties, both public and non-public, in which all participants agree to work together to achieve a common purpose or undertake a specific task and, as*

mutually agreed, to share risks and responsibilities, resources, and benefits (United Nations 2017).

1.2.1 Partnerships for Sustainable Development

SDG 17- Partnerships for the Goals: 'Strengthen the means of implementation and revitalise the global partnership for sustainable development' (UN 2016).

SDG 17- an update to MDG 8, includes 19 sub-goals that cut across issues such as policy coherence, multi-stakeholder partnerships, as well as data monitoring and accountability (Midgley and Pawar 2016). The MDGs comprised of an ambitious attempt to draw the attention of the international community, which includes donor countries, NGOs and multilateral organisations to a joint set of development objectives (Nygard 2017). From its inception, the MDGs attempt at mobilising resources to reduce poverty and diseases in poor countries had been on the increase; it was commonly perceived that countries unable to achieve improved health or social wellbeing were 'simply poor', hence, participants at the UN millennium project had agreed that an influx of capital was needed to 'overcome the poverty trap' (Ooms. Et al. 2010). Accordingly, PPPs are being promoted as a key development finance mechanism in support of the SDGs (Gideon and Unterhalter 2017).

On the other hand, critiques of the SDGs note that these goals, although a considerable advance over the MDGs are flawed by poorly articulated targets which provide little indication of how the goals will be achieved, and by whom (Sengupta 2018; Liverman 2018). Moore (2015), argues that the SDGs needs to move beyond setting of goals and targets to accelerating the processes of socio-economic and political innovation. According to Moore, we need to move beyond focusing on the attainment of the SDG targets to a more radical approach of participatory development, or any other development model that

will lead to prosperity Despite several the criticisms, the SDGs are said to include goals and targets aimed at addressing the systematic barriers to Sustainable Development (SD). They are broader in scope and include the balance between the three dimensions of SD- social, economic and environment, including their institutional/governance aspects. Nonetheless, it is recognised that the SDGs have merely opened a door towards achieving SD- more work needs to be done to elaborate on the following: (a). *The complex interconnections between the goals*; (b). *The means-ends continuum towards an overarching goal*; and (c). *A narrative change* to define the policy reforms required to attain the SDGs and how it could be realised within existing socio-economic and geopolitical settings (Costanza. Et al. 2016: 350), also see, (Ostrom, 2014; Costanza. 2014).

Since the launch of the SDGs, researchers and policymakers alike have been studying/assessing the implementation processes of the goals across different sectors and country context (this research included). Accordingly, it is stated that a worldwide partnership for SD requires an internationally agreed constitution which would communicate goals, internationalise financing and interpret the objective guideline for monitoring and implementing sustainability rules (Mehmet 1999). Since the Rio Earth Summit of 1992, the relevance of voluntary multi-stakeholder partnerships has become a key value in the UN's commitment to achieve SD globally, as it has been argued increasingly, that the challenge of development can be addressed through partnerships between different organisations (Darian, Stuart and Gilbert 2018). Similarly, the 2002 World Summit on Sustainable Development resulted in an agreement by participants that partnerships should be a voluntary commitment of non-state actors working in alliance with States to expedite the implementation of the UNDGs (Mert 2009). The UN has defined the partnership arrangements for the SDGs thus: *'Partnerships for sustainable development are multi-stakeholder*

initiatives voluntarily undertaken by governments, inter-governmental organisations, major groups and other stakeholders, which efforts are contributing to the implementation of inter-governmentally agreed development goals and commitments' (as cited in Darian, Stuart and Gilbert 2018: 8). From this broad definition which includes a range of partnerships possessing different qualities, three examples of collaborative arrangements showing the key distinction between partnerships, in terms of the intent for the partnership and the nature of the relationship between partners have been described by Darian, Stuart and Gilbert (Ibid) as follows:

- a. *Leverage/exchange*: this involves partnerships that originate in complementarity- one organisation acknowledging that another can provide resources in terms of knowledge, services or skills which it requires to use for its own strategic goal;
- b. *Combine/ integrate*: this is also known as 'cross-sector partnership'- it involves a collaboration between two or more organisations who bring together complementary resources to tackle a shared challenge or goal. The key factor in this kind of partnerships is the belief that 'working in partnership will achieve outcomes that no single organisation could achieve working independently (the hypothesis this thesis draws from). Also, to combine resources for the set goal will necessitate adequate 'planning, attention to procedures, sensitivity to cultural differences and a commitment to building mutual trust';
- c. *Transform*: this relates to the ambitious goal of dealing with a development challenge applying innovative approaches in a multi-faceted way that will lead to a structured change; 'transform' type of collaboration is often complex, where a problem definition may not be clearly stated, and partners could bring different views to the issue. Addressing this

challenge will involve negotiation among all stakeholders who will have to collectively find a solution which will be feasible and politically acceptable to all actors.

Darian, Stuart and Gilbert (2018), also state that different partnerships establish different levels of values, therefore, describing which type of value relates to which type of partnership can help an organisation think further about why it engaged in the partnership and make choices about where to commit the resources of the organisation. Darian, Stuart and Gilbert also note that one of the central themes of SD is the question of what type of institutionalised arrangements are most suited for the advancement of the processes of change-competing for influence are a 'state-centric approach' versus a 'pluralistic approach'. However, governance for SD is viewed as an attempt to arrange cooperatively the relationships of stakeholders within the issue of sustainability; this has resulted in different types of collaborative arrangements of which partnerships are considered among the most prominent- partnership is perceived as an arrangement that can promote the drive for SD (Glasbergen, Biermann and Mol 2007). Accordingly, SDG 17 was drafted out of a need for such multi-stakeholder collaboration towards achieving SD. The UN asserts that the current renewed global partnership for development can play an important role in mobilising domestic and external resources for SD (UN 2016).

Furthermore, SD agenda from its inception has been linked to the functioning of liberal-democratic structures, which relates to decision-making on social issues; the partnership paradigm contributes to this debate by providing an alternative model of governance. A new image of the manageable society introduced by governance for SD has it that, it is not up to one single actor, namely, the government to tackle all problems of society, choices should be

made in a multi-actor context (Glasbergen, Biermann and Mol 2007). Also, the 2030 Agenda for SD called on the international community to shift towards extreme financing for development; the Agenda recommended the combination of resources and skills from different sources, such as the private and public sector, as well as national and international community (Alonso 2018), this is where development cooperation comes to play. It is claimed that for SD to be achievable, partnerships between governments, the private sector and civil societies is essential (UN 2016). Accordingly, one major claim in support of multi-stakeholder partnerships for SD is that they function where the state has failed. Another argument in support of partnerships for SD is that they help improve the implementation of inter-governmental agreements and programs, the WSSD text generally viewed strengthened implementation as the main rationale for partnerships (Biermann, Chan and Pattberg 2007). It is based on these arguments that this thesis is built on.

The global partnership for development incorporates a variety of partnerships which have grown in importance, this includes: multi-stakeholder partnerships and South-South partnership; multi-stakeholder partnerships are voluntary and involves different stakeholders such as, civil society, international organizations, private sector and philanthropic organizations, while South-South partnership is a partnership based on the principle of mutual benefit and unity across the nations of the Global South (UN 2016). There are evidently, different types of partnerships, with that in view, it is important to avoid making generalisations, some partnerships are effective while others may be more rhetorical than realistic; more importantly, a successful partnership will depend on how it is coordinated, legitimised, resourced, managed and evaluated (McQuaid 2000).

1.2.2 Legitimising Partnerships?

Why should a group of people, a State-government or an organisation converge to form a partnership? What is the benefit, if any, of a partnership? It is imperative to understand why the partnership concept is growing in influence globally. McQuaid (2000:19) notes that the foremost advantages of partnerships are: 'resources availability, effectiveness and efficiency, as well as legitimacy'; on the other hand, McQuaid (Ibid: 22), also states that the potential disadvantages of partnerships are: 'unclear goals, insufficient resources, differences in ideology between partners and organisational problems'. For example, concerning the fight against malaria which is the focus of this thesis, the World Malaria Report (2017) states that one of the major challenges preventing many countries from making significant progress towards eliminating malaria is a lack of sustainable domestic and international financial flow (hence the rationale behind the advocacy for multi-stakeholder partnerships to fight malaria). Nevertheless, concerns over legitimacy and accountability is pivotal to the successes of any partnership (Bäckstrand 2006).

Accordingly, it is claimed that the legitimacy of partnership is rooted in, a. *Structure*: who participates? b. *Process*: how do they participate? c. *Outcomes*: are promises kept, and expectations met? On the issue of accountability in partnership, questions that arise include: to whom should various partners be accountable to? It is suggested that if a partnership is to make any contribution to good governance, external accountability (not just to donors) is necessary. Three types of accountability are prescribed as relevant for internal and external accountability. a. *Financial accountability*. b. *Performance*- which entails meeting agreed-upon targets. c. *Political*- a system of checks and balances between partners. Also, transparency needs to include public access to

information and communication on key policies and decision-making (Brinkerhoff 2007: 74).

The UN Global Goals calls for the creation of global governance to deal with growing social problems globally (Kim 2011). Multi-stakeholder partnerships take root from the global governance advocacy being prescribed by the UN. This type of partnership is also regarded as a contemporary form of global governance (Bäckstrand 2006). There are, however, criticisms of the legitimacy and accountability of this type of partnership. Foremost amongst them is the argument that multi-stakeholder partnerships are another reinforcement of neo-liberal ideas linked to globalisation. Multi-stakeholder partnerships seem to have come to stay, as they have been on the increase over the years, particularly, as intergovernmental actions alone have not succeeded in solving the many development challenges globally (Ivanova 2003). In a study on corporations and NGO partnership, Elkington and Fennell (2000), note that the decision to enter into partnership comes from individuals who believe that more progress can be made by working together. Nevertheless, not all partnerships have proved to be successful either for the partners or for promoting sustainability due to different complex processes involved in developing or implementing a partnership. These processes, including the challenges related to achieving a successful partnership, will be discussed in this thesis.

1.2.3 Guide to Effective Partnerships

The main difference between a partnership and other forms of human organisation is that, in a true partnership, the structure and management rules are agreed and changed by mutual consent. The main issues in partnership structures are, the partners and their legitimate representatives, the geographic boundaries, or target population, the vision and objectives for the partnership,

the activities, tasks and resources to be contributed, the specific responsibilities of the partners and mechanisms for communication. For a partnership to be successful, the resource commitments made by each party is of importance. These can include funds, staffing, expertise, local knowledge, technical equipment, mediation skills, and access to key officials. The main factor is the degree of complementarities between the different resources committed (Warner 2004).

The success or failure of partnerships is built upon the existence of trust among partners, the level of transparency and the way partnership initiatives deal with the balance of power- all of which are dependent on the effective application of a set of rules (Nelson & Zadek, 1999; Reinicke. Et al 2000; Nelson 2001; Witte & Benner 2005). An effective framework for partnership should reflect the concerns and opinions of all stakeholders. Partnerships should complement national policymaking and intergovernmental cooperation. They can facilitate the negotiation of global norms, coordinate resource use and help to close the 'implementation gap'. Partnerships are volatile constructs that require much attention and careful management. Given the daunting challenges of a complex world with an ever-expanding multiplicity of actors, interest and issues that need to be resolved, partnership may be a promising medium through which states and international organisations can achieve their mission, maintain their competence in a changing global environment, and serve their citizens more effectively and legitimately (Witte and Benner 2005).

No assumption should be made that all partnerships are effective. There are advantages and disadvantages of partnerships. McQuaid (2000: 19), notes that principal advantages of partnerships are: resources availability, effectiveness and efficiency, as well as, legitimacy. On the other hand, the potential

disadvantages of partnership could be, unclear goals, insufficient resources, differences in ideology between partners or organisational problems. As with daily human interactions, conflicts do arise. Similarly, challenges are expected when organisations or groups converge. For example- in reference to partnership for development, Alonso (2018) states that the diversity of actors in development cooperation with different interests and visions come with some challenges, such as, the process of policy setting (who is responsible for making the rules?), or coordination and monitoring policies (who should coordinate and monitor project implementation?).

Nonetheless, there is no set of procedures which are universally accepted for operating successful partnerships (Darian, Stuart and Gilbert 2018). However, there are available guidelines like those given by Albani & Henderson (2014:7) who have recommended some guidelines for a successful partnership which is applicable to this research on partnership between different stakeholders for malaria intervention programmes. These suggested guidelines for partnerships are summarised below:

- a. *Identify a clear reason to collaborate:* participants in any cooperation should first identify the motivation or incentive for engaging in a partnership.
- b. *Find a 'fairy godmother':* behind most thriving partnerships are one or a few organizations willing to invest more to make the partnership effort a success (Albani and Henderson 2014). In the context of partnership to fight malaria which this research is about, this research argues that donor organisations can be referred to as the 'fairy god-mothers' because of their financial contribution to the malaria projects in Nigeria.

- c. *Set simple credible goals*: a partnership needs to be set on an idea or vision that many will be enthusiastic about being a part of (Albani and Henderson. Ibid). Fighting malaria is a project that should involve individuals or organisations globally, as the disease could affect anyone across the world, we live in an interconnected world where people travel and unfortunately, get infected by diseases which may not be common in their countries of origin. Hence, the argument for the need to collectively combat the disease on a global level.
- d. *Get professional help*: most partnerships need a facilitator to start off as there is a tendency for conflicts to emerge when different people or organisations come together (Albani and Henderson. Ibid). For instance, as will be discussed later, the national agency responsible for coordinating malaria prevention in Nigeria can be regarded as the 'middleman' or facilitator between donors and NGOs in the partnership to fight malaria across Nigeria. The relationship between NMEP and other stakeholders in the fight against malaria will be discussed further in chapter five.
- e. *Dedicate good people to the cause*: having qualified staff for the job is fundamental in ensuring a successful partnership (Albani and Henderson. Ibid). Similarly, the researcher was informed during the field study that government health workers, along with the staff of NGOs involved in malaria projects, usually receive adequate training on the procedures for malaria prevention, control and treatment which helps in reducing the disease in NC Nigeria (see chapter five).
- f. *Be flexible in defining success*: a particular partnership may not change the world as participants may anticipate, but it can make a little difference in some place and may also change the rules of the game positively (Albani and Henderson. Ibid). If the actors implementing malaria projects

in a particular region of Nigeria can record some achievement significantly by reducing malaria epidemic in that region, it could be a blueprint for other geopolitical zones in the country to emulate.

- g. *Prepare to let go*: a partnership could wind down or become an independent entity in future. Some partnerships are designed to achieve a particular objective, and once that objective is attained, the partnership ends (Albani and Henderson. Ibid). The partnership for malaria could end if the fight against the disease is successful. Some partnership can evolve and become sustainable. Fighting malaria in Nigeria requires long-term sustainable cooperation to significantly reduce or eradicate the disease (see discussion in chapter eight).

1.3 Terminologies: State, Public Sector and Public-Private Partnerships

It is important to discuss at the initial stage of the thesis the meaning of some keywords and phrases as used in this research. These words and phrases are also applied in different contexts to give different meanings. Firstly, the word 'state' can be used to describe 'a condition of someone or something', or it can be used to describe 'a nation or territory considered as an organised political community under one government' (The Oxford English Dictionary 2017). The latter meaning of the word state is used here to refer to a nation or the institution of government. Similarly, the phrase 'public sector' used in this thesis describes the government institution. The word public can be used to refer to people in general (The Oxford English Dictionary. Ibid). The public sector is also used for 'analytical purposes', especially, as a contrast to the private sector and the voluntary sector, which is also referred to as, the third sector (Encyclopaedia Britannica 2018). For this study, the phrase 'public sector' is applied to mean state-owned institutions and their activities (Mackintosh and Wuyts 1993:4).

1.3.1 What's in the phrase 'Public-Private Partnership'?

Public-Private Partnership (PPP) is described as an agreement between a public and private sector organisation where the two entities bring together complementary skills and assume different levels of risk to develop a public facility (Yao. Et al. 2018; Chan. Et al. 2010; Jeffries 2006). Many State governments globally are advocating for more public-private partnerships or private participation in the delivery of public services (McQuaid 2000). Arguing from an SD perspective, some writers advocate for private corporations to take responsibility by incorporating social, environmental and economic considerations into their decision-making (Blindheim and Langhelle 2010; Marrewijk 2003). PPP is being promoted by many governments of both developing and developed nations to help in bridging the infrastructural gaps in their states, while some governments also take advantage of PPP to develop sustainable and modernized public infrastructure and services (Yao. Et al. 2018; Chan. Et al. 2010; Patil and Laishram 2016). Infrastructural services which were traditionally supplied by the State are now being provided by private sector organisations in many nations; these services include energy, communication technology, transport and water (Patil and Laishram 2016).

Nigeria (the study site for this research), is among nations whose government advocate for PPP. For the most part, PPP usually involves the public sector and private organisations engaging in infrastructural development- with the private firms often interested in such a partnership for profit-making. Therefore, this thesis considered a component of the private sector which has gained little attention in relation to PPP in Nigeria- which is, the 'not-for-profit sector'- engaging with the public sector in Nigeria's development agenda. Applying the PPP framework, but with a different perspective; this thesis looks at the partnership between the state and the private (not-for-profit) organisations,

specifically- the NGO sector, and not the PPP which involves the government and private (for-profit) corporate organisations.

Reiterating the importance of partnerships for SD, it has been stated that, the success of the SDGs will lie on the ambition, vision and commitment of the private sector, trade partners, donors, countries, as well as civil society organisations (Deva 2016). Hence, this thesis is premised on the increased advocacy for international cooperation between states, intergovernmental institutions and private sector agencies to collaborate more effectively towards achieving SD, focusing on health development. The thesis looks at the role of NGOs as development partners, analysing partnership between NGOs and the state towards malaria prevention, control and treatment in NC/NW Nigeria. Malaria was chosen because it is one of the major health challenges in the SSA region- which include Nigeria. Almost everyone in Nigeria can attest to have been affected by malaria at one point or another. At this point, before getting into the discussion on malaria as a disease and particularly its effect on the country, the following section will discuss health challenges and its link to development in SSA, including the measures being put in place to tackle this challenge.

1.4 Health Challenges in Sub-Saharan Africa

The World Commission on Macroeconomics and Health (CMH), established by the World Health Organization (WHO) in 2001 to assess the place of health in global economic development, came up with some findings. The summary of some key findings in that report includes: that investing in health is an effective approach for poverty alleviation especially in the world's poorest countries; that good health gives individuals the capacity for personal development, as well as economic security for posterity; that, the economic costs of avoidable diseases

put together is very high; societies which have high diseases burdens tend to experience a variety of barriers to economic progress; and macroeconomics evidence show that nations with poor health care facilities and education have a harder time achieving sustained growth than those nations with better health and education facilities, CMH (2001), also see, Schmidt-Traub (2015). There is an assertion that for poverty to end, every country requires a sustainable inclusive development strategy which is built upon human capital investments in health, education and social protection for its citizens, as it is believed that building peoples' capabilities is also reliant on improved health outcomes which will enable them to be productive and thereby participate in the opportunities created for inclusive, as well as sustainable development (Maeda Et al. 2014). Thus, the increasing advocacy for Universal Health Coverage (UHC). UHC is the condition where everyone who needs health services, including prevention, promotion, treatment, rehabilitation, and palliative care receive them without excessive financial pressure (WHO 2019). UHC involves three interrelated components 'the full spectrum of health services according to need; financial protection from direct payment for health services when consumed; and coverage for the entire population'. There is no single approach to UHC some countries aim to achieve it through national insurance systems that purchase services from public and private healthcare providers, while other countries have created schemes to provide better access to services via public delivery system. Nations can deal with the injustice of people not able to afford medical expenses through the introduction of equitable health financing models, including strong social protection measures for all (Maeda. Et al. 2014).

The CMH report particularly mentioned disease burden in low-income regions, especially SSA and how it stands as a barrier to economic growth in the region- adding that programmes aimed at addressing these health challenges should be

included in the development initiatives across the region (CMH 2001). As Nweke and Sanders (2009), point out, disease burden is a 'double-burden' for poor and developing societies, to which SSA falls under such categorisation. Many SSA countries have weak national health systems. Despite decades of investment and reforms aimed at improving the health sector, most health facilities in the region (particularly those run by the government), are under-resourced, as a result, many citizens do not have access to, or cannot afford quality healthcare (Binns. Et al. 2012).

Furthermore, the importance of health to development was highlighted at the WSSD discussions in 2002. It was acknowledged that ill-health could bring poverty, which will set off a cycle that hampers economic and social development. The summit participants were concerned with how to address the causes of avoidable death, especially in low-income countries, the diseases in focus were: HIV/AIDS, malaria (which is the focus of this research), tuberculosis (TB), childhood infectious diseases, maternal health, nutritional deficiencies and tobacco-related diseases (von Schirnding 2005). Many post-independence SSA countries had healthcare facilities built, with well-trained healthcare providers giving medical services to the public. For some years, these public health facilities were free. However, from the 1980s onwards, public healthcare facilities in most of these countries became scarce; many of the healthcare infrastructures dilapidated, while medical equipment and medicines became scarce. Also, high incidence of diseases such as, HIV/AIDS, malaria and TB formed a burden to the medical personnel who are short of medical supplies needed to enable them to offer medical care to those in need of healthcare (Streefland 2005).

The WHO (2007), states that empirical evidence has shown a connection between improved health on a population and its impact on the economy of that society. Lynch (2018), also added that there is a close link between health and development not just on the African continent, but on a global level. Lynch notes that health and development indicators from recent studies have shown that many African countries have made some progress on key areas of health concerns. Nonetheless, more needs to be done in terms of attaining a considerable level of quality and affordable healthcare services in most SSA countries as many of the progress in their health sectors have arguably fallen short of the SDGs target. From another perspective, health and development are linked in the case where prolonged ill-health can make a middle-class family spend all their finance on getting medical treatment to the point where they get to the level of penury, this is especially common in countries where there are no adequate health insurances schemes, which is the case for most SSA countries. Identifying this trend, the CMH report states that, diseases tend to reduce the annual incomes of societies, or the lifetime incomes of individuals, as well as the prospects for economic growth (CMH. Ibid).

1.4.1 Sub-Saharan Africa and Public-Private Partnerships for Health

The growing interest in partnership for health has been attributed to globalisation, which has brought together different actors, such as governments, intergovernmental institutions, and private for-profit, as well as, non-profit sector for a common goal- how to deal with the health challenges confronting humanity. Describing this phenomenon Lee. Et al. (2002) note that globalisation has affected health policies in recent years. PPPs are one such initiative that has emerged from globalisation. Phrases such as Public-Private Partnerships (PPPs) for health and Global Health Partnerships (GHPs) are used

interchangeably to describe collaborations between different actors on health matters (also see, Reich 2000; Caines. 2004; Ruckert and Labonté. 2014). It is believed that PPPs are encouraged as part of an all-inclusive development framework, the need for these PPPs, particularly in developing countries is argued to be as a result of the public sector's inability to provide quality public health facilities for 'either a lack of resources or poor management' (Nishtar 2004). PPPs for health has brought about a wide range of national and international agencies working in the health sector in Africa. A significant amount of these investments in healthcare across the continent are said to be from international agencies (Lynch 2018). The UNDP's 2010 Human Development Report claims that public health interventions have flowed rapidly to many developing nations, benefitting millions of people (UNDP 2010).

The global disease burden, especially those caused by infectious diseases, affects populations in most developing countries (many of which are in SSA). The burden of diseases in these developing countries has increased the advocacy for PPPs to deal with health challenges. The recommendation for PPPs for health is echoed across many works of literature. It is argued that PPPs can be one of the ways to improve health systems, it is suggested that governments, intergovernmental organisations and the private sector can create partnerships that will effectively improve access to quality healthcare systems where it is most needed (Widdus 2001), also see (Marek. Et al. 2005; Kent and Amalia 2001). Accordingly, Reich (2000) notes that, global health problems require solutions on a global scale; hence, the increase in advocacy for solutions to these health challenges.

In addition, the WHO as an intergovernmental institution for health, is said to be involved in several PPPs globally. These partnerships cut across boundaries

bringing at least two parties: a corporation (or industry) and intergovernmental institution to achieve 'health-creating goals' grounded on a mutually clear and well-defined division of labour. Many of these partnerships which WHO has engages in, such as: *The Global Polio Eradication Programme* and *The Global Programme to Eliminate Lymphatic Filariasis* are claimed to be achieving positive results against these infectious diseases (Kent and Amalia 2001). The WHO also notes that it works alongside many health and development partners to achieve the health targets laid out in the UN SDGs, it maintains that innovative partnerships have brought about the development of vaccines proven to be effective against some diseases, such as meningitis and Ebola, as well as the world's first malaria vaccine (WHO 2018).

Despite the recommendations for global health partnerships, there are criticisms (Ruckert and Labonté 2014; Richter 2004), and scepticisms (Robert. 2002; Buse and Walt 2009) of the initiative from even its advocates which cannot be ignored (more so because this research also analysis the sustainability of health interventions that have made positive impact on communities). Global health partnerships are argued to be another neoliberal agenda aimed at bringing in the private sector into the public space in order to influence national and global health policies (Ruckert and Labonte 2014). Also, debates about the reality of PPP in developing countries (which include SSA) is that, so far, it is centred on complementarity, not cooperation, implying that a PPP is formed because the State has provided an enabling environment for other social actors to operate (Robinson and White, 1997; Jutting 1999). In other words, without the State, there will be no PPP projects. It is therefore suggested that global partnerships for health should ensure that the partnerships mechanism are in harmony with the national health policies of State governments. Also, PPPs should complement and not duplicate any State's initiatives, they should be integrated within

national health systems to avoid any conflict of interest (Nishtar 2004). Similarly, Buse and Tanaka (2011) state that PPPs for health or GHPs are important factors for strengthening health systems, however, these health partnerships must prove their relevance in addressing critical gaps in the global health structure- they should define their 'value propositions', not only with ambitious goals but by their distinct contributions and comparative advantages in reaching those goals. In addition, Jensen (2016) states that over the years, global health partnerships have made meaningful impact for many of the world's poor. The resulting progress of these investments are often concentrated in health programs, such as, child and maternal health, malaria and HIV. However, Jensen notes that to sustain these successes and health programs, health systems need to be strengthened, and functional administrative as well as technical infrastructure which supports health services for all should be developed. Consequently, the public sector has a significant role to play in ensuring the sustainability of health interventions (see discussions on intervention sustainability in chapter eight).

Most PPPs are between the State and private for-profit corporations. Private businesses engage in PPPs for solving some social issues as part of their CSR, it could also be a way of improving on their image. For example, there are many private for-profit companies who have been engaging with the WHO on health matters, these businesses view their engagement with WHO as part of their CSR (Buse and Amalia 2001). However, some writers, the likes of Roberts, Breitenstein and Roberts, (2002) have raised ethical concerns in relation to private businesses' CSR (the questions of what the motivation of these businesses is, or, if they are under any obligation to engage in a CSR in the first place). Irrespective of the arguments on private for-profit businesses engagement in CSR, this research is grounded on the assertion that a well-

coordinated PPP for a social issue (such as, health interventions in SSA countries) is a normative-ethical responsibility by actors in the partnership.

1.5 An Overview of Malaria

Malaria is a disease caused by Plasmodium parasites transmitted to humans through bites from infected female *Anopheles*' mosquito, also called 'malaria vector'. These anopheles' mosquitoes prefer aquatic habitation, where they can deposit their eggs in water, which then hatches into larvae and emerge as adult mosquitoes (WHO 2018). Malaria transmission is more intense in areas where the mosquito's lifespan is longer. The long lifespan and the human-biting habit of the African vector species is one of the main reasons why nearly 90 per cent of the world's cases of malaria are in Africa (WHO. Ibid). Malaria transmission can also depend on the climatic condition that may affect the number and survival rate of the mosquitoes, such as rainfall patterns, temperature and humidity. In many regions, the transmission is seasonal, with the peak during and after the wet season. Malaria epidemic is likely to occur when climate and other conditions favour transmission in areas where people have little or no immunity to malaria, they can also occur in the situation where people with low immunity migrate into areas with intense malaria transmission, for different reasons, for example- to find work or as refugees (WHO. Ibid).

There were an estimated 216 million cases of malaria recorded in 2016 from 91 countries- an increased figure of 5 million cases from the previous year (WHO 2018). Symptoms of malaria usually manifest 10-15 days upon a bite by an infective mosquito, these symptoms include headache and fever (WHO. Ibid). The WHO also records that half of the world's population was at risk of malaria in the year 2016, most of these cases were in Sub-Saharan Africa (SSA).

However, South-East Asia, Eastern Mediterranean, Western Pacific and the Americas are also at risk of malaria (WHO 2018; Binns. ET el. 2012). Eliminating malaria in countries with high transmission will require long-term planning, which largely depends on the success of innovative research and development of tools of greater potency and effectiveness to replace medicines and insecticides that are being ineffective due to resistance (Mendis. Et al. 2009). Therefore, the WHO has set new goals for malaria reduction globally by year 2030- these goals includes: reduction of global malaria incidence and mortality rates by at least 90%, and elimination of the disease in at least 35 endemic countries; it, therefore, recommends that State Ministries of Health and donor organisations scale-up the distribution of Long Lasting Insecticide Treated Nets (LLITNs) to target those most at risk such as, children under 5 and pregnant women (Tizifa. Et a. 2018). IRS which had been the major strategy of the Global Malaria Eradication Campaign resulted in the elimination of the disease in many countries and reduced its burden in others; generally, IRS was used to target low seasonal transmission regions, however, its recent expansion intended to cover high transmission regions is in doubt due to concerns about its sustainability (WHO 2015). Though still under laboratory trial, malaria vaccines could advance efforts towards eliminating the disease (Tizifa. Et al. 2018; Draper. Et al. 2018; Beeson. Et al. 2019).

1.5.1 Malaria in Nigeria

The study location– Nigeria, is among developing nations in SSA. Nigeria, like most countries in the region, is plagued with diverse socio-economic and environmental problems, such as unemployment, poverty, diseases, air pollution and poor infrastructure (Kanayo, Et el. 2013; Ameashi, Et el. 2006). Among the diseases burdens in the country is malaria, this section will discuss

the burden of malaria on Nigeria and the intervention strategies across the country to prevent the disease. Nigeria has a long history with malaria incidence. Malaria control in Nigeria is the oldest disease control programme in the country (Maduka 2018). During the British colonial rule in Nigeria (1882-1960), malaria was placed as the number one infectious disease in about every annual return of the medical department in the first 40 years of the colonial administration- the disease was recorded as being liable for a considerable number of infant deaths among Africans (Colony & Protectorate of Nigeria, 1926, as cited in (Snow, Et al. 2013). Similarly, malaria mortality was also recorded among the colonialists, as Lethbridge- Banbury (1889), cited in Snow, Et al. (Ibid) stated, the West African coastland is a 'white man's grave'.

Accordingly, the Nigerian Demographic Health Survey (NDHS 2013), records that an estimated 97 percent of Nigerians are at risk of malaria, especially pregnant women and children under the age of five. A 2010 Nigeria Malaria Indicator Survey revealed that malaria prevalence was still high with an average of 42 per cent among children under age 5 (NPC, NMCP & ICF International 2012). There are three main malaria epidemiological zones in Nigeria, these are: 'Forest region'- covering the coastal regions stretching from Lagos state in South-West Nigeria to the forest areas of Eastern Nigeria up to the Northern part of the forest areas of Oyo state to the central parts of Kogi and Benue states; the 'Savannah region'- covers the areas north of Oyo state to the central areas of Kogi and Benue states; and the 'Grass-land region'- covering most parts of Northern Nigeria (Jimoh, Et al. 2007). Also, the NDHS (2013) report states that malaria is endemic in Nigeria with an all-year-round transmission. However, rates of transmission are said to be moderately lower in the Sahel regions (the northern part of Nigeria closer to the Sahara Desert) and the high mountain area of the Plateau.

1.5.2 Malaria Prevention in Nigeria

In Nigeria, malaria is usually treated by self-medication- the use of locally prepared herbs, or visits to clinics/hospitals/chemists to purchase medication for treating the disease. The most common prevention measures are: medicine (prophylaxis), insecticides (coils and sprays), use of treated nets on beds (LLITNs), and fixing non-insecticide treated nets on doors and windows to prevent the mosquitoes from gaining access into houses (Jimoh. Et al. 2007). The state government in Nigeria coordinates malaria interventions across the country. Maduka (2018) notes that the Nigerian government's core intervention strategies are, universal access to LLITNs; Indoor Residual Spraying (IRS); provision of Intermittent Preventive Treatment of malaria in pregnancy (IPTp). Accordingly, the WHO (2018) states that the most effective way to prevent and reduce malaria is *vector control*, and there are two forms of vector control, namely: *the use of Long-Lasting Insecticide Treated Nets (LLITNs) and Indoor Residual Spraying (IRS)*. In addition, the Nigerian government, both at the federal and state levels have devised various programmes aimed at malaria prevention and control across the country; some of these programmes are in partnership with the private sector, such as NGOs, private businesses and donor agencies (see further discussions in chapter seven).

Furthermore, the use of LLITNs is considered the most cost-effective method of malaria prevention in high endemic areas. In view of this, both public and private sector organisations in Nigeria are engaged in the free distribution of LLITNs across the country through the following avenues- mass campaigns, public health facilities, Faith-Based Organisations (FBOs), NGOs, retail outlets, as well as mother and child health centres with the goal of achieving universal coverage (NDHS 2013). Nonetheless, one of the challenges in most SSA countries, which include Nigeria, is how to achieve widespread distribution, and encourage the

use of LLITNs for the control of this disease (Onwujekwe. Et al. 2005). In terms of the application of IRS to control malaria transmission in Nigeria, the federal government through its national malaria agency has set a target to increase IRS coverage in the country to at least 80 per cent of the population by the year 2020 (Federal Ministry of Health, Nigeria. 2018). In view of this, IRS pilot projects are ongoing in different communities across the country (Dimas. Et al. 2019; Odugbemi. Et al. 2016).

1.6 A Geographical History of Study Location- Nigeria

Nigeria is a country situated in the western region of the African continent; it occupies approximately 923,768 square kilometres of land mass stretched from the Gulf of Guinea on the Atlantic Ocean in the south to the borders of the Sahara Desert in the north (NDHS, 2013). It is claimed to be about twice the size of California and approximately three times the size of the United Kingdom. The country is characterised by different geographical features, ranging from tropical to arid. For example, parts of the southern region contain dense mangroves swamps, while some other parts are heavily forested; the north-central is characterised by hills, plateaus and forests; while further north contains plains of the savannah and a semi-desert area called the Sahel. There are also two main seasons in Nigeria- the rainy season, which tends to last between the months of May-October, and the dry season (Falola & Heaton 2008:2; Falola. Et al. 2018).

Nigeria is the most densely populated country in Africa and home to a sixth of all African population (Snow, et al. 2013). The country has 36 states and a federal capital city. Its population is estimated at over 180 million people. The country is divided into six geopolitical zones, namely: North-West, North-East, North-Central, South-South, South-East, and South-West. However, due to the

large size of Nigeria, the fieldwork for this thesis only covered parts of NC Nigeria (the region I am from, and more familiar with). To get better empirical evidence, the scope of this research was narrowed to five states- four in the North-Central geographic zone, and one in the North-West zone.

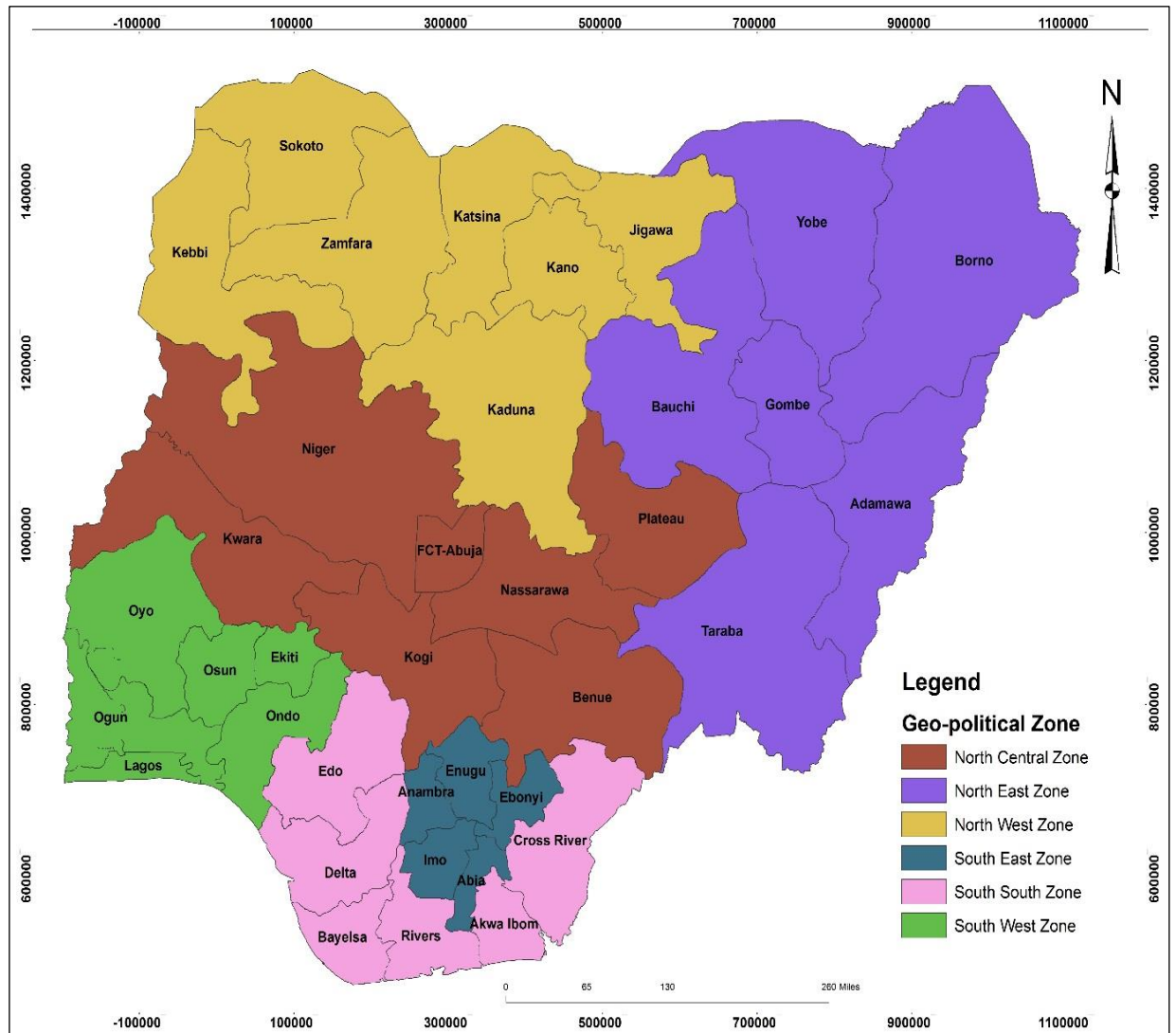


Figure 1:1: Map of Nigeria indicating the six geopolitical zones

1.7 Aim of the Research

This research explores partnerships for development between NGOs and the State, along with other stakeholders towards malaria prevention, control, and treatment in NC/NW Nigeria. An analysis of multi-stakeholder partnership in

relation to different areas of need as it pertains to each nation is imperative. It is in response to this gap that this research examined the multi-stakeholder partnerships between the public and private sector agency towards malaria prevention in communities within five states in Nigeria (four states in the North Central geopolitical zone and one from the North West zone), while testing the hypothesis that '*partnership can achieve better results than individuality*'.

This research builds on two key points: firstly, multi-stakeholder partnership to achieve the SDGs- in the context of not-for-profit NGOs as development partners, and secondly, sustainable interventions- in relation to the sustainability of malaria intervention programmes. To achieve this research objective, three NGOs were selected and used as case studies, after which an analysis of their projects in partnership with the State and other stakeholders was done to determine the effectiveness of this partnerships towards malaria prevention, control, and treatment in NC/NW Nigeria. Stakeholders as referred to in this thesis include other private organisations (both profit and non-profit), and donor agencies.

As noble as the SDGs seem, they are quite ambitious, how the international community sets out to achieve these goals according to the specificity, or uniqueness of the needs in each UN member state (particularly in developing countries) is not clearly stated (Clemens & Moss 2005). This thesis, therefore, looks at a specific issue area, i.e. *malaria intervention*, and examines if partnerships can be effective in solving this particular social issue in Nigeria.

1.8 Research Question

The central theme in this thesis is *partnership for development*. To analyse the concept of partnership for developments and the debate among scholars on the

relationship between NGOs and the State, three NGOs who have implemented a project on malaria prevention, control and treatment within a 5-10 years period were selected, after which an analysis was conducted on the partnership between these NGOs and the State to determine if any successes have been recorded towards reducing the prevalence of malaria within local communities in five study sites. The NGOs who consented to be part of this research are; Association for Reproductive and Family Health (ARFH), Christian Aid UK (CA), and Institute for Human Virology Nigeria (IHVN). Three main questions guided this research analysis; they are (1). *What role do NGOs play as 'Development Partners' in the context of the Sustainable Development Goal.17- 'Partnerships for the Goals'?* (2). *Are NGOs complementing State efforts towards malaria prevention, control and treatment, or are they replacing the State?* (3). *Are these malaria interventions sustainable?*

1.9 Thesis Structure

This thesis draws from the hypothesis that *'partnerships can achieve better results than individuality'* by analysing PPPs for health interventions in Nigeria- focusing on the role of NGOs as development partners in malaria intervention projects within NC/NW Nigerian communities. The thesis is divided into nine chapters. Chapter one sets the scene in which the entire thesis builds on. It highlights how globalisation is linked to the advocacy for multi-stakeholder cooperation for SD and how NGOs are increasingly being recognised as important actors in the field of development. The chapter discusses the concept of partnerships in the context of the UN's SDGs, including the legitimacy of these partnerships. It also gives an overview of the health challenges and malaria burden in the study location- Nigeria. Chapter two is a review of relevant literature centred around SD. It also includes discussions on the social dimension of SD. The second part of the chapter examines different views on

SD in Africa- the discussion is centred around debates on 'fragile states' and SSA, good governance in its broader context and good governance in Africa, good governance for health, regional cooperation, as well as how all these issues impact on the development of the region. The third part of chapter two reviews several studies on NGOs in development, including discussions on their historical background, their role as development partners, their legitimacy and engagement in the SDGs. The last part of this chapter looks at NGOs in Nigeria- it highlights how these organisations have evolved in Nigeria from the pre-colonial period to the present day, including their role in the country's development programmes. Chapter three presents some theoretical approaches to SD; these include critical, dependency, modernisation, liberal/neoliberal and normative theories. The chapter concludes with discussions around the link between normative theory and NGOs as development actors.

Chapter four presents the method/methodology employed for the research. It contains methodologies used including, fieldwork, case study, data collection techniques and the analysis applied. Chapter five is the case study chapter; it presents the organisations used as case studies, examining the role of NGOs in malaria intervention projects in Nigeria. Chapter six presents the data analysis from household questionnaires administered during the field study. Chapter seven contains discussions around the SDGs in Nigeria, including the partnership for the Goals and NGOs' engagement. The second part of the chapter discusses Nigeria's health sector and how the government has incorporated its health policy to align with the SDG 3 targets. The concluding part of chapter seven focused on the partnerships for malaria interventions in Nigeria. Chapter eight is a discourse analysis on sustainability. It discusses the conceptualisation of sustainability, including its challenges and potentials. The chapter also examines the sustainability of PPPs for health interventions and,

concluded with a discussion on the sustainability of malaria interventions in Nigeria. Chapter nine is the overall conclusion chapter; it includes a discussion of some critical issues from the research findings while offering some recommendations.

CHAPTER 2: LITERATURE REVIEW

2.1 Development/Sustainable Development: A Conceptual Analysis

It is imperative to begin this section with an understanding of what development is, before getting to the discussion of the term 'Sustainable Development' and what it implies. The word 'development' can be understood as 'progress'- therefore, 'sustainable development' could suggest 'sustainable progression'. Humanity is in constant need of progression as part of our daily existence. Most individuals, organisations or nations who may not be making the required progress or meaningful progression in their endeavours/ performance would usually do an evaluation to identify the underlying cause/s for the lack of progress, after which the necessary steps towards improvement will be taken. Du Pisani (2006) asserts that from the 1950s, after World War II, an unprecedented economic boom paved the way for renewed optimism about the prospects of the rising standard of living globally. It was during this era of industrial revolution that environmental crisis increasingly became imminent, forcing many people to change their assumption about growth and development. Du Pisani claims that it was within the context of science and technology and the growth of world economies that the concept of 'development' began receiving more attention from the mid-20th Century.

Sumner and Tribe (2008) claim that the vision of human liberation which had energised development activities in the 1950s and 1960s was substituted by that of the liberation of the economy. The goal of structural transformation was substituted with spatial integration. In addition, the dynamics of long-term economic and societal transformations was no more in focus; attention was changed to short-term growth and the re-establishment of financial balances. However, Sumner and Tribe argue that there is a general agreement, regardless of contested conceptualisations, that development encompasses continuous

'change' in different aspects of human society. Development theory also believed to have been influenced largely by the Washington Consensus for most parts of the 1980s and 1990s. It is claimed that the concept was centred around the measures that were believed could lead developing nations to prosperity. These suggested measures were part of the neo-liberal agenda already in existence in developed nations, which included removal of government subsidies and privatisation (Fines, Lapavitsas and Pincus 2003). However, Fines, Lapavitsas and Pincus assert that the Washington Consensus recommendations did little to reduce poverty in many developing countries, on the other hand, development successes seemed to be based on conditions which were contradictory to many of the Washington Consensus recommendations.

Bebbington (2004:725) asserts that development as an '*imminent and unintentional process*' is of significance to development discourses. Development as an imminent process concerns the processes of structural, political economic changes, such as the rise of capitalism. While development as an intentional process involves the activities of international aid; public and other agencies implementing development programmes. According to Bebbington, this distinction is used to trace the different types and concepts of participation (also see Hickey and Mohan, 2004); to put across analytical agendas for development geography (also see, Hart 2001; Bebbington, 2003); and to examine the conditions under which progressive forms of livelihood and place transformation may be possible (also see, Perreault 2003). Philip McMichael (2012) posits that development is more of how humanity can survive the future. Rist (2010), notes that most definitions of development are based on perceptions of individuals or a group of people on what should be the ideal conditions of social existence. Regardless of these perceptions, Rist notes that development exists through the actions that it legitimates, the institutions it

keeps alive, and the signs testifying to its existence. Also, Preston (1982:18) had noted that development could be regarded as either the 'discipline (development studies)' - that is, evidence of the idea of progress- or as a 'single synonym to describe progress'. Consequently, if the meaning of development differs according to who defines it, it is imperative at this point to look at some of these interpretation of the word from different perspectives, which include, from the UN, State-governments or scholars of different disciplines, each of these groups have their understanding of what development should be. As a starting point, this thesis begins with the definition of development adopted by the UN General Assembly, the reason is that most countries in the world are members of the UN, we can, therefore, assume that most countries will align their idea of what development should imply with the agreed upon UN definition, which states thus:

Development is a comprehensive economic, social, cultural and political process, which aims at the constant improvement of the well-being of the entire population and of all individuals on the basis of their active, free and meaningful participation in development and in the fair distribution of benefits resulting therefrom (United Nations General Assembly 1986) .

Before the UN's definition of development, however, President Harry Truman of the USA in his inaugural speech in 1949 had described the largest part of the world as 'underdeveloped areas', and therefore, stressed the need for humanity to move along the same path and aspire for 'development'. Many scholars identify Truman's program of technical assistance designed to relieve peoples suffering as the starting point for the concept of development (Sachs. 2005). However, According to Hickel (2017:7) argues that the idea of development which is linked to President Truman's speech 'began as a public-relations

gimmick'. McMichael (2012) also argues that the nomenclature that development is an activity that other societies do to catch up with 'developed societies' is an unfortunate misconception. Instead, development should be viewed as a continuous process. McMichael added that development as a project is a globally organised strategy for stimulating economic growth which is managed on a national level. Thus, during the post-colonial era, political leaders of new independent States accepted development as a project for growth, revenue generation and legitimacy.

Similarly, Nel, Dixon and Binns (2012) claims that development is an ideological and a politically laden idea, as are the variety of strategies identified to actualise development in practice; this, they argue involves changes and improvements in economic and social conditions, which cannot be separated from political conditions, and the need for change in human welfare, as well as the freedom of individuals to fulfil their aspiration. The idea of development has also been described by Agere (1986) as an individual's development as a social being aimed at his/her liberation and fulfilment. It is believed that development should be geared towards the satisfaction of people's needs. This satisfaction of basic needs is what constitutes development. More so, Agere argues that the effort to reduce the problems and inequalities between and among social groups in society should include the people themselves engaging in the decision-making on strategies for a solution.

Sumner and Tribe (2008), assert that there are three propositions to the concept of development. First is historical, long-term, and arguably relative value-free development as a process of change, which was dominant in the 1950s to 1960s (also see Gore, 2000). This conceptualisation considers development as the processes which lead to structural societal change (also see Thomas, 2000;

2004); the second is connected to policy, and evaluative or indicator-led, which is based on value judgements, and has short-term to medium-term outlook-development as, for instance, the MDGs (or the current SDGs). This second proposition is argued to be technocratic (also see Gore, 2000), which is often favoured by actors in the international development community; and thirdly, postmodern- which draws attention to an ethnocentric and ideological Western conception of development and raises the possibilities of alternate concepts. This conceptualisation of development takes on an absolutely differing approach from the first two. It is anchored on the perception that development is comprised of 'bad' change and 'bad' outcomes through exacting Western ethnocentric ideas of development on the Third World. This idea is a postmodern conceptualisation of development, or 'post-development', 'post-colonial' or poststructuralist' position. This third position emerged from a deliberate effort at progress which was made in the name of development since World War II and was further triggered by the 1949 Declaration of the US President, Harry Truman. The postmodern approach is not so much a conceptualisation of development as an attack on the development industry, which includes researchers, practitioners and institutions.

Accordingly, McGillivray (2016:24), posits that two dominant approaches to development are: 'development as historical progress' and 'development as modernisation'. McGillivray asserts that development as historical progress is the unfolding of human history, over a long period in a way thought to be progressive. For example, the evolution of capitalism is often put forward as part of historical progress. Central to this concept is 'progress'- a philosophical idea based on a firm onward progress created by human agency, resulting in a systematic transformation of the world. In addition, human agency is viewed as the application of peoples' abilities, for instance, intellect and initiative.

Development as historical progress is associated with the Western European experience from the 18th century onwards. Development as modernisation, according to McGillivray, involves processes where societies shift through a basic complete structural transition from one condition to another, from starting point to an end point. The starting point involves the perception that traditional societies need to develop into a modern society. In its broader context, development as modernisation not only involves economic transformation but it also includes radical social, cultural, ideological, institutional and political changes.

Rodney (1972), in his definition of development, argued that development involves greater freedom for individuals to participate in their wellbeing. Similarly, Kingsbury (2016), posits that the idea of development involves the improvement of people's well-being; thus, it is only logical that the starting point of development should be, the people. Hence, the importance of community development. Community development focuses on development projects as they directly relate to and include the participation of local communities. It especially addresses issues that are of immediate concerns to those communities which are intended to have the capacity to produce sustained local results. Accordingly, Sen (1999) described development as the process of expanding the real freedoms that people enjoy. Sen's argument implied that these freedoms are dependent on other factors, such as social and economic arrangements, for example: education, and quality of healthcare, as well as human rights. In addition, Elkington and Fennell (2000), assert that projects which meet basic needs, such as health, water and education are often used to describe development. Peet and Hartwick (1999), argued that development is an idea of modernity, which ascribes all modern advances in sciences, technology, democracy, ethics, and social organisation fused into a single

humanitarian scheme of creating a far better world to development. They also assert that development is different from economic growth because it pays attention to the conditions of production. For example, the environment affected by economic activity, and to social consequence, in terms of income distribution and human welfare. More often, development was looked at in terms of the economy. Nevertheless, the social and cultural elements of development are now included in the discourse. Many development scholars recognise that social and cultural elements of development affect economic growth (Radcliffe 2006) (Schech and Haggis 2000); (Willis 2005).

Development has also been defined as “an evolutionary process in which the human capacity increased in terms of initiating new structures, coping with problems, adapting to continuous change, and striving purposefully and creatively to attain new goals” (Committee on Comparative Politics of the United States Social Science Research Council, as cited in Peet and Hartwick 1999:77). Development is also discussed in some literature as part of the fundamental human rights of all peoples (Sen 1999; Donnelly 1999; Alston, & Robinson (Eds) 2005; Goodhart (Ed) 2016). According to Uvin (2010:598), development as an idea first became part of the human rights campaign through the debate on the ‘right to development’. The idea was advanced by the Senegalese jurist, Keba M’Baye in 1972- a period characterised by debates around the New International Economic Order (NIEO). Uvin notes that in the first half of the 1970s, Third World countries took advantage of their numerical majority in the UN to negotiate reforms in favour of their countries on issues relating to ‘the global political economy of trade, finance, investment, aid, and information flow’. This idea of the ‘right to development’ gave legal and ethical authority to the Global South’s appeal for international redistribution of resources, as well as acting as

a 'counter-argument against rich countries' exclusive insistence on political and civil human rights'.

Development has often been discussed in relation to developing countries, but it is a concept which relates to all parts of the world. Development is said to be something we all aspire for, even within the developed world, 'self-development' is encouraged (Elliot. 2006; Potter. Et al. 2004). There are many in developed countries that still have unfulfilled development needs. Several development theories are based on the northern experience which is then transposed to other parts of the world as the only correct way to develop. However, it is apparent regardless of definition that development is an on-going process throughout the world, often with similar debates about appropriate policies- such as: the processes of decentralisation and private sector participation, which is also argued, are not confined to the Global South as may be perceived (Jones 2000; Willis 2005). In the 1960s it was assumed that development challenges of the underdeveloped parts of the world could be resolved by global economic growth, but by the 1970s, this optimism waned. Economic growth did not prove to be the answer to global inequalities. This realisation entailed a paradigm shift toward a new concept of development (Du Pisani 2006). The relationship between the concept of development and developing countries can be connected to the varieties of aid assistance these countries have been receiving from the Western donors. Potter. Et al. (2017), pointed out that the idea of development is linked to the aid assistance approach by the region of the world classified as 'developed nations' of North America, Europe, Japan, Australia and New Zealand to the region of the world classified as 'developing nations', or what is commonly referred to in many literatures as the 'Global South'. It is claimed that development assistance from the Global North will reduce poverty and other under-development indicators. However, Potter and others, argue that, while

recognising the importance of aid assistance in the areas of health, education or infrastructural development, we must be cognizant of the fact that such an approach often benefits the concept of development from the Global North and assumes that such approach is the most desirable for the rest of the world. To this end, they pose a question which they note is essential to ask, is the Global North's idea of development a suitable model for every country? This argument will be further discussed in the section on sustainable development in SSA (the region that is the focus of this research).

In relation to development assistance in the form of aid, Hunt (2016), notes that the post-World War II era witnessed an acknowledgement by developed countries of the need to alleviate the worst forms of suffering through international development assistance. This followed a clear sense of responsibility by some developed countries following the process of decolonisation. For others, aid is intended to assist developing countries in reducing the likelihood of their further decline or possible instability. On the other hand, Hunt (Ibid:162) argues that some donors offer aid to enhance their own economic, political, and strategic interests through encouraging their exports, or influencing the economic policies or political persuasion of recipient nations and 'stabilising' other countries. Interestingly, the term 'development cooperation' has currently replaced development aid. According to Hunt (Ibid), the formation of the UN and its specialised agencies, including the establishment of the International Bank for Reconstruction and Development (IBRD), now commonly known as the World Bank, and the International Monetary Fund (IMF), signalled the creation of a system of development cooperation on a global scale. The notion that there can be a concerted international effort to address poverty and underdevelopment is attributed to the inaugural speech of President Harry Truman of the USA (also see Rist, 1997). Hunt further argues that the past

MDGs and current SDGs frameworks are examples of UN's initiatives aimed at providing crucial official agenda for development aid.

Initially, development and conservation were viewed as contradictory ideas because conservation was understood as the protection of natural resources, while development was seen as the exploitation of those resources (Paxton, 1993). Kingsbury (2016) argues that any capacity to develop must happen within the physical context and fundamental limitations of the available material circumstances, the most basic of which is the earth, its waters and atmosphere-land for agriculture, clean water to drink and air to breath. The rush to achieve and expand material development globally is premised on the capacity of the physical environment to support it. However, Kingsbury asserts that in some cases, the environment has been wrecked, and in other cases, it is simply running out of resources. Accordingly, Du Pisani (2006), posits that the concept of SD emerged as a compromise between the idea of development and conservation, which are now argued to be interdependent subjects.

There are no conclusive definitions of development: but suggestions of what it should imply in different contexts. Development is said to be part of the 'modern project'- described as an important and universal phenomenon. The concept of development can also be perceived as a part of modern imperialism and dependency which may have negative repercussions. However, it is argued that development discourse has created a global empirical base which has resulted in a worldwide social theory of knowledge in relation to local development and underdevelopment situations from across the world, putting together varieties of perspectives on the meaning of development across board (Hettne 1995; 2008).

2.1.1 Sustainable Development: A Review

What does the phrase 'sustainable development' mean? To begin with, for anything to be sustainable, it will possess the feature of continuance, or 'never-ending'. Therefore, SD can be described as a process of continuous progression. According to Elliot (2006), SD literally implies maintaining development over-time. Ekins (2005) defined 'sustainability' as anything that has the capacity for continuance into the future. The most widely used definition of SD was given by the World Commission on Environment and Development (WCED), famously known as The Brundtland Commission in 1987 it states- *development that meets the needs of the present without compromising the ability of future generations to meet their own needs* (Brundtland 1987). Castro (2004) posits that the concept of SD was placed on the international scene by the UN, especially the WCED (1987) Brundtland Report definition of SD which reveals a political agreement between growth and environmental sustainability that could be acceptable to the pro-growth delegates at the UN. Du Pisani (2006), asserts that the focus of the Brundtland Report was principally on the need and interest of humanity, including the concern for securing global equity for future generations by reallocating resources to poorer nations to encourage their economic growth so that every human being can to achieve their basic needs. According to Pisani, the report stated the belief that social equity, economic growth and environmental preservation are concurrently attainable, hence, drawing attention to the three fundamental components of SD-environment, economy and the social.

Castro (2004) also notes that the Brundtland Report emphasised the need for poverty reduction. The UN's view was that poverty reduction was and still is the reason behind the degradation of the environment; hence, reducing poverty will lead to the reduction of environmental degradation. For poverty to be reduced,

the countries in the periphery will need to have economic growth- to achieve economic growth, they will need to open their markets. Furthermore, industrialised countries were required to transfer knowledge, capital and technologies to the developing countries. However, Castro argued that this would lead to a further cumulation of capital for the developed countries through the sale of expertise, capital and technology to developing countries. This ideology, according to Castro, in the absence of the environmental dimension, had existed even before the environmental crisis, and despite the failure to develop the periphery so far, it remains the primary traditional approach to poverty and environmental degradation. Additionally, the Brundtland Report's definition of SD according to (Redclift 2005) is commonly used for policymaking by the international community, although several scholars have also defined SD, these definitions are not significantly different from that given by the Brundtland Commission. However, Redclift argues that a variety of interpretations of SD help us understand the concept in a broader context. Some of the definitions of SD are discussed in this section.

SD, as described by Lele (2005), can be interpreted as 'sustainable growth', 'sustained change', or 'successful' development. He notes that SD could mean 'development that can be continued- either indefinitely or for the implicit period of concern'. He further added that some scholars equate development with GNP growth; while others include any number of socially desirable phenomena in their conceptualisation- the point to note, however, is that development is a process of directed change. Describing development from an ecological perspective, Starky and Watford (2001) assert that, SD as a moral idea seeks to define a fair and just development, suggesting that in so far as the environment is the setting for all economic activities and of life itself, it is only right that the quality and integrity of the environment should be maintained for

the future generations. Accordingly, Castro (2004), argues that the World Bank's approach to economic growth and ecological degradation is that a market-friendly approach to development will lead to poverty reduction, and if poverty is reduced, environmental degradation will also be minimised. Omann and Joachim (2002), argue that the objective of SD is a sort of ethical imperative aimed at providing opportunities for a better life to humanity and ensuring a healthy environment. Similarly, Du Pisani (2006), posits that the concept of SD was rooted in the context of increasing awareness of a looming ecological crisis. However, Castro (2004) argues that capitalist development does not promote the goals of environmental sustainability and cultural diversity, nor does it foster the purpose of an equitable social development where poverty is eradicated (also see Foster, 2002).

Hahn (2011) described SD as a framework of comprehensive targets for a society which regards the right of existence for current as well as future generations as a fundamental value of human activities. Turner (2005), notes that SD is future-oriented in the way it seeks to ensure that future generations are at least, well off, in terms of welfare, as the present generation. He states that the concern for future generations should reinforce and not weaken the concern for current fairness. Turner (Ibid) further notes that ethical consistency demands that future generations are left with the processes to obtain equal or rising per-capita welfare; simultaneously, the means to maintain and improve the well-being of today's poor must also be provided. According to the World Bank (2003), SD involves improving the wellbeing of humanity through time. However, what should constitute a good life is subjective, and the comparative significance given to different aspects of wellbeing differs for individuals, societies and future generations. According to the World Bank (Ibid), any society's capacity to enhance its wellbeing through time will be dependent on

the choices created by individuals, firms, communities, and States on how to use and remodel their assets. Also, some criticism of SD is that it did not question the idea of economic growth and did not sufficiently challenge the consumer culture and was, therefore, serving a neo-liberal interest (Euractiv 2002).

Redclift (2005), asserts that for ideas to hold on to their power, they must have some form of legitimacy. SD is one such idea which seeks to legitimise its hypothesis by recourse to what are assumed to be universal values. Development is read as synonymous with progress. The debate surrounding SD is a 'meta-discourse' in which claims of providing insights can only be evaluated in terms of the discourse itself. Development that is sustainable involves maintaining development over time. Most definitions of SD embrace the idea that there are three interdependent pillars of SD: environment, economics and social. The objective of sustainable development is to maximise the goals across all three systems. Although many of the early contributors of defining SD came from the economics and ecology disciplines, it is the third sphere that has received much recent work (Elliot 2006). The interconnectedness of these three components of development: economy, social and the environment should be considered in all SD policymaking. Accordingly, Sneddon. Et al (2005) argue that ecological economies paired with political ecology, freedom-oriented development and a well-planned democracy are important means for the advancement of local to international politics of sustainability. In their assertion, Sneddon and others suggest an approach that could be useful for sustainability and its politics. Sneddon and others also state that putting together these approaches: ecological economies, political ecology and development as freedom, could generate a dialogue about critical aspects of sustainability that may have previously been overlooked in other SD policies.

SD may have different interpretations depending on who is describing it. However, all these descriptions are interconnected- SD is about making economic, social and environmental progress for the benefit of current and future generations. Nevertheless, as noted by the World Bank (2003), the problems that we are confronted with as a global community of nations which require lasting solutions are often not susceptible to quick fixes. Such problems require the coordination of many actors. The World Bank further argues that more inclusive processes will result in more sustainable outcomes. Similarly, Potter Et al. (2018), argue that historically, development was viewed as the pursuit of economic growth or a materialistic process of change, however, from the 1970s, development discourses included other dimensions other than economic growth. The notion of development as economic growth has broadened over the years to incorporate social indicators and political freedoms, as propounded by Seers (1972), and later advanced by Amartya Sen (1999). According to McGillivray (2016), Seers (1972) argued that development as economic growth is not only to solve some social and political challenges, but it also contributed to those challenges, for Seers, development should also include the realisation of human capabilities. McGillivray notes that the fundamental contribution of Seers was that development should be interpreted as a subjective or normative concept.

It is now acknowledged that there is more to development than just economic growth, hence achieving SD requires attention not just on economic growth but also on environmental and social issues. It is claimed that unless the transformation of society and the management of the environment are addressed collectively along with economic growth, growth itself will be jeopardized over the longer term. When environmental and social issues are not addressed, they accumulate over time and have consequences that may not be

obvious in the short term typical of economic policymaking. The first approach was introduced in the 1970s when "top-down" approaches were recognized as having limited success in decreasing poverty levels in many parts of the world. It was argued that, rather than "trickling down" to help the poor, the benefits of economic development were being experienced mainly by more prosperous countries. This has led some rethinking of how development in terms of improving standards and quality of life for everyone was to be achieved. Hence, the World Bank and the International Labour Organisation (ILO) promoted the "Basic Needs Approach" concept to development; this policy suggested that priority should be giving to the poorest in society (Willis 2005:103); (also see, Streeten 1981). According to Hunt (2016), the basic needs approach has extended the development project into new areas, such as agricultural development, health and education. However, Leys (1996) argues that the basic needs approach had a 'dependency theory' undertone.

The second approach is, 'Capability Approach', considered to be a normative framework. Unlike the Basic Needs Approach, Capability Approach focuses on people empowerment, which involves making individuals responsible for their development. This approach focuses on citizens' capabilities and freedom, that is, freedom to pursue and achieve what is of value to them. This framework, advanced by Amartya Sen was adopted by the United Nations Development Programme (UNDP) in its Human Development (HD) programme (Robeyns 2005; Alkire 2005; Brighouse and Robeyns, Eds. 2010). Accordingly, Nussbaum (2011), asserts that the capability approach is also referred to as 'Human Development Approach', especially in the UNDP reports. Nussbaum (Ibid), claims that the Capability Approach is usually enhanced in the context of international development policy with a focus on developing countries struggling to improve their quality of life. However, Nussbaum argues that in every nation,

there exist struggles for lives worthy of human dignity as seen through the struggle for equality and justice even in developed societies.

Furthermore, Anand and Sen (2000), argue that an increase in preventable mortality, diseases, malnutrition, illiteracy, poverty and insecurity, as well as other forms of deprivation, is an indication of the failure of the modern world to bring the most basic capabilities within the reach of everyone. As the Capability Approach proposes that individuals should be responsible for their development, many scholars have also argued that Africans need to take responsibility for their development (Kpinpuo 2011). Bearing in mind that the focus of this thesis is on a health issue in Nigeria, it is essential to look at development from an African perspective, mainly, SSA, as most countries in the region are characterised by relatable challenges, such as high levels of poverty, poor healthcare and education. Different frameworks have been suggested by policymakers and scholars on how to achieve SD, particularly for developing countries. Thus, this thesis examines SD from an African perspective in section 2.3.

Johnson and Prakash (2007) assert that HD emerged out of global discussions around the linkages between economic growth and development in the second half of the 20th century. According to Johnson and Prakash, HD involves enlarging the 'richness of human life, rather than simply the richness of the economy in which human beings live', they added that HD is centred around creating equitable opportunities and choices for all people. Shultz (1963, as cited in Fosu and Mwabu (2010), posits that economic development outcomes are set commodities that can be used to improve people's wellbeing, on the other hand, human development outcomes are a set of people's capabilities and satisfaction which are a part of humanity. Fosu and Mwabu added that human

development is people-centred, in contrast to economic development, which is commodity-centred. Hence, since commodities are instruments for improving human well-being, economic development and human development are correlated.

Ghosh (2016) also argued that HD implies that development is obligated to accompany important human concerns that should make life worth living. Redclift (2005), suggests, like the Brundtland Commission, that humanity should ensure that development is sustainable by ensuring that it meets the needs of the present without compromising the ability of future generations to meet their own needs; this will involve meeting the basic needs of people and extending to all the opportunity to fulfil their aspirations for a better life. Redclift also notes that SD is the process of change in which resource exploitation, the direction of investments, the orientation of technological development, and institutional change are made consistent with future, as well as present needs; in which case, achieving SD will rest on the political will of every government. Hahn (2011) argued that SD is not all about ecological management; but also, a political process which should include concepts, such as democracy, freedom and social justice that redefine the foundation of societies.

2.2 Social Development

It is imperative to look at the concept of social development as this research is approached from the social dimension of SD in the context of health. Health is classified as a social issue, therefore making it a part of social development. This section particularly draws on the work of James Midgley, who has written extensively on social development. As a starting point, it is essential to understand what is meant by social development. According to Midgley (2013), there is no unanimously agreed definition to social development. All descriptions

give priority to different kinds of interventions; the different approaches of defining the concept echo the diverse normative beliefs of scholars and practitioners; they also expose a variety of ideas which find expression in social development theory and practice. Midgley and Pawar (2016) assert that social development emerged from the 1950s onwards, since then, there has been a relative improvement in social conditions in developing countries, although poverty has not been eradicated, these improvements of social conditions came about through projects sponsored by governments, non-profit organisations, international development agencies, and local communities. Clarke (2016) posit that there is a connection between poverty and development. According to Clarke, if development seeks to improve the lives of the poor which are characterised by premature death, preventable diseases, limited access to clean water and sanitation, poor economics and often, illiteracy- those who have an interest in improving the conditions of the poor should also make 'good development' outcomes their priority.

Oakley (1986) had argued that social development projects, which includes: education, housing, water supply, and health services, are acclaimed to be the initiatives of NGOs, or other local voluntary organisations. This is, however, not suggesting that government development programmes are not concerned about social development. Development literature has it that state-governments and other private sector institutions around the world have created/creating social development policies in a bid to elevate the standards of living of their citizens (Gumede 2018; Mkandawire 2004; Stubbs 2003). As Midgley and Pawar (2016) assert, social development interventions are being implemented across the nations of the world and have contributed positively to peoples' welfare. Despite these achievements, it cannot be claimed that social development has adequately addressed the social problems facing some countries, especially

developing countries. Many development experts argue that progress has been uneven, and welfare gains unequalled; there are significant disparities in the access to some social services, for example, healthcare, education and affordable housing within countries.

According to White and John Lee (2006), the social dimension of SD has received less attention in comparison to the economic and environmental aspects. However, it is as significant as the other two dimensions of SD. 'Social development is an idea, and it is a practical idea' as Midgley and Pawar (2016: 5) assert. Social development has evolved over the years- entrenched in practical responses to social problems, it consists of a variety of interventions designed to elevate peoples' wellbeing in synchrony with development efforts; it is a process of planned social change designed to promote the living standards of a population within the context of a dynamic, multifaceted development process (Midgley 2013). Midgley further noted that social development emphasises progressive social change which elevates the social well-being of people, while recognising the importance of the institutions that bring about this change. According to Midgley (Ibid), social development is used in the discourse of social policy and welfare State- referring to social improvements brought about by western governments, particularly, following the Second World War; these improvements are connected to the role of welfare services in raising the standard of living rather than on economic development. Social development was perceived as being different from economic development, such perception has led to a broader emphasis on economic development- only if, and when the economy permitted or prospered would a thought be given to social development. More so, if there were any economic vulnerabilities or pressures, the priority would be to cut social development expenditure in order to uphold economic development targets and outcomes (Midgley. Ibid). Conversely, based

on decades of development experiences, there is a realisation that although economic development is important, it remains essentially linked to social development (Van den Berg 2017; Midgley and Pawar 2016; Ranis 2000; Veenhoven 2011).

Incorporated within the UN Development Goals is some dimension of social development. It is argued that among the three aspects of SD-economic, environment and the social, it is the social dimension that is often vague and least explicit in practical efforts to shape SD (Vifell and Soneryd 2010). Midgley & Pawar (2016) assert that the UN Development Goals (UNDGs) have contributed to the popularity of social development. These goals are said to have created a specific agenda for social development which has shaped the programs and projects adopted by governments, non-profits, and international donors around the world; including facilitating a systematic outcome research to determine the extent to which action by these agencies has resulted in the improvement of standard of living of people. Midgley (2013) notes that the UN and other international development agencies use the term social development; however, the UNDP uses the term *Human Development*, more often, which is regarded as a synonym for social development. A misconception of social development is that it is relevant only to developing countries and not developed countries (Pawar 2004). However, the nature and magnitude of problems and needs in both developing and developed countries are similar (Midgley 1995). Hence, the increasing acknowledgement of social development as a concept and its relevance to both developed and developing countries- in this context, social development is viewed to be a universal concept (Midgley and Pawar 2016). Also, in terms of sustainability, social sustainability is described as an idea that suggests that future generations should have access to equal social resources as current generations; it involves the continuous improvement in citizens' well-

being or quality of life- focusing on the social and HD. Accordingly, indicators often examined under social sustainability include child mortality, maternal health, population growth, as well as HIV and malaria prevalence (Kanayo, Kizito and Udefuna 2013). See further discussion on social sustainability in chapter eight.

2.3 Sustainable Development in Sub-Saharan Africa

Quite often, many writers erroneously make generalisations when writing about Africa as if to imply that the continent is one country. It is important to note that Africa is the world's second largest continent, with 54 independent nations, according to the UN (2018). Lyons and Jolley (2018:49) note that 'there are assumptions that Africa-as one place is shaped by the same social, political and economic forces, with the same social, political and economic outcomes'. However, this is undoubtedly not the case, the African continent consists of different countries, and each of these countries has their peculiarities in terms of customs, politics or economy. Other scholars have highlighted the issue of generalising Africa, stating that it is problematic to make such generalisations about Africa, it should be noted that each of the countries on the continent has a diversity of cultures, economies and development levels (Mkandawire 2011; Binns and Nel 2018).

Bearing this point in mind, this research does not intend to make generalisations about Africa as a whole, nor dwell on the peculiarities of each country. However, this thesis focuses on the broader development similarities in Africa, in the context of the SSA region. SSA (the region this researcher comes from) is the geographic region which covers the area south of the Sahara, not including North Africa (United Nations Statistics Division 2003). This research recognises that many of the countries in the region are included in the list of 'developing

nations' as it is claimed that these countries, despite recording some level of economic growth, are yet to attain significant development successes. As earlier discussed, it is argued that economic growth is not usually synonymous with economic development, as such, many SSA countries are still plagued with complex economic, social and environmental problems, such as high rate of unemployment, poverty, diseases, inadequate infrastructure and environmental pollution (Chitonge 2015). McMichael (2012: 47) asserts that during the decolonisation period, particularly, after World War II (1939-1944), the world was divided into three geopolitical components: 'Capitalist West (First World)'; 'Communist Soviet bloc (Second World)'; and 'Post-colonial bloc of nations (Third World)'. By the 1980s, the UN and other development agencies began using different terminology in reference to different regions of the world; this includes 'developed countries and developing countries' (the phrase used to refer to SSA nations). McMichael also asserts that these terminologies are linked to the theory of modernism which placed countries on a 'development ladder'-rising as the nation develops an industrial economy, balanced-legal administrative structure, and pluralist-representative political system.

Midgley (2013) posits that development involves efforts aimed at promoting economic prosperity and improve living standards mostly in the Global South. Since SSA is categorised as part of the Global South, development can be said to be an effort to improve the economies and well-being of the population in the region. Sen (1988) had argued that the social, economic or political transformations which development embraces cannot be limited to the building of infrastructure alone. Implying that development is not all about the construction of roads, or health facilities, it must also include transformations connected to the number of people who can live quality lives. In other words, development should be intertwined with a quality standard of living. Jahan

(2000) states that although historically, development was linked with economic performance, in recent times the concept of HD has been included in development discourse, Jahan argued that including HD was necessary in order to consider the well-being of people in societies, after all, people are the main objective for development.

According to Kingsbury (2016), the notion of development is at the centre of the processes by which nations especially poorer, developing and post-colonial States organise themselves. A large volume of literature on African development have highlighted the poor living conditions on a large population of people across SSA countries, especially those living in rural areas (Daio. Et al. 2010; Fox 2014; Hove. Et al. 2013). The poor living condition of many in the region is also linked to the concept of 'fragile or weak states' (Ikpe 2007; Sekhar 2010; Osaghae 2010). Several scholars have argued that rapid economic growth as indicated by variables such as gross domestic product (GDP), often do not automatically translate into improved livelihoods among much of the population, this is more peculiar to people living in remote rural communities (Constanza. Et al. 2009 ; Stiglitz, Sen & Fitoussi 2010 ; Kubiszewski. Et al. 2013 ; Binns & Nel 2018).

2.3.1 'Fragile State': The SSA Connection

According to Osaghae (2010), one of the phrases which gained prevalence in development discourse from the 1990s is 'fragile states'- it was used to describe countries which broadly lacked the capacity to discharge the functions expected of them, which will, in turn, bring development successes. Osaghae argued that SSA has some of such 'stereotypical fragile States'. Other views on fragile States, particularly, in the context of formerly colonised African countries, claim that there is a connection between this concept and the negative effect of colonialism in many African countries. This school of thought argues that one of

the attributes of some postcolonial African states has been persistent conflict, which has contributed to the underdevelopment of these countries. The assertion is that boundaries which were not legitimately derived but created by the colonial powers without consideration for the realities on ground, resulted in a 'weak link' between these State and their societies, these weak links translated into what is described as 'fragile weak states' (Lemke, 2011; Lyons & Jolley 2018; Fund for Peace 2016).

Similarly, the term 'fragile State' was defined by the Organisation for Economic Co-operation and Development (OECD) as a State that is 'unable to meet (their) population's expectations or manage changes in expectations and capacity through the political process' (OECD 2008). In a research work to determine the relationship between social, political and economic conditions with state stability, Sekhar (2010), concluded that 'there exists a simultaneity invulnerability in the three domains: economic, political, and social, and that these collectively determine the degree of fragility/stability of a country'. Ikpe (2007), had noted that for any country to be in a condition of extreme fragility, it will involve a state of conflict, conversely, a nation can be weak and not be at the level of collapse, however, it may be unwilling and unable to guarantee the welfare of its citizens. Ikpe argued that the main feature of a fragile State is its inability to respond to the needs of its citizens.

Also, attributing underdevelopment in Africa to western disruptions, Ndlovu-Gatsheni (2018) in support of the claim like many other writers on African development, asserts that development challenges in Africa can be traced to decades of slavery, colonialism, imperialism, neo-colonialism, structural adjustment programmes (also see, Hickel 2017), and the scramble for Africa's natural resources, as well as apartheid in South Africa (in the case of South

Africa). Ngugi wa Thiongo (2009), contributing to the debate on African development stated that development initiatives which preceded decades of western interference on the continent is described as efforts aimed at 're-membering' Africa after many decades of being 'dismembered'. This notion implies putting together/fixing the continent of Africa, or as Ndlovu-Gatsheni puts it, a quest for wholeness after over five hundred years of 'dismemberment'-implying that the development which is conceived from a 'de-colonial historical and political Africa-centred term' can be described as a long term-term quest for the 're-membering' of Africa. Ndlovu-Gatsheni added that 're-membering' Africa will involve building unity within African States, advocating for pan-Africanism and a fight against imperialism, racism, and neo-colonialism, as was prescribed in post-independence Africa by the late African nationalist, Kwame Nkrumah of Ghana.

Conversely, some schools of thought, although consciously acknowledging the negative impact of colonialism on the African continent, have argued against dwelling on this one issue as the reason for Africa's underdevelopment. They note that after several decades of African countries' post-colonial and post-independence period, the time has come to shift beyond the narrative of 'Europe being indebted to Africa', indicating that blaming the colonialists for Africa's development challenges in today's world is no longer attractive in international relations (Engel & Olsen 2005; Murithi. Ed. 2014; Lyons and Jolley 2018). This argument suggests that African countries should focus on developing programmes or initiatives that will enable them to achieve sustainable development.

Going back to what development in Africa is perceived to be, the description of development from scholars, particularly African scholars will be our focus here.

Ndlovu-Gatsheni (Ibid), asserts that Africa's development can be defined from Marcus Garvey's viewpoint as 'constant and consistent African search for self-improvement' indicating that before the colonial period, Africans were 'inventive and innovative' as they 'constantly and consistently' made improvements in their living standards. Ndlovu-Gatsheni notes that, just as humanity globally had been doing all that is needful to improve their living standards, the same was the case on the African continent, noting that before colonialism, Africans had long been engaged in their kind of self-improvement. Other scholars such as, Green (2014) and Vokes (2018) claim that what is referred to as 'Africa's perspective' on development in contemporary period had been the way of life for many on the continent, adding that, development practices have been part of many African societies for most parts of their existence.

2.3.2 Perspectives on African Development

McMichael (2012) asserts that the origin of development is linked to the colonial era where European colonialists commenced the construction of government systems- domestically and concentrating within emerging nations an industrial system supported by the products of colonial labour regimes, and as the political economy of Europe matured within this broader context, 'development' as a definite concept emerged. Newly independent states from the middle of the twentieth century increasingly embraced development as an antidote to colonialism. The idea of Africa's development according to (Vokes 2018), is often viewed in three ways: first, it refers to attempts by some Marxists-influenced African leaders beginning from the 1960s onwards in pursuant of a development model for their countries which will be different from that being promoted by the western world. Secondly, it refers to the arguments of some post-colonial scholars who assert that historical activities of colonialism by Europe was the

cause of underdevelopment in the continent in the first instance (as discussed in the preceding section). Thirdly, it refers to the attempts in recent times by development agencies to understand how the knowledge and perspective of Africans might forward development policies on the continent (some of these issues are discussed in this section). Accordingly, in linking development to the post-colonial era, McMichael (2012) asserts that the concept of decolonialisation connected development to the idea of sovereignty, that is, the possibility of converting subjects into citizens and the pursuit of economic development for social justice. According to McMichael, the project called 'development' was a political and intellectual response to the condition of the world during the era of decolonialisation, under these conditions, development assumed a specific meaning, imposing a fundamentally 'economic (reductionist)' understanding of social change. In this manner, development could be conceived as 'universalised' market-culture common to all, and driven by the nation-state, as well as by economic growth.

Other scholars, the likes of (Peet and Hartwick, 2015) and (Escobar 1995) link the modern history of international development in Africa with US President Harry Truman's speech of January 1949. Truman's speech which called on the US along with other industrialised nations to tackle development challenges, particularly in reference to the 'undeveloped areas' of the world, how development practices can be organised to address these challenges, and what development meant, were dominant in the field of development studies for many decades. It came to be known by many scholars as a defining factor for what is referred to as the era of modernisation. Ake (1996) claims that modernisation theory was the Western model of development given to Africa (modernisation theory is discussed further in chapter three). From the postcolonial Africa era, many scholars and indeed political leaders on the

continent believed that development in the region should not only be about philanthropic gestures in the form of Aid from the industrialised West, but the continent also needs to initiate its own development blueprint (Amin 1990; Escobar 1995). Dei (1993) argued that most development experts are yet to create a development blueprint that Africans will identify with in view of the diversities in the continent, Dei notes that development in Africa is informed by a western hegemonic ideology of what a developing society lacks, and what they are expected to become.

Hope (2002) noted that 'no initiative for Africa's development, however well-crafted and internationally accepted, can and will be successful if it is not owned by Africans themselves'. This argument implies that African nations should collectively, or as individual States create their development policies according to each country's needs or challenges. Every country on the African continent has its peculiarities in terms of endowments and needs. Therefore, it is recommended that the political leaders in each country should identify what is relevant for the achievement of SD. Accordingly, the UNDP's Africa Development Report, notes that since the development landscape has evolved, accompanied by rising opportunities, vulnerabilities and shocks, it is imperative for Africa to expedite the advancement of sustainable and equitable human development. This can be achieved by ensuring economic, social and environmental resilience for both men and women, enhancing their productive capacity and accelerating the rate of structural economic transformation on the continent (UNDP 2016). Yongo-Bure (2015) posits that sharing ideas between other experts or policymakers across the continent will allow for the exchange of experiences and perspectives. To this end, the following section will look at development in Africa through regional cooperation.

2.3.3 African Development through Regional Cooperation

Kararach, Hanson and Shaw (2012) posit that it is important for African countries to actively form partnerships to promote their development agenda, including the goals of reducing poverty on the continent. Accordingly, regional concerns about the continent of African has resulted in the establishment of several initiatives towards achieving development. For example, the Organisation for African Unity (OAU), now known as African Union (AU) in partnership with United Nations Economic Commission for Africa (UNECA) had established the Lagos Plan of Action (LPA) in 1980 (Ikome 2007). LPA was drawn for the restructuring of Africa's economies based on two key principles: self-reliance (national and collective) and self-sustaining development (Ake 1996). The LPA is said to have incorporated programmes that will enable Africa to be self-reliant, as well as enable cooperation and development within the continent (African Union 2018). However, the LPA was criticised for dwelling only on the external cause of underdevelopment in Africa- which was the influence of the Western world, while ignoring important internal issues on the continent, such as, the lack of commitment of some African leaders and the problem of corruption in many countries across the continent (Ndlovu-Gatsheni. Ibid).

Having not achieved its desired results, the LPA was followed by another African development strategy known as the 'New Partnership for Africa's Development' (NEPAD), which was established in 2001 with the aim of promoting SD on the continent through partnership between African governments, donors and African citizens (Willis 2005); (Hwang 2009). NEPAD was formerly called New African Initiative (NAI), and later became a merger of two initiatives- The Millennium Partnership for the African Recovery Programme (MAP), and the OMEGA Plan for Africa. Three former presidents are mentioned explicitly as being behind the establishment of NEPAD- former presidents- Thabo Mbeki of

South Africa, Olusegun Obasanjo of Nigeria, and Abdoulaye Wade of Senegal, as well as Bouteflika of Algeria (Hope 2002; (Kanbur 2002).

NEPAD is known as a social-economic initiative for the development of the African continent, created to revive Africa through partnerships involving Africans themselves and the industrialised nations of the world (African Union 2018). Included in the NEPAD framework are different levels of partnership, such as partnerships at the governmental levels, between a government and its citizens. There are regional partnerships between the public sector and NGOs. Also, there is a partnership between NEPAD and the international community which includes, governments and multilateral organisations (Agbu 2003). Many political leaders on the continent are perceived to have accepted the idea for cooperation both within and outside the continent. An indication of this is seen in NEPAD's proposal for a renewed partnership between Africa and the international community, especially, the most industrialised countries towards overcoming the development gaps in the continent (African Union 2001; Contu and Girei 2014). Consequently, the private sector is important to the implementation of NEPAD's programmes as it is often argued that development partners and multilateral institutions approach governments through the private sector (Agbu 2003).

The NEPAD initiative is a pledge by African leaders with a common vision to end poverty, and put their countries, both individually and collectively on the path towards SD, while simultaneously engaging actively in the world economic and political stage (Hope. 2002). Despite its seemingly good intentions of promoting SD on the continent, NEPAD is not without its critiques. Civil society organisations had accused NEPAD of not carrying them along; on the other hand, scholars have also argued that NEPAD's development philosophy is similar

to the neo-liberal approach to development from the Global North, which could subsequently negate the very ideology which led to its establishment. They claim that NEPAD is an initiative designed by Western capitalists and handed out to Africans (Agbu 2003; Adesina 2004; Bond 2003; Aredo 2003). Owusu (2003), notes that in their quest to get more aid and debt relief, African leaders through NEPAD had embraced neoliberalism. Owusu asserts that NEPAD is the only African initiative that does not blame the Western world for Africa's 'socio-economic demise' but puts the responsibility for cleaning up the mess in Africa on Africans themselves. Willis (2005) also argued that an initiative like NEPAD could have a positive impact, but only if it can help create conditions that are conducive to the enhancement of human freedoms, good governance and fairer trade regimes.

2.4 Good Governance and Development

It is imperative to understand what governance implies before moving on to the discussion on the concept of *good governance*. Keping (2017), notes that the word governance comes from the Latin and Greek, and had meant 'control, guidance and manipulation'. He nevertheless added that this meaning has since 'overlapped' with the word 'government', mostly used to refer to administrative and political activities of public service. Writers, both in the academic and non-academic use the word governance in different contexts, some use it in relation to complexities within the public and private 'structures and processes', while others use it 'synonymously with government' (Weiss 2000). The World Bank (2017), notes that 'governance is the process through which state and non-state actors interact to design and implement policies within a given set of formal and informal rules that shape and are shaped by power'. Accordingly, the current UN Development Goals- SDG.16 specifically relates to governance as it calls for promoting peace, justice, and strong institutions.

Many writers on governance refer to the definition of the word given by The Commission on Global Governance (Wilkinson. Ed. 2005; Keping 2017; Weiss. Ibid). The Commission defined governance as 'the sum of the many ways individuals and institutions, public and private, manage their common affairs. It is a continuing process through which conflicting or diverse interests may be accommodated, and co-operative actions may be taken. It includes formal institutions and regimes empowered to enforce compliance, as well as informal arrangements that people and institutions either have agreed to or perceive to be in their interests' (Commission on Global Governance 1995). Similarly, governance, according to Brinkerhoff & Bossert (2008), involves the rules that distribute authorities, roles and responsibilities among societal actors and shapes the interactions among them. According to the World Bank (2017), scholars and policymakers acknowledge the importance of institutions and rules crucial for development; it is argued that nations which are more secure, prosperous, and equitable tend to rank high on existing indicators that emphasise certain institutional forms. It is implied that specific types of institutions unequivocally determine a high degree of development, this has led many policymakers and development agencies to promote institutional reforms aimed at achieving those institutional standards.

Political institutions and leadership are at the centre of governance discourses. The World Bank notes that 'governance drives policy effectiveness' (World Bank 2017). Tettey (2012), argues that a universally acceptable definition of political leadership is lacking despite a large volume of leadership literature. What is available are varying definitions which largely depend on the theoretical viewpoint or academic background of authors. (also see Haus and Sweeting, 2006; Van Wyk. 2007). Tettey asserts that 'leadership is not an isolated phenomenon but a product of interaction with other actors, including citizens.

To some extent, the quality of leadership reflects the calibre of democratic citizenship that is exercised in a country. Democratic citizenship requires political literacy and adherence to the principles that sustain good governance'. Also, Tettey posits that citizens in any country, including those of African nations, have the responsibility to demand accountability from their political leaders. Consequently, if citizens fail to demand good governance, it will be interpreted as condoning or accepting poor political leadership. The World Bank (2017:53), argues that 'commitment, coordination, and cooperation' are the three core functions of institutions needed to guarantee that rules and resources yield the required development outcomes. The World Bank notes that policy effectiveness can be described by whether and how well institutions are performing these functions. Commitment involves supporting constituent policies over time that will ensure promises are delivered; coordination involves shaping expectation to enable complementary action; while cooperation involves limiting 'opportunistic behaviour' or prevent 'free-riding'. When free-riding is limited, institutions can help in creating cohesion within societies and turn 'zero-sum' games with no winners into 'positive-sum' games where all parties gain (win-win) (also see Ostrom, 1990).

Booth (2018), also notes that the concept of 'good governance' has different interpretations; however, a fundamental element of this phrase was captured in the UN SDG. 16. which states- 'Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels'. Booths, however, notes that the SDG's aspiration for good institutional governance as appealing as it seems does not clearly express how unresolved issues about the relationship between different forms of governments and development outcomes in the real-world context should be addressed. The UNDP (1997) defined governance as 'the

exercise of political authority to manage a country's affairs at all levels'. On the other hand, several studies on the good governance discourse link the concept to the World Bank. These literatures note that the idea surfaced in a 1989 World Bank report. Interestingly, the report was about development challenges in SSA, these challenges as claimed by the World Bank was connected to the 'crisis of governance' (also see Santiso 2001; Lateef 2016; Guhan 1998; Stiglitz 1999). The World Bank also describes governance as 'the way power is exercised in the management of a country's economic and social resources for development'. The institution also added that 'good governance is synonymous with sound development management' (World Bank 1992). By this definition, it is indicative that the World Bank perspective on governance and good governance is concerned with activities of state-governments and the effect on development outcomes. Similarly, the UNDP (2018), states that good governance is a basic component around which any society can experience its transformation, ultimately realising its potential. Tettey (2012) argues that one way of assessing the quality of political leadership is the degree to which the lives of citizens are improved for the better both socially and economically.

In international development literature, the term 'good governance' is also used in the context of the State and how it manages public resources. It is claimed that the good governance concept emerged from International Financial Institutions (IFIs), such as the World Bank and IMF- but particularly the World Bank as a precondition to aid recipients, many of which were African countries. These IFIs required governments to show effective performance and promote reforms in their countries. The rationale for good governance was to fight corruption, and end governments bureaucracy, as well as ensuring transparency and accountability in order to guarantee that the aid received by these countries are effectively used to achieve its set objectives (Nanda 2006; Doornbos 1995;

Harrison 2004). Accordingly, Kingsbury (2016:139) claims that development which suggests processes through which people can improve their lives is to a large extent shaped by political and social freedoms as well as accountability. Although the concept of development was traditionally focused on economic development and material well-being of people, Kingsbury notes that some have argued, particularly political leaders from developing countries, that economic or social development should take precedence over political development and that political development needs to be delayed to ensure that fragile or conflicted political settings do not hinder the effectiveness of organisation required to alleviate poverty in poor countries. However, Kingsbury states that in certain cases this stance has been linked to the perception that political development, in the context of democracy, civil and political rights is an imposition by foreign Western powers, which is not inherently in consensus with pre-existing cultural or political values and might be a guise of imperialism. On another note, regarding NGOs in the context of governance and accountability (see further discussion in section 2.5.3), in recent times, the discourse on governance is not only linked to the activities of government. Some writers are beginning to include the private sector in the good governance discourse, suggesting that governance should now include non-state actors (Florini & Pauli 2018).

2.4.1 Sub-Saharan Africa and 'Good Governance': Understanding the Connection

One of the critical issues at the centre of African development discourses has been the political will, or the lack of it, of African leaders towards achieving development successes. Ake (1996), claimed that poor political conditions in Africa are the greatest obstacle to development on the continent, noting that a

Western model of development was handed out to Africa because its leaders were preoccupied with the struggle for political power. Makinda (2012: 56), posits that there is a shortage of strategic leadership in many African nations, asserting that some of these states have drifted or are drifting towards a 'malaise'. According to Makinda, leadership malaise implies a situation where corruption thrives while the political leadership are unable or reluctant in ensuring respect for the rule of law. It is needful for political leaders on the African continent to recognise and accept constructive criticism as it helps to improve governance performance. In contrast to the argument on the need for good governance in Africa as suggested by the likes of Ake, the World Bank claims that it does not consider political conditions of a State in the decision to undertake an aid programme in the recipient country, stating that it remains apolitical (Nanda, 2006).

Interestingly, Booth (2018), argues that one region of the world which has gained prominence within the discourses on 'good governance for development' has been SSA. This is not unconnected to the contemporary development process, which Kingsbury (2016) argues, includes an increased focus on the accountability of policymakers in developing countries, resulting in much attention giving to governance issues. Similarly, Makinda (2012) asserts that governance in Africa can be critical to the participation of the continent in the processes of globalisation and for the management of global commons, which requires well-built and functioning state structures. This, he claimed, is partly the reason behind the creation of some mechanism by the AU, such as NEPAD and APRM. Many SSA political institutions have been accused of corruption. According to the World Bank (2017), corruption is the use of public office for private profit. The World Bank argues that corruption is not a 'social malady' but a 'built-in feature within governance interactions'. Consequently, Makinda (Ibid)

notes that several instruments and indices are currently used to measure the performance of African countries, particularly on the indicators of governance and human development. Examples of these indices and ranking systems are the UN's Human Development Index (HDI), Transparency International's Corruption Perception Index (CPI), Mo Ibrahim Foundation's Ibrahim Index of African Governance (IAG) and the African Union's Africa Peer Review Mechanism (APRM).

Furthermore, the NEPAD initiative for Africa's development, which has been discussed earlier also recognises the need for good governance for Africa's growth and development. The NEPAD framework includes the importance of good governance, indicating that growth and development will not be achieved within the different nations on the continent without good governance (Hope. Ibid). NEPAD is not the only regional body on the African continent which recognises the good governance idea, the AU, which is the more prominent regional body and which NEPAD is a part of, also advocates for good governance – noting its importance to Africa's development (Akporari 2004). According to Makinda (Ibid:66), an example of the connection between development and governance is seen in the Ibrahim Index of African Governance which covers 'safety and the rule of law, political participation and human rights, sustainable economic opportunity and human development', all of which are under the broad concept of development. Makinda added that since development is connected with strategic leadership which is grounded in activities, processes and visions that constitute the concept, it will need to be at the centre of programmes aimed at tackling the leadership malaise and governance crisis in African States.

Several scholars have arguably pointed to the dearth of accountable political leadership in many African countries. It is claimed that these inefficiencies of

governance have resulted in an inadequate public sector service delivery (Eno 2008; Eliagwu 2005; Bratton 2007). According to Makinda (2012), African governments have at different times claimed that they can be judged by their ability to bring about development, development should then serve as a legitimating norm for these African leaders. However, it is the kind of governance that is practised that determines the content and direction of development. Accordingly, bad governance is likely to stop or disrupt development efforts. Makinda (Ibid: 58) suggests that if the continent of Africa is to create conditions aimed at achieving human well-being, peace, security and socio-economic justice, it will have to undertake some important measures, firstly, 'it will have to recast the old-fashioned leadership traditions and styles, and replace them with universally acceptable values, norms and principles'. Secondly, 'it will have to find a way of limiting the number of terms an individual can serve as the president of his/her country'. Thirdly, 'it will also need to devise a way of empowering citizens so that they can keep out of power politicians who are likely to ruin their countries through dictatorship and misguided goals, policies and strategies'. Fourthly, and of great importance, 'Africans will need to establish a mechanism for nurturing strategic leaders'.

2.4.2 'Good Governance' for Health in Sub-Saharan Africa

In relation to health, which is at the centre of the 'partnership for development' discourse in this study, several authors attribute poor healthcare facilities in many developing countries to lack of good governance (Rajkumar & Swaroop 2007; Makuta & O'Hare 2015; Kaufman. Et al. 2000). According to Makinda (2012:78), 'Healthcare is a leadership, governance and development issues'. Thus, when access to quality healthcare facilities is improved, it will most likely promote participatory democracy by improving human security and empowering

citizens. Makinda (Ibid:78) further added that basic health promotion is a prerequisite for 'democracy, sustained economic growth, education, protection and development'. African countries, together with their partners, can invest in addressing health challenges on the continents, particularly HIV/AIDS, women and child health, malaria and tuberculosis. Consequently, providing quality and affordable healthcare can establish a significant component for democracy, which will help transform African societies.

Conceptualising health governance is problematic due to the challenge of accounting for the various roles and relationships between different actors. It becomes even more problematic going by the various patterns of decentralisation in different settings (Abimbola. Et al 2014). Nevertheless, the concept of 'health governance' according to WHO involves a broad range of guiding and rulemaking interconnected task undertaking by governments, or decision-making agencies as they attempt to attain health policy objectives that are favourable to UHC (WHO 2019). However, Maeda. Et al (2014), assert that there are challenges to achieving and sustaining UHC. For instance, established interest groups are often opposed to reforms that threaten to overturn inequitable and ineffective arrangements. Maeda and others added that health services are receptive to market failure, because of challenges rising from measuring and accounting for the use of resources, and these resources impact on quality, safety, as well as the effectiveness of health services. Also, technological innovation which constantly changes service standards raises questions about appropriate and equitable distribution, as well as requirements for safety, efficacy and quality of health services.

It is important to note that the State is not the only agency that is a stakeholder in the health sector. Health system actors can include governments, private

sector organisations, community groups, or other private citizens who take on different roles in health intervention programmes, such as, resource pool, service delivery, oversight functions or exerting influence on decision-making (Abimbola et al 2014). Hence, the discourse on health governance should include all stakeholders in both the public and private sector, though most discussions on governance for health tend to focus more on the public sector. Many studies on health claim that good governance leads to improved health outcomes (Val Olmen. Et el. 2012); (Lewis & Patton. 2009). Accordingly, Schmidt-Traub (2015), asserts that good health outcomes are dependent on sound policies and investments which address the clinical, environmental and social dimension of health. In most SSA countries, however, one of the barriers to successful health interventions is poor procurement systems linked to mismanagement and corruption in the health sector (Mooketsane & Phirinyare, 2015). It is also claimed that in many developing countries, substantial financial allocations for the health sector are yet to translate into better health systems due to inefficient governance, arguing that, increasing financial resources without dealing with the issue of corruption in the health sector is likely not going to result in improved health systems (Yaqub, Ojapinwa & Yusuff 2012). Also, in a study on health challenges in Africa, Kirigia, & Barry (2008), assert that the attributes of inefficient governance for health, include, 'weak public health leadership and management' (also see, Brinkerhoff & Bossert 2008); 'inadequate health-related legislation and their enforcement'; 'limited community participation in planning, management and monitoring of health services'; 'horizontal and vertical inequalities in health systems' (also see, McIntyre & Mooney 2007); inefficiency in resource allocation and use' (also see, Kirigia. Et al. 2007); 'weak national information and research systems' (also

see, Kirigia & Wambebe 2006); and corruption in the procurement of medical supplies (also see, WHO 2007).

It is claimed that donor funding for health interventions have been on the increase since the Millennium Declaration in 2000, despite these increase in funding, health-related Global goals had not attained much success in many developing countries (Evans & Etienne 2010). It is asserted that regardless of the increase in external funding for health in developing nations, the government of those nations are responsible for about 75 per cent of their country's health financing (Evans & Etienne. Ibid). A reminder that traditionally, the State is argued to be responsible for providing public healthcare services to its citizens (Mooketsane & Phirinyare 2015). According to Mooketsane & Phirinyare (Ibid), the presence of private firms and other international organisations addressing health issues across SSA may result in national governments' reliance on these organisations, while diminishing the capacity of the State.

Bennett et al. (2004) assert that advocating for more external funds is not enough to achieve the Development Goals target for health in settings characterised by weak health systems- which is the case in most SSA countries, including Nigeria, also see, (Ademiluyi and Aluko-Arowolo 2009; Akinwale 2010. Furthermore, Makuta & O'Hare (Ibid), posits that public spending on health is a key factor to health outcomes in SSA. In a study carried out on under-fives mortality and life expectancy based on data from 43 SSA countries, covering the period 1996-2011, Makuta and O'Hare concluded that countries with 'higher quality of governance' had significant reduction in under 5 mortality, while countries with 'lower quality of governance' recorded minimal reduction of under-five mortality. This finding concluded that good governance plays a vital

role in the provision of quality healthcare facilities; the study, therefore, recommends that SSA governments should 'improve on the quality of governance as one way of improving health outcomes'.

2.5 Historical background of NGOs

Political philosopher Alexis de Tocqueville (1805-1859) wrote on the phenomenon of civil society as a free association that exist as an intermediate institution between citizens and the State to which citizens can realise their social freedom and equality (Woldring 1998). Civil Society is described as a form of organised social life which is voluntary, self-generating, self-supporting, independent from the state, and bound by law, as well as an intermediary organisation standing between the private sector and the state (Diamond 1994). Civil society is 'society in its relations with the state' (Bayart 1986). Also, the term civil society is often used interchangeably with NGOs, most notably within the writings of financial institutions. However, NGOs are only a part of civil society (Woods, 2000; Potter. ET el. 2004). Advocacy groups, market associations, community associations and NGOs are all under the categorisation of civil societies. However, this research will use the term 'NGOs' to refer to the not-for-profit voluntary organisation implementing development projects.

NGOs are believed to have first appeared on the international arena in the 19th century as more people became concerned about social conditions; it was thought that creating societies could bring the solution to these issues. These organisations dwelt with a range of social conditions such as, slave trade, trafficking of women and children, peace, as well as humanitarian assistance (Seary 1996). It is difficult to generalise all NGOs as the same because they play differing roles and take different forms globally. They are characterized in literature as independent organisations not run by government or driven by

profit motives like other private sector businesses; nevertheless, many of these NGOs receive funds from governments, and possess some characteristics of bureaucracy, while others bare the semblance of highly professionalized private organization with corporate identities (Lewis and Kanji 2009). According to Nugent (2004), the growth of NGOs from the 1970s is attributed to three developments: firstly, it had to do with the flourishing international humanitarian concerns about poverty in Third World countries as seen through the media in the Western developed countries of Europe and North America. Secondly, it had to do with the dissatisfaction of the Bretton Woods institutions (i.e. the World Bank and IMF) with African states, which led to the rolling back of the States. Hence INGOs were invited to play a more active role in delivering basic services, such as health and education, while they also became recipients of a large amount of donor funds; NGOs were also seen to be less bureaucratic and corrupt than the State, and therefore were believed to be able to provide better services. Thirdly, the massive demand for services in countries ravaged by economic crisis and SAPs led to the establishment of 'self-help' initiatives.

It is also believed that NGOs began attracting attention from the 1980s, appealing to different sectors of the development community for various reasons. For some, particularly western donors who were wearied by the often bureaucratic and ineffective government-to-government project-based aid, NGOs were an alternative and a more flexible funding channel which potentially offered a higher chance of local-level implementation and grassroots participation. For other donors, including some governments concerned with the need to liberalise and roll back the State as part of the Structural Adjustment Policies (SAPs), NGOs were viewed as an alternative to the public sector (Cernea, 1988; Lewis and Kanji 2009). Towards the end of the Cold War, the international donor community was advocating a new agenda of social

governance which would see development outcomes emerging from a balanced relationship between government, market and the 'third sector' (the term used to describe civil society organisations), alongside continued economic liberalisation. NGOs were looked upon within this paradigm as a part of an emerging 'civil society' (Howell and Pearce, 2001; Lewis and Kanji. Ibid).

NGO researchers use a comparative approach in their study of the sector which is that NGOs differ from a. *governments- because they cannot require (via the threat of legitimate coercion) that entities living in a particular territory follow their laws and rules (hence, non-governmental)*, and b. *firms- because they do not distribute profit to their residual claimants (hence, non-profits)* (Johnson and Prakash 2007:222). NGOs are said to be diverse organisations engaged in a variety of activities. They are one aspect of civil society which has gained substantial interest in SD literature in recent years. (Edwards and Garenta 2001; Elliot 2006). They are known to be facilitators in the process of empowering the poor, including through participatory development. In terms of structure, NGOs may be large or small, formal or informal, bureaucratic or flexible. In the area of financing, many are externally funded, while others depend on locally mobilised resources. There are NGOs who employ highly professionalized staff, while others rely on volunteers (Igoe and Kelsall, 2005). In comparison to other development issues, NGOs have received less in-depth research attention at the empirical level. Thus, some have argued that the research literature on development NGOs remains considerably 'under-developed' (Lewis. Et al. 2005; Igoe and Kelsall 2005; Lewis and Kanji 2009). Korten (1990), as cited in Lewis and Kanji (2009:14) stated that it was important to conceptualise the transformation of NGOs in generational terms. Korten noted that in the first generation, an NGO's most urgent priority was to address immediate needs- mainly through undertaking relief and welfare work. In the second generation,

NGOs shifted towards the objectives of building small-scale, self-reliant local development initiatives. In the third generation, a strong focus on sustainability emerged, with an interest in influencing the wider institutional and policy context through advocacy. In the fourth generation, NGOs became closely linked to wider social movement- combining local action with activities at a national or global level, aimed at long-term structural change. Consequently, Korten's idea of how NGOs have transformed over the years can help us understand how the NGOs have evolved overtime.

2.5.1 The role of NGOs in Development

Citizens' participation in their development is viewed as an important component for sustainable development. NGOs in development can also be described as private citizens participating in development. Accordingly, participatory development is said to be a bottom-up phenomenon whereby communities, civic groups or individuals take a more direct role on the decisions and events which shape their lives; these may include an engagement by a community with government or NGO-led initiatives (Pawar 2016; Jennings 2000). Willis (2005) asserts that the engagement of local people in decentralised decision-making, while admirable in theory, may not always have the desired practical outcomes. Participation is, however, a key element of development theory and practice, but meaningful and widespread participation is difficult to achieve than predicted. Describing the way in which NGOs are perceived in development discourses, Kingsley (2014), notes that many literatures on development attempt to 'describe, promote, condemn, improve or leave behind' this class of organisation, regardless of how they are perceived, NGOs have been gaining much attention in the field of development. This section attempts to review the role of NGOs in development discourses, it is not to

'promote' the organisation, but it is more of a conceptualisation- describing who NGOs are, what they do and how they are perceived.

The current focus on the role of non-State actors in bringing about change gave legitimacy to the participatory approach of NGOs (Potter Et al. 2004; Rugendyke 2007). NGO popularity with governments and official aid agencies are viewed as a neoliberal agenda. The persistence of this neoliberal alternative view of development and the new status it accorded NGOs along with recognition of their relevance, meant that from the 1980s, NGOs began receiving increasing financial support from both bilateral and multilateral donors. Furthermore, with growing numbers and income, NGOs became more influential. However, that influence was accompanied by greater scrutiny of their activities, which questioned their impacts, legitimacy, and transparency, and a demand for accountability (Edwards and Hulme 1992; Rugendyke 2007). SDG 17 of the UN's Development Goals recommends participation at the grassroots, national and international levels, it notes that developed and developing countries need to come together to facilitate the achievement of all the development goals (Pawar 2016). Hence, the 2030 Agenda for SD calls on the international community to shift towards a new financing for development; the Agenda recommended the combination of resources and skills from different sources, such as the private and public sector, as well as national and international communities (Alonso 2018). Against this background, development cooperation claims its relevance. Thus, this thesis looked at NGOs' participation as development partners, specifically, their partnership with the State, donors and other stakeholders for malaria prevention, control and treatment in NC/NW Nigeria.

The growth of development NGOs is linked to the accessibility of funds they receive as a result of the recognition they are getting from both the public and private sector organisations (Brown. Et al. 2000). NGOs are viewed as the answer to all development problems. As a result of this perception, significant amount of multilateral and bilateral aid is being channelled through NGOs as part of what is termed the 'New Policy Agenda' (NPA). This policy is argued to be a neoliberal approach within international institutions, such as the World Bank (Edwards and Hulme, 1995; Willis 2005). Willets (1996) argued that there are several policy domains where issues have only been considered because of the contribution of NGOs- for example, environmental politics, and individual human rights. Willet argues that development politics were initiated within the UN system by the Bretton Woods Institute and governments, but NGOs have substantially redefined the agenda. Accordingly, it is claimed that NGOs provide services that are more appropriate to local communities. This is because they work with communities at the grassroots and have the knowledge of what facilities are required. Also, they are said to be able to provide such services more efficiently and effectively through drawing on local people's experience. It is believed that NGOs are beneficial to non-material aspects of development, in particular- processes of empowerment, participation and democratisation. Additionally, because of how NGOs are embedded in local communities, it is argued that they should be accountable to the local people. This implies that local people have a greater say in what activities are carried out and that their participation in such activities create an environment where empowerment is more likely (Green and Mathias, 1995; also see Willis. 2005).

Furthermore, there are several claimed examples of how NGOs have been able to provide services for communities when government assistance is not forthcoming or appropriate, and market-provided services are too expensive,

such NGO projects include social welfare provisions such as housing, healthcare and education. It is argued that without NGO involvement, the quality of life of many people would not improve. However, claims regarding NGOs activities have been revealed as being somewhat overstated. While recognising their contributions, NGOs cannot achieve everything that is expected of them (Willis 2005). Relationship between NGOs operating in developing countries and donors can be described as a form of partnership. However, some scholars have argued that North-South relations in development cooperation are a relationship between unequal partners; on the other hand, Northern donors financing development projects in the developing South is said to be a 'one-way transfer of money and morals' (Glasbergen and Miranda 2003; Visseren-Hamakers, Arts and Glasbergen 2007:138). Nevertheless, for this thesis- malaria project coordinator, financier and implementer will be viewed as partners and significant actors in the fight against malaria in Nigeria.

Historically, it is argued that NGOs acted primarily at the local level in developing nations in their attempt to improve the quality of life of disadvantaged people in these local communities. Over the years, they have increased in popularity. Their diversity, the demise of some and change in the name of others, along with their dispersed nature, make it challenging to gather accurate data about their numbers (Rugendyke 2007). It is claimed that NGOs have several advantages: they are said to be more flexible and innovative and respond to need more quickly; they are more likely to work with and through local institutions; they are more likely to take risks associated with working in geographically remote areas- places neglected by some governments. It is also argued that NGOs' independence from the State allows them to engage in lobbying and campaigns in pursuit of more significant global equity and social justice (Rugendyke 1994; Rugendyke 2007). Nevertheless, Ulleberg

(2009) posits that NGOs' action can often be described as small scale, local, efficient and innovative; these he notes, are qualities that make them complement State action.

Kang'ethe and Chivanga (2015) assert that NGOs fill many development gaps that governments [particularly in developing countries] due to their poor economies fail to fill; claiming that NGOs create jobs, create awareness on diseases such as HIV/AIDS, and contribute to food security, among others. However, they point out that NGOs are meant to fill the gaps left by governments and should not be dictators in development projects, highlighting the need for NGOs accountability on the use of funds for development projects. Abrahamson (2000), argued that African states have become unable or unwilling to deliver essential services and infrastructure to its citizens, causing more people to rely on private initiatives. Abramson further claims that the blossoming of NGOs is a result of the inability of states to deliver basic amenities to their citizens. Warkentin (2001) also stated that much of the 'Global South' had seen significant economic, social, and political challenges from the beginning of the 21st century; he argued that programs designed to address these challenges which were undertaken by governments, intergovernmental organisations, and non-governmental agencies over the past decades, have resulted in some notable achievements, but failed to produce significant results. As earlier discussed in section 2.4.1, some scholars are of the view that the growth of NGOs in most developing States can be linked to weak governance structures, which translates in the inability of these States to deliver basic services to their citizens efficiently (Akporari 2004; Ake 1996).

Furthermore, the International Institute for Sustainable Development (IISD) claims that NGOs play a significant role in pushing for SD (ISSD). In many

nations, the State plays a dominant role in organising dispersed interests-meeting national goals and balancing competing interests (World Bank 2003). According to Oakley (1991), in a situation where an NGO is an external agency, projects invariably are smaller; it functions as independently as it can within the limitations of the context in which it operates; it usually is more flexible in the use of resources; and can be innovative in response to local conditions. Oakley added that NGOs influence in development are widespread, and these organisations have been particularly active in supporting participatory projects. Interestingly, in a more contemporary period, the awareness of participatory development has been gaining much attention in the field of development (Ghai and Vivian 2014); (Campbell and Vainio-Mattila 2003). In addition, Brown. Et al (2000) argues that NGOs in the global scene can contribute in setting normative standards which could give directions to international policies relating to issues, such as, environmental sustainability and governance.

Conversely, it was argued that, despite the rapid increase of NGO numbers and activities within the UN system, a firm consensus about their nature and function remained elusive. Theoretical approaches for explaining international cooperation had also provided little insight into the nature and activities of NGOs. Many are focused on the State as the only notable entity in international cooperation and offer no category for considering the likelihood that NGOs are important actors in their own rights (Weiss and Gordenker 2007). Furthermore, it is claimed that one significant reason for the existence of NGOs is that people create independent associations to promote some activity that is not undertaken by governments. Alternatively, governments may already be involved in an issue, but associations are formed for challenging the way a government is handling that issue (Willet 1996). Chandhoke (2010), also asserts that the discontentment with the dominant role of the State, particularly in the regions

of Africa and Asia, brought a shift towards civil society by both the left and right who saw these organisations. as an exit from the bureaucratic inefficiency and political indifference of the State who could no longer be relied upon. He argued that people were looking for alternatives to state-led development projects, hence, resulting in the growing role of non-state actors, such as NGOs.

The growing role of non-state actors in development has led to the debate on the part of the central State as the key player in development. This debate is associated with proponents of the 'top-down' approach- argued to be a neoliberal market-led approach. The 'top-down' approach is linked with the growth of NGOs, as they were perceived to be the cure for 'development problems'; NGOs are often regarded as the solution to perceived limitations of the state (Willis 2005:108). Willis (Ibid), also noted that the numbers of NGOs globally have been on the increase, partly because of the availability of funding, and because of the lack of alternative support mechanism for communities in need. Willis argues that this is the case as States have decreased spending as part of the process of adopting neoliberal policies and could also be as a result of the 'weakness of some State' structures due to war or civil unrest.

From another school of thought, it is claimed that governments, markets, and civil societies working independently have failed to produce sustainable improvements to challenges connected to health, nutrition, housing, and education, leading them to try joint undertakings. It is suggested that such partnerships can improve societal problems that no one individual sector has both the resources and the ability to manage, at the same time, each sector can have a stake in its resolution (Kalegaonkar and Brown 2000; also see, Rugendyke 2007). This thesis is built on this argument. For emphasis, this thesis hypothesises that *'partnership can achieve better results than individuality'*.

Hence, it examines if the partnership between NGOs as development partners, with the State and other stakeholders in the fight against malaria can reduce the prevalence of the disease in NC/NW Nigeria, and indeed across the country.

2.5.2 NGOs as Development Partners?

NGOs have gained prominence in development discourse. It is imperative, therefore, to understand their role in the narrative on partnership for development from different perspectives. Edwards (1994), argued that the roles of different actors in the development process are being re-defined under the influence of 'neo-liberal' thinking, emanating from Northern governments and the institutions they control (example of such institutions are the World Bank and IMF). Responsibilities traditionally assigned to the government (such as the provision of basic services) are being taken up by the private sector, including some NGOs. There is a new emphasis on private initiative and voluntary organisations as the basis for successful 'development'. Under the neo-liberal banner, NGOs have been assigned the role of implementers of projects and providers of services. Many literature on NGOs in development focus on the potential of this sector to provide development alternatives (Harrison 2017). Nevertheless, Midgley (2013) asserts that NGOs are particularly active in the implementation of relatively affordable 'Quick Win' projects which are readily implemented than the 'longer-term national programmes'. Such projects include assistance to cooperative micro-enterprises, distribution of mosquito nets to those who are unable to afford it, funding nutrition and immunisations services to local communities, as well as advocacy for gender equity, for example, support for women empowerment.

Willettts (1996) asserts that the relationship of government representatives with NGOs can be both collaborative and competitive- claiming that NGOs are often

the innovators, while governments tend to be absorbed with day-to-day problems and more inclined to preserve the status-quo. Some NGOs are known to have secured access to virtually all UN conferences and committees; they attend and speak in most meetings (as lobbyist because they do not have the right to vote). NGOs usually acknowledge that there are limitations to the collaboration and partnership they can expect from national governments. One key change in recent years has been the dramatic growth in the number and professionalism of national and regional NGOs in Asia, Africa and South America. These NGOs may not have the resources or experience of their western counterparts but are closer to the grassroots problems.

Eade (2010) argues that many traditional NGO practices are basically about retaining power, rather than empowering their partners. For NGOs to make a lasting difference means they must reflect on their role(s) and remain conscious of changes in the environment in which they operate. Eade also notes that merely invoking concepts like partnership is not enough to steer NGOs. The redefining role of the State is a case in point. For instance, an NGO could be doing commendable work with community health workers for many years, complementing government services. However, if the government privatises its health services, or changes user-fees that place health care out of the reach of those economically disadvantaged, the same NGO may find itself performing a 'de facto' gap-filling role within a different political agenda, one bent on reducing the role of the State and privatising public services.

Three related issues have encouraged multi-stakeholder partnership in recent years: the finance industry and economic development; environmental concerns; and 'public' issues like health and education. These partnerships, if practical, could produce innovative products, delivery systems and good

management (Waddell and Brown, 1997; Rugendyke 2007). A fundamental relationship between NGOs and corporations is that companies are a potentially significant source of revenue for NGOs, though many NGOs acknowledge that the full potential of corporate philanthropy is yet to be realised (Sogge and Zadek, 1996). When official development aid to NGOs is in decline, income from corporate donations is an increasingly important motivation for better NGO relations with the sector (Rugendyke 2007). Similarly, it is said that corporations and NGOs alike are searching for appropriate terms of engagement in a continually changing economic and political environment. This process started gaining significance in NGO policymaking from the 1990s but is now seen by some as one of the essential dynamics in the changing power relations of a globalised world. NGOs, particularly development NGOs are still clarifying their underlying objectives for interaction with the corporate sector, defining their underlying policies, as well as, shaping consistent approaches and procedures (Rugendyke 2007. Ibid).

Traditionally, NGOs are identified as having two major but contrasting areas of interaction with private corporations: that of beneficiaries from corporate donations to charity, and that of hostile critics of corporate activities. The third area of contact which has grown in importance is cooperation as project partners and consultants. The engagement of these two dominant sectors of global society- corporation and NGOs on questions of equitable and sustainable development is of profound significance for the development process (Rugendyke 2007). The move towards a better NGO-corporate engagement has been part of the overall growth in the concept of partnership (Nelson 1996). This is encouraged by governments concerning aspects of welfare, as 'public-private partnership'. Many discussions about partnerships for development have occurred, some of which stem from recognition at UN conferences, such as the

Earth Summits held in Rio and Copenhagen, where an agreement was reached that governments, businesses and civil societies must work together if development targets are to be met (Murphy and Coleman 2000; Rugendyke 2007).

In addition, it is evident that the private sector has increasingly become a significant actor in development cooperation. Traditionally, the private sector has been linked to the provision of goods and services for development investment, and more indirectly to funding development projects (Alonso 2018). Apart from private corporations doing some CSR in funding development projects, some private individuals have been engaging in philanthropy by funding development projects, an example of such is the Bill & Belinda Gates Foundation supporting different development projects in many developing countries, these projects include the fight against malaria which is the focus of this research. CSR has the potential to make positive contributions in addressing the needs of disadvantaged communities in developing nations (Ite 2004).

Pickard (2010) carried out a fieldwork based on interviews with several staff members of NGOs located in Mexico regarding partnerships between these NGOs and their funding sources. The aim was to establish if partnerships exist, and if they did, what does it mean for the NGOs to have a partnership with a funding source. Pickard concluded that strategic partnerships had existed in the past, and may again emerge in the future, but that presently, they exist sporadically, given the distinct ways of viewing and doing development work within NGOs on the one hand, and foundations or agencies on the other. Pickard noted that the term partnership implies a special relationship between equal participants or, partners, who enjoy a distinctive bond of trust, a shared knowledge of existing conditions in society and an orientation of what should be

done to construct a more equitable, and democratic world. Pickard's findings reveal the intricacies that can emerge in a partnership, especially that which involves the public and private sector.

2.5.3 NGOs' Legitimacy/ Criticism

An NGO's reputation is determined by its ability to act independently or collaboratively to impact international politics (Mitchell and Stroup 2017). Using existing literature on reputation in international relations, Mitchell and Stroup assert that reputations are important for NGOs as they provide empirical evidence on the construction of a dimension of NGO reputation - that of organisational effectiveness. NGOs are often viewed as agents for social transformations; on the other hand, they are believed to be likely instruments of neo-liberalism and state retreat. An actor's reputation is 'a set of beliefs about an organisation's capacities, intentions, history, and mission that are embedded in a network of multiple audiences' (also see, Carpenter & Krause, 2016). In everyday speech and scholarship, the term reputation can refer to three distinct dimensions: (1). The visibility of an actor or the extent of it being known (2). A set of attributes of the actor or the extent to it being known for something, or (3). The scope of positive or negative feelings about the actor or its favourability (also see Large. Et al 2011).

States, firms and NGOs assess one another as they interact. For an actor's reputation to influence social interactions the audience must be a stakeholder, such as the potential buyer of a firm's product, likely regulators of an organisation's activities, or a prospective partner in a political campaign. From these interactions, reputations emerge as social facts. Across and within different audiences, states and other actors do not enjoy a single cohesive image, but multiple reputations (Downs and Jones, 2002). Thus, when speaking

of an actor's reputation, it is imperative to specify the reputation; 'with whom and for what'? It is argued that NGOs have reputations in all three dimensions mentioned. They may be visible, they may be received favourably by others, and they can be known for possessing some unique attributes. The reputation of an NGO determines its status as an authority (Mitchell and Stroup 2017).

It is claimed that NGOs around the world are becoming more serious about evaluating the impact of their work and giving feedback on their experiences back into policy and practice (Edwards 1994). However, they are criticised for having a range of weaknesses, one of which is that, historically, they have had little impact at a global level, with accusations made in the early 1990s that they had failed in their attempt to address socio-economic challenges (Bebbington and Farrington, 1992; Lewis and Opoku- Mensah, 2006; Rugendyke 2007). Another criticism of NGOs is the idea that they undermine the centrality of the State, particularly in developing countries, because of a shift from a focus on State institutions towards more privatised forms of development interventions which relies on non-state actors. For these critics, NGOs help facilitate neo-liberal policies. There is also the call for NGO accountability; as some critics argue that NGOs impose their agendas and become self-interested actors at the expense of the people, they are in theory supporting (Tredt 1998; Kaldor, 2003; Lewis and Kanji 2009).

In the quest for resources and the sustenance of their legitimacy, it is claimed that NGOs intertwine with other actors and institutions, such as the State, donors, markets, and other civil societies; these engagements impact NGO activities- they may also facilitate or undermine NGO projects (Sampson 2017). It is important for NGOs to establish a reputation for reliability and integrity (Willet 1996). NGOs need to be accountable for what they do if their claim to

legitimacy is to be sustained (Edwards and Hulme 1996). Consequently, the inclusion of NGOs as key actors in international multi-stakeholder cooperation is argued to be the confirmation of their legitimacy (Brown. Et al. 2000). Often, NGOs themselves exaggerate their claims to legitimacy which can be connected to the general perception of them being value-driven organisations, rather than on any empirical evidence of their performance (Ebrahim 2003; Riddell 1999).

In terms of humanitarian response, NGOs are criticised for not living up to expectations in helping during emergencies. Some NGOs are also criticised for lacking coordination leading to duplication of effort. Also, criticised is the limited knowledge of local circumstances among international NGOs, and in some instance, a naïve approach to the underlying causes of conflict (Lewis and Kanji 2009). Other critics, such as Tandon (1996) argued that NGOs have helped sustain and extend neo-colonial relations in Africa. Hearn (2007) claimed that African NGOs are the 'new compradors', reviving an old Marxist term used in dependency theory to describe the role of an indigenous Southern bourgeoisie who acted during the age of international capitalism against the interest of the peasants and workers. Hearn asserts that African leaders whose positions are dependent on outside agencies manage Western aid money and then use it to build patronage networks and consolidate their political and economic power, in return for importing 'developmentalist' ideas and rhetoric into African communities.

Lewis & Kanji (2009) note that the fact that NGOs have now become the focus of criticism from different political perspectives reflects on the diversity of NGO types and roles. Another reason why debates have continued between NGO advocates and critics is that there is little data available relating to the performance and effectiveness of NGOs in either development or emergency

relief work. Hence, many criticisms made of development NGOs are reasonable. According to Edwards (1999), not many NGOs have developed structures that genuinely respond to needs at the grassroots. Although NGOs talk of partnership, control of funds and decision-making remains highly unequal. There are debates around the legitimacy of NGOs; particularly, INGOs (Lewis and Kanji 2009).

According to Ebrahim (2007), Non-profit organisations are part of the third sector who are frequently considered as the 'hallmark of vibrant democracies. These organisations benefit from several normative suppositions, including the argument that they are more trustworthy and accountable than the State or corporate firms, and that they promote positive values as well as motivate ethical activity. This NGO trust is beginning to decline according to Ebrahim, citing the Edelman Trust Barometer Report (2007) which indicated that NGO trust has declined in several countries. However, Ebrahim claims that NGOs still enjoy some degree of trust but not in all settings. This decline in NGO trust is not unconnected to evidence of the failure of these organisations to prove their accountability, especially in relation to managing funds and other unethical-corrupt practices.

Also, NGOs as non-state actors are said to be playing increasingly important roles in developing transitional and developing societies; this has made the level of international assistance received by the sector to increase dramatically. These increasing resource flow, coupled with the fact that NGOs receive a higher level of public exposure and scrutiny, speak to their continuing importance (Mitlin. Et al. 2005; Lewis and Kanji 2009). In terms of accountability, all NGOs are accountable under the relevant laws of every country where they operate. States have legal powers to intervene if NGOs transgress laws relating to

accounting, rules of bureaucratic procedures and registration (Lewis and Kanji 2009). It is claimed that the 'moral' dimension of NGO engagement is the 'doing good' aspect, which is evident in many ways; particularly, the project of helping or supporting a target group or a cause (Sampson 2017). However, NGOs are accused by some Marxist scholars of rerouting funds from governments, it is claimed that NGOs are a part of an international project to undermine state powers; they are also viewed as having a 'façade' of respectability which helps to legitimise a neo-liberal project (Igoe and Kelsall. Eds. 2005). Igoe and Kelsall argued that the general knowledge about NGOs is more of a belief of what NGOs are than an empirical observation of what these NGOs do in practice. However, they stated that this belief is gradually changing due to research by some scholars who have been publishing their findings on NGO practices in Africa. According to (Akani 2016), many NGOs do not see themselves as being answerable to anyone, except probably their financial donors (who are often a long distance away in another continent), this has led to the mismanagement of funds by some of these organisations. Some authors also claim that the role of civil society organisations is mainly that of advocacy for government accountability (Akinsola and Raji 2008). However, this research focuses on the NGOs, though a part of civil society organisations, but those who are engaging in development projects.

2.5.4 NGOs within the UN's Sustainable Development framework

The acronym NGO was an aftermath of the creation of the UNs' system as a club of governments in 1945. It was initially intended to delegate non-governmental observers of UN processes; however, the term NGOs was not in use until the 1980s when the idea of NGOs rose to prominence; this took place within a broad reshaping of western economic and social policies along lines that were

enlightened by neoliberal ideology, and a narrower formalised world of the international development industry (Lewis 2017). All UN entities and specialised agencies have established various designated units responsible for relating with NGOs and civil societies. For instance, the international summits of the 1990s were said to be an expression of the inability of the UN system alone to deal with a host of emerging global issues. These conferences gave expression to a UN reform agenda built around the need to achieve greater coherence and effectiveness in implementing summit outcomes; consolidating the progress of civil society participation is one strand of the reform process (Mckeen 2009). Consequently, according to Scheyvens, Banks and Hughes (2016), one significant shift in the drafting of the SDGs was the emphasis on the role of the private sector. Accordingly, the SDGs agenda equally calls on businesses, governments and civil societies to commit to the pursuit of SD.

Archin (2016) notes that the analytical framework for examining the expected roles of NGOs in the context of the SDGs builds on the work of (Lewis and Kanji 2009) and (Banks and Hulme 2012), who argue that NGOs' role in advancing development can be categorised into three main functions: 'service delivery (or implementation), advocacy (or catalysts), and 'facilitation -or partnership'. NGOs are increasingly gaining recognition and are included in policy agendas within the UN system. For example, Agenda 21 (as cited in Mert 2009) of the Rio Earth Summit (1992) mentioned NGOs as partners for SD, the document states thus: *Non-Governmental Organisations play a vital role in the shaping and implementation of participatory democracy, their credibility lies in the responsible and constructive role they play in society.* In terms of the SDGs, Sriskandarajah (2018) asserts that the SDGs will not be achievable without a significant public awareness and citizen participation; adding that citizens should, therefore, take the responsibility of holding their governments

accountable to their commitments for the SDGs. Sriskandarajah claims that NGOs have been creating this awareness and had before it became formal, contributed to the drafting of the SDGs through the Open Working Group.

Similarly, Hege and Demailly (2018) assert that NGO mobilisation is needful to ensure that the SDGs is implemented at country levels. They argued that these organisations help to raise awareness on the SDGs to a broader audience along with advocating for State accountability on the SDGs implementation processes. Their engagement in the SDGs implementation can be summarised as creating awareness at local/national levels about the SDGs; advocacy for government/private sector accountability; participants in the SDG implementation processes. For example, from a research finding conducted in Ghana (West Africa) by Arhin (2016), on the role of NGOs in the SDGs; most NGOs who participated in the study claimed that the role they play in Ghana is that of 'promoting and protecting the interest of poor and disadvantaged people through advocacy, service delivery, capacity building and facilitators' and as such, should be recognised as a critical sector for advancing the SDGs. This NGO tag of 'working in the interest of the poor' resonates across most of the literature on the role of NGOs in development- the standard argument is that, since they are already engaged in poverty alleviation projects they qualify to be included as development partners (Dogra 2012), and by extension, stakeholders in the SDG implementation processes. However, since the State is the primary stakeholder in implementing the SDGs within each country context, it is assumed that NGOs will need to relate with the state, to this end, the subsequent section will look at the relationship between NGOs and the State, and if NGOs are playing the role of service providers, advocacy, partners, or all three roles.

2.6 NGOs' Relationship with the State

Some scholars have argued that decision-making processes in development are undertaken by various individuals, agencies, and organisations. However, historically, these roles were mostly undertaken by the State in terms of defining and implementing policies at the national level. Nevertheless, the capacity for governments to operate in this way has considerably altered in recent decades, reflecting the processes of globalisation, the end of the cold war and the monetary influences of international financial institutions- such as the World Bank and IMF. Consequently, significant debates concerning which institution should be best able to take on the task of acting on behalf of others to promote development have emerged; civil societies now have a more prominent role in international policy debates and global problem-solving (Potter Et al. 2004), also see (Edwards 2000). According to White (1999), the nation-state was previously at the helm of affairs for development projects. However, there has been a paradigm shift in development framework which has resulted in the removal of barriers, allowing for other actors in development other than the State, this includes, NGOs and civil society organisations. Consequently, this shift has also established NGOs as potential partners with the State, against the former perception of NGOs regarded as competitors with the State.

The World Bank also noted that the State was prominently responsible for the design and implementation of development policies throughout the 1960s in many developing countries (World Bank 1997). Most of these developing countries were said to have built large state enterprises, such as, mining and agricultural enterprises, which lead to industrial development in their post-independence period. It was a state of 'great optimism', in relation to the benevolence and the competence of the State to work in the interest of the public; this only became challenging in the early 1980s when government

expenditure in the developing world grew faster than GDP. State investment was therefore only enabled by borrowing from commercial and multilateral sources (which were readily available in that period). However, the economic performance of many of these countries remained weak by the end of that decade, and the state was now viewed as a part of the problem rather than the solution (Mackintosh 1992; Thomas & Allen 2000; Potter. Et al. 2004). NGOs do not set development policy or pass legislation, but they increasingly endorse development ideologies; their role in influencing policy formulation and implementation has risen rapidly. Indications of NGOs expanding role can be suggested by the recent growth in the sector, and the amount of funds that are now channelled through it (Potter. Et al 2004).

NGOs are conditioned by and gain some legitimacy from their relationships with the State; Clark (1991), as cited in Lewis and Kanji (2009), argued that NGOs are faced with an important reality, which is: they 'can oppose, complement, or reform the State but they cannot ignore it'. In view of this point, Lewis and Kanji note that these relationships between governments and NGOs tend to vary considerably across different geographic locations and tend to change with different regimes- these could range from hostility, in which the State may seek to intervene in the affairs of NGOs, or to dissolve them, to periods of active courtship and partnerships, as the State and donors may alternatively seek to incorporate NGOs into policy or intervention processes. Sampson (2017) asserts that, in many developing nations, international donors usually require the recipient country to involve their national NGOs sector in development work, such partnerships between States and NGOs may appear voluntary, but they are mostly imposed from the international donors under the caption of 'conditionality'. Sampson added that more often, without financial support from donors, many NGOs would not exist.

NGOs are said to favour an operating context that provides an 'enabling environment' in which the State provides sound management of the economy, provides basic infrastructure and services, as well as maintains peace and democratic rule of law. On the other hand, States also claim, and rightly so, that they need to ensure NGOs' governance and finances are monitored to ensure probity, and that there is appropriate coordination of activities between government and non-governmental agencies; as a result, relations between NGOs and the State may be tensed. Governments may feel threatened if they perceive that international resources, previously provided as bilateral aid, are channelled to NGOs (Lewis and Kanji 2009), also see, Chamber (1994). According to Sampson (2017), a State may feel threatened if its legitimacy is brought into question through NGO projects, which could reveal the State's inability to deliver basic social services to its citizens. In some instances, the State may want to take credit for work done by NGOs in sections of the population; it is not unusual for local communities to regard interventions by State agencies and NGOs as virtually the same (Lewis and Kanji 2009); also see, (Igoe and Kelsall 2005). A society in need of basic social services, such as quality healthcare system, affordable housing, or free basic educational facilities, will be less concerned about who is providing these needs, but that the need has been met.

The relationship between NGOs and the state can take several forms, some of which are adversarial- as certain NGOs criticise and hope to influence governmental policies, while other relationships are cooperative and business-like. Also, most governments regulate activities of NGOs through domestic legislation, or by administrative procedures like issuance of visas to international NGOs (Weiss and Gordenker 2007). However, NGOs can leverage valuable resources to enable complementarities with the State and ultimately increase

the likelihood of project success through negotiations or harmonising of interest with the State; by so doing, NGOs are likely to succeed (Asad and Kay 2014). By implication, the success of NGOs is likely dependent on the willingness of the State to them with an enabling environment to operate. Although some writers have argued that from the 1980s, non-state actors have increasingly been engaging in national social policy programmes which have led to the shrinking of State dominance (Taekyoon 2011; George and Wilding 2002; Sassen 2007), other scholars also claim that NGO activities are often not on a large-scale for them to have a significant national impact (Madon 1999; Tandon 2000; Bebbington 2014).

In the context of SSA, Ayee (2012,) argues that although the role of the State in the development of African nations has been played down for decades, a 'paradigmatic' change and a rediscovery of the relevance of the State in development processes re-emerged from the 1990s. Thus, the importance of the State to the socio-economic development of Africa cannot be underestimated, also see (Owusu and Ohemeng 2012). According to Bebbington (2004), NGOs are not well-positioned to make significant contributions in poverty reduction, he argued that these organisations only make a little contribution in addressing the root cause of poverty and inequity of opportunities. Similarly, other writers also claim that NGOs' projects are only a small part of a more comprehensive process of socio-economic development (Fowler 1996; Mitlin, Hickey and Bebbington 2007). Also, some scholars assert that NGOs and the nation-state can complement each other. For example, White (1999) argues that NGOs working with the State allows them to expand their scope of operation, widen their influence and participate in the drafting of national development programmes. The State, on the other hand, can also take advantage of the opportunity of partnerships with NGOs as a chance to profit

from some 'reflected moral glory, regain a hold on donor funds, defuse any possibility for opposition, and achieve a more efficient and cost-effective implementation of policy.

2.7 NGOs in Nigeria

This section presents a background of NGOs in the research study location. The history of NGOs from an international perspective has already been discussed at the beginning of this chapter. Thus, this section looks at the emergence of civil societies in Nigeria and civil societies in contemporary Nigeria. Literature has it that the 1980s onwards witnessed the proliferation of INGOs on the African continent. This is not suggesting that INGOs are the first non-governmental association on the African continent; historical evidence has shown that communities across the continent had some forms of associations (Nugent 2004). The history of NGOs in Nigeria is typically associated with the growth of civil society movements in the country that predates the colonial period. Such movements which were in existence include: market associations and community associations, all of these associations had common-interest as the objective for their establishment, for example, for the market associations it was for economic interests and community associations- it was more for social interaction (Davis. Et al. 2011; Malaolu and Ogbuabor 2017).

Also, religious organisations, notably traders from North Africa who brought Islam to some Hausa states in Northern Nigeria and Christian missionaries from Europe who brought Christianity into the Southern parts of the country are associated with the evolution of civil societies in Nigeria. It is claimed that FBOs played a key role in the provision of welfare services in SSA countries prior to the introduction of contemporary international development programmes in the post-World War II era (Tomalin 2013). According to Ogbonnaya (2012), FBOs

have played a key role in the health and education sectors of Nigeria. FBOs are said to have brought formal education into Nigeria, for example, the growth of educated elites, particularly in the Southern parts of the country is credited to the establishment of mission schools by the Christian missionaries (Falola & Heaton 2008). Gifford (2009), notes that FBOs such as the Christian missionaries who accompanied European explorers and colonialists to Africa were engaged in what can be described as development work, as they made contributions to health, education and building of infrastructure. Consequently, the evolution of development NGOs is perceived to be the continuation of the work of those missionaries and other voluntary organisations in the colonial period. It is claimed that, as the post-independence African States were unable to provide basic needs to its citizens, development NGOs were on hand to response to such needs as gap fillers (Manji & O’Coill 2002; Deacon & Tomalin 2005).

The growth of NGOs in Nigeria from the 1980s has been attributed to three factors; firstly, the poor socio-economic conditions of many Nigerians as a result of the structural adjustment policies created an arena for NGOs who aspired to play the role of the state in elevating the poor living standards of citizens. Secondly, the military rule which plagued the country from the late 1960s post-independence, lasting until 1999, had trampled upon the civil and political rights of many citizens. This encouraged the creation of pro-democracy movements who agitated against the military authorities. Thirdly, as many developing countries, especially in SSA, were perceived to be corrupt or categorised as ‘failed states’ by aid donors in the global North (see discussion on failed states in section 2.3.1), a new trend of channelling development aid through NGOs emerged. The preference for NGOs by donors is considered as one major factor

for the growth of NGOs in developing countries, including Nigeria (Davis, Et al. 2011; Ogbogu and Idogho 2006).

Furthermore, political associations were part of civil associations which existed in Nigeria before the colonial period. In the pre-colonial period, it is recorded that political association were mainly created to campaign for more inclusion and less autocratic rule. While in the colonial period, politically motivated civil society movements focused on agitating against colonial authority (Davis Et al. Ibid). In contemporary Nigeria, there are civil society organisations whose sole objective is advocacy for government accountability. Other than advocating for government accountability, these civil society organisations also take part in the electoral process- serving as electoral observers in polling units on election days (Uadiale. 2011; Arisi 2015; Chuks 2015). However, it is important to note also that some political civil associations in Nigeria have been criticised of being platforms for ethnic divisions (in a country with over 200 ethnic groups), with agendas aimed at creating disunity and undermining democracy (Arisi 2015; Ikelegbe 2001). Accordingly, Akinyemi (2016) stated that the challenge of legitimate civil associations is the infiltration of the sector by groups with concealed motives operating under the guise of civil society.

Although many of the NGOs that emerged in Nigeria from the 1990s onwards focus on social development issues such as health and education, as earlier mentioned. The NGOs selected as case studies in this research are some examples of NGOs engaging in the health sector of Nigeria (see discussion in chapter five). Also, NGOs operating in Nigeria are mandated to register with the Corporate Affairs Commission (CAC). This Federal Government agency is responsible for the registration of NGOs and monitoring their social activities (Akani 2016). Accordingly, another agency of the government which regulates

NGOs activities in Nigeria is the Federal Inland Revenue Service (FIRS), this agency ensures that non-profit funds are subject to appropriate taxes and exemptions were applicable, for instance, exemptions are given to organisations engaged in charitable activities in the public interest (Federal Inland Revenue Service 2010).

2.8 Conclusion

This chapter presented a review of literature which will be summarised in three parts; the first part analysed several works of literatures that have framed our knowledge of sustainable development. The chapter began with a discussion on the idea of 'development', indicating that development implies 'progression'; therefore, if development is progress, then Sustainable Development would mean 'sustainable progression'. However, it was recognised that development is interpreted differently depending on which institution may be defining it. A general idea of how development is defined is the UN definition, summarised thus: development is a comprehensive economic, cultural and political process aimed at the 'constant' improvement of people's well-being. The word constant there can be interpreted as 'continuity', or 'sustainability', which implies that sustainable development as a concept involves the processes to improve people's well-being constantly. Consequently, the idea of Social development was analysed in reference to the focus of this study which is health- and health is a social development process which aims at the improvement of people's well-being.

The second part of this chapter focuses on SD from a Sub-Saharan African perspective- the field study location for this thesis is part of this region, it is argued among many scholars that the countries in this region have similar development challenges; thus, it was imperative to review the development

literature about the region. Furthermore, the idea of SD from the perception of African scholars was analysed, it is argued among some of these scholars that Africa's underdevelopment is rooted in decades of colonial rule; on the other hand, some scholars assert that under-development in SSA countries is due to the fragility of the States and the absence of good governance. Lastly, the chapter reviewed the role of NGOs as development partners- their legitimacy as important actors in the field of development, and their relationship with the State- whether it is an antagonistic relationship or a complementary one. Also, NGOs in Nigeria were reviewed- from their evolution to the role they are playing in the development processes of the country.

CHAPTER 3: THEORETICAL FRAMEWORK

3.1 Introduction

There is no 'one cap fits all' approach when theorising development or the processes for achieving SD (such as 'partnerships for development'- the focus of this research). For instance, the economic aspects of development tend to be viewed from a liberal dimension, while the social and environment may carry some liberal features, but can also be approached from the dependency, liberal, normative, modern or critical theories dimension. This thesis is approached mainly from the social dimension of development, vis-à-vis malaria interventions in Nigeria. Accordingly, the discussion in this chapter centres on theories that have been linked to social development. However, the economic and environmental aspect cannot be ignored as they are interconnected in several ways. For example, economic growth can bring about the provision of better social services, such as, adequate healthcare services, housing and education. On the other hand, environmental factors such as, natural disasters, can destroy infrastructure, and consequently, adversely affect the economy of a nation.

In the context of social development, Holton (1996), notes that classical social theory emerged during the 19th and 20th Century as a critical commentary on the major socio-economic and political processes shaping the modern world. The objective of this new science, it was claimed, was society itself. Consequently, from the late 1970s, social and political research concerned with development have made significant logical progress within various groups of scholars. Booth (1994), states that the neo-liberal approach to development considers the free market to be the best way to initiate and sustain economic development. The standard policy implication of such approach centres on removing the influence of the State in markets; eliminating tariffs on imports

and subsidies on exports. Accordingly, the root of neo-liberalism is found in the neo-classical economics of Adam Smith, whose ideology, is said to have swiftly become the economic tradition in the Global North, which was in turn exported to the South via aid policies and measures formulated to address debt crisis (Simon 2002; Elliot 2006). On the other hand, theoretical discussions on social development focus on three major components (applicable to this research): first, the original condition that social development seeks to change; secondly, the goals it hopes to achieve; and thirdly, the interventions that can bring this about (Midgley 2013). Accordingly, as a social research, this thesis seeks to address the issue of malaria, discussions are centred around processes for malaria intervention in Nigeria, with a focus on partnership for malaria intervention.

Midgley and Pawar (2016), notes that there is a close link between economic development and social wellbeing; the absence of State interventions designed to elevate peoples' welfare has created a situation of distorted development in many nations where the benefits of growth accumulates disproportionately to the elites. In addition, Midgley and Pawar (Ibid) state that, governments that have made an attempt to address this problem of uneven development and have combined economic growth with social welfare policies have successfully raised the standard of living of their citizens; on the other hand, government indifference and corruption, has been accompanied by economic stagnation and widespread poverty in many nations (especially) in the Global South. Development theories, as Willis (2005) notes differ according to who the main actors are; the main actors could be governments, the market: represented by the private sector and civil society institutions. So (1990), states that in the late 1950s, the concept of development was dominated by modernisation theory. By the 1960s, the modernisation school of thought was challenged by a radical

dependency school. In the 1970s, the world-system school emerged as an alternative perspective from which to examine the issues of development. But by the 1980s, it seemed that these three schools were moving towards a union. Therefore, this chapter explores some theoretical approaches to development, especially those that are associated with the main themes of this study- sustainable development, the UN as an institution promoting development agenda via the SDGs, NGOs in the field of development and partnerships for achieving SD. This research is approached from a multidisciplinary dimension, hence the theories discussed in this chapter are relevant to the study in different, and somewhat related contexts. These theories include critical, dependency, modernisation, liberal/neoliberal, and normative theories.

3.2 Critical Theory

Devetak (2013) notes that a major characteristic of critical theory is that it emphasises self-reflection; this includes an account of how knowledge arises out of and is situated in certain contexts. Critical international relations theory takes challenges and issues in the present as a starting point. According to Devetak, critical theory argues that we should account for the development of the modern State as the dominant structure of political community in modernity. Thus, an account of how these States build their moral and legal duties and how these reflect on expectations about the structure and reasoning of international relations is required. In the context of SD, Jacob (1997) states that critical theory offers some relevant general knowledge into development theory, particularly SD in relation to understanding the complexity of modernisation and the role of science and technology in this project. Fuchs (2017) notes that the discourse on sustainability has shifted from a focus on the ecology alone to the inclusion of broader societal issues. Hence, critical theory is interested in how economic and non-economic forms of domination are related. It investigates the

relationship of capitalism and power, class and exclusion, the economic and non-economic. Pisani (2003) has claimed that capitalist development results in an increase in the gap between the rich and the poor. However, Fuchs (2017) notes that as critical theory is against ignoring class and capitalism, it is also against minimising all societal problems to the economy. Critical theory views capitalism as conditioning, but not determining societal challenges. For Fuchs, capitalism brings about pressure on and interrelates with the problems in contemporary societies. Hence, societal issues concurrently have features of class and go beyond class in certain ways. In addition, Fuchs (Ibid: 450) notes that, for critical theory of sustainability and societies, unsustainability is built on global capitalism's 'destructive, dominative, exploitative and exclusionary character, which interacts with specific forms of domination such as patriarchy, racism, nationalism, bureaucracy, destructive industrialism'. Consequently, a critical theory of public norms needs to confront the challenges constituted by the material and ideological intricacy of late modernity in order to give an account of the 'polycentric' characteristics of advanced societies (Susen 2011).

In the context of civil society organisations, Chambers (2002), notes that critical theory is interested in a critique of civil society, it investigates the ways domination and alienation insinuate themselves into citizens social lives. Chambers states that Habermas (1991) also assessed the role of liberal institutions in social development. Chambers notes that Habermas saw potential in using liberal institutions, for example, the public sphere, equal citizens' rights, and constitution to mitigate the adverse effects of liberalism. Accordingly, it is stated that Jurgen Habermas is arguably the leading social theorist of his generation (Scambler 2001). According to Chambers (2002:96), Habermas was convinced that liberal democratic institutions could be applied in the service of emancipation, as such the basic elements of Habermas critical liberalism are:

civil society is the platform for resistance and emancipations; the exemplary actors are social movements, although all citizens can share in this potential; the arena of action is the public sphere; while the type of action is democratic deliberation. The public sphere as Chambers (Ibid) notes, is an important extension of civil society. It is where ideas, values, interest and ideologies are developed and made politically effective. Since the 1960s, these social movements have been a topic of interest in both politics and sociology. The term is used in a variety of ways, for instance, in relation to environmental issues, women groups or political groups, with different aims and values (Kelleher 2001). Similarly, although Habermas's approach of the public sphere gives a useful understanding of the structural transformation of the public sphere in the early modern era, it does not provide enough theoretical framework for understanding the structural transformation of the public sphere in late modern societies (Susen 2011).

Habermas's approach to the public sphere has over the years exercised some influence on contemporary accounts of civil society (also see Calhoun 1992). No doubt, civil society organisations have grown in numbers over the years. An important question critical theory asks is the reason behind people joining a variety of groups or associations in the first place (Chambers 2002). Critical theory judges social arrangements by their capacity to embrace open dialogue with others and envisages new forms of political community which breaks with unjustified exclusion. It also maintains its belief in the enlightenment project and defends universalism in its idea of open dialogue between citizens and between all societies (Linklater 1996).

On the other hand, modern critical theory draws from historical analysis of the goals of human activity, especially the notion of a reasonable social organisation

capable of meeting the needs of the whole of society (Santos 1999). Also, in relation to health, which is relevant to this study, Scambler (2001) notes that health inequalities can be explained as the indirect, mainly unintended of the political elite informed by the capitalist system. As shown in this research findings, malaria mortality and morbidity rate are higher among the poor in Nigeria. Most of the social associations for health claim to be doing their work mainly for the poor and disadvantaged groups in society. Kelleher (2001), states that these social movements in the field of medicine are not tackling political issues directly. Nonetheless, they are a political phenomenon in terms of the contribution they make to communicate action. Accordingly, this research argues that NGOs who engage in partnership with the State for malaria interventions are likely to get caught up in some form of politicking in their relationship with the State (see further discussion in chapter five).

3.3 Dependency Theory

Dependency theory argues that international disparities were socially organised, and that hierarchy is a central aspect of the global system of societies. Dependency theory sought to explicate the intuitional structures by which powerful core States were exploiting and dominating least powerful nations even after the independence of these States from colonial rule (Chase-Dunn 2015). The central theme in dependency theory is that the development of the United States and Europe was grounded in the active underdevelopment of other nations (Peet and Hartwick 2015). Frank A.G, as cited in Peet & Hartwick (2015), argued that real development involved separation from capitalist systems and becoming a wholly self-reliant economy. For Frank, regions that maintain close ties with the capitalist West are the most underdeveloped. Peet and Hartwick (2015) note that dependency theory placed countries into the larger global system in a holistic manner. It emphasised the external causes of

underdevelopment rather than the internal causes within those societies. According to Peet and Hartwick, dependency theory was more politically predisposed, with most of its supporters declaring the need for some socialist revolution, though a purely nationalist policy might also arise from the spatial versions of dependency viewpoints. Du Pisani (2006), also notes that Marxist dependency theory claims that Western development of Europe and North America was premised on the active underdevelopment of the non-European world (also see, Peet 1999).

Dependency theory was the main opposition to modernisation theory. Notwithstanding, it was limited in that it confined its focus to almost exclusively the economy, and a little to the political system of domination and control (Tucker 1999). Du Pisani (2006: 88) notes that dependency theory focuses on the economic domination of the international capitalist system and argued that the 'core'- that is, the Western centres of power, maintains its dominance over the 'periphery'- former colonies, even in a post-colonial era. Advocates of dependency theory, according to Du Pisani suggest a solution opposite to that of capitalism, they propose that developing countries should disconnect their ties with Western capitalist nations and follow an autonomous independent path to development based on socialism (also see, So 1990; Peet 1999). Nevertheless, Du Pisani states that this argument has since adapted to a changing world, especially with the way international relations has transformed since the end of the Cold War. However, their underlying assumptions have remained influential in development discourses.

Interestingly, in contemporary times development aid to developing nations from the developed nations is on the increase (Bulíř and Hamann 2008; Kim and Gray 2016). This aid from developed countries to least developed

countries is one of the central themes of dependency theorists' argument. For instance, Kabonga (2017), claims that donor aid is a symbol of dependency, which supports the assertion of dependency theorists. Donor aid is perceived as a neo-colonial culture of dependency. Kabonga argues that there is a shortage of domestic solutions to domestic development challenges in most developing nations as donor aid encourages reliance on foreign ideas. According to Kabonga, it is not over-ambitions to assert that donor aid stifles the ingenuity of developing societies. Nevertheless, this thesis is approached from the hypothesis that partnership can bring better results, and international development assistance (i.e. international funding for malaria) should not diminish or reduce the role of the State as a sovereign entity.

3.4 Modernisation Theory

Modernisation theory is based on the idea of human progress (Inglehart and Welzel 2005; Kalber 2005). It is defined as the belief that development involves transforming 'traditional' countries into modern westernised countries (Potter. Et al. 2004; Inglehart and Welzel 2005; Bradshaw and Wallace 1996). Okolie (2003), stated that the idea and practice of development in post-colonial Africa was primarily influenced by modernisation theory, a theory, characterised by the 19th Century idea of progress and managed-change, and a concept prominent through the works of early social theorists including Karl Marx, Emile Durkheim and Max Weber. Inglehart and Welzel (2005), note that Karl Marx propounded the most influential of modernisation theory. Tucker (1999: 8), states that discourses of progress, development and modernisation were built on the basis of false polarities of 'traditional' and 'modern', which argued that societies that drift from the European standards of development were 'traditional' or 'primitive'. According to So (1990:17), modernisation theory was originally formulated as a response to the new world leadership role which the

United States took on after World War II. So notes that it was a defence for the asymmetrical power relationship between 'traditional' and 'modern' societies. The argument was that, since the United States is a modern and advanced society, the Third World who were 'traditional and Backward' should look to the United States for guidance. In addition, So states that modernisation theory identified communism as a threat; hence, if Third World countries were to modernise, they would need to move away from communism. So also noted that modernisation theory helped to legitimise the 'ameliorative foreign aid policy' of the United States- which involved the United States offering aid to the Third World.

Furthermore, modernisation theory is argued to have emerged from Western political scientists, sociologists and economists whose attention was drawn to problems plaguing Third World countries at the end of the colonial era (Jones 2005). Accordingly, from an African context, it was assumed that modernisation was simply following a Eurocentric development model, as most parts of the African continent were colonised by European countries. The perception that the underdeveloped parts of the so-called 'Third World' (many of which are in Africa) was due to their being 'traditional societies', provided the boost for the colonial authorities to intervene in what was perceived as stagnation or a lack of progress. Embracing the social, cultural and economic systems of the developed countries was suggested as the cure for the lack of progress and the transformation from the traditional to the modern (Makuriwa 2017: 279); also see, (Homes Et al. 2007; Matunhu 2011). According to Du Pisani (2006), the theory of modernisation based on liberal standards, argues that developing nations should imitate a Western model of development by modernising their societies to take on the features of countries which were already economically advanced. Nevertheless, So (1990), argues that the modernisation school of

thought is deficient in its 'internal' explanation of Third World development which assumes that there is something wrong with Third World countries in terms of their traditions, over-population, minimal investment or lack of motivation for achievement, which is the reason for the underdevelopment of the region. In relation to the internal explanation of the modernisation school, Frank, A. G, as cited in So (1990: 96), offers an 'external' explanation for Third World development. Frank argues that the backwardness of Third World nations cannot be explained in the context of feudalism or traditionalism, and that it is not right to characterise Third World countries as 'primitive', 'feudal' or 'traditional' because many countries were advanced in some form before they encountered colonialism from the 18th Century.

From the economic dimension of SD, modernisation theory is in favour of free enterprises and the market economy as a positive force for progress. Implying that societies who intend to develop should open their markets, withdraw State aid and privatise the economy. This process is claimed, will allow for the distribution of wealth globally, resulting in increased economic growth and modernisation in Third World countries (Du Pisani 2006). International aid flowing from North to South in the post-world war era was part of the development policy's response to modernisation theory; President Truman's post-war speech fitted into the modernisation narrative of the South lagging on the path of economic development, hence the need to supply it with finance, technology and expertise from the North (Willis 2015). However, Makuriwa (2017), notes that the rising discontent about modernisation theory was based on the perception that it was misleading as it failed to elucidate the exact relationship between the developed world and the developing parts of the world (also see, Frank 1976). This distortion, according to Makuriwa, needed clarity as even the Brandt Commission (1980) had admitted that development based

upon modernisation thinking had failed. Consequently, the narrative of modernisation theory which argues that development involved transforming 'traditional' societies (countries in the Global South) into modern societies, like those in the Global North does not fit into the context of this study. This thesis is built on the hypothesis that international cooperation is part of the processes of globalisation (as discussed in chapter one). Consequently, the partnership as discussed in this thesis, between the State, NGOs and other stakeholders (mainly international donor agencies) for malaria interventions in Nigeria is to deal with a social issue and not a modernisation agenda from the Global North.

3.5 Liberal/neoliberal Theory

From the 17thC, starting with John Locke, liberals saw the potential for human progress in modern society and capitalist economy which could flourish in States that allow individual freedoms; they also believed that shared interests could lead to cooperation both locally and internationally which can be beneficial to all. Progress for liberals is the idea of a better life for citizens in any society (Jackson 2007). Liberalism is argued to have impacted modern industrial societies, it is said to be at the front-line for reducing State powers, and the belief of freedom of individuals from state control. The liberal position is in two parts: the market view of individuals as consumers who are maximising their utilities, and an ethical perspective that sees humans aspiring to realise their potentials (Scott 2001).

One fundamental liberal assumption in Immanuel Kant's framework includes the belief that regardless of their self-interest, humans can cooperate and build a peaceful and harmonious society (Russett 2010). Liberalism is the most influential philosophical tradition to have emerged from the European Enlightenment. It advocates scientific reasoning, individual rights and freedom;

as well as human progress, constitutionalism, democracy and limitations on state powers. The liberal economic model argues that market capitalism is best for promoting welfare for all by efficiently allocating scarce resources within society (Burchill 2009). Features of liberalism were visible through the spread of democracy after the cold war and in the globalisation of the world economy (Burchill. Ibid). Liberal internationalism is the belief that political activity should be framed in terms of universal human conditions rather than in relations to the particularities of any nation (Steans 2010). Liberals also believe that when individuals apply reasoning to international affairs, it could lead to fruitful cooperation (Jackson 2007). Many neoliberals focus on the conditions under which the demand for regimes is likely to be most significant, in their opinion, norms are not only reflections of power; but they assist us in interpreting the behaviour of States and in determining whether their practice is in accord with an agreed-upon standard (Kratochvil and Mansfield 1994).

Neoliberalism, on the other hand, is a variant of the liberal theory which focuses on the role international institutions play in obtaining global collective outcomes, and by this, it is often termed- 'neoliberal institutionalism'. Neoliberalism endorses a state-centric perspective which considers States as unitary, utility-maximising actors dominating world affairs with the aim of achieving international cooperation. At the centre of neoliberal concerns is how to achieve cooperation among States and other actors in the international community, they also argue that development from the 20th Century onwards resulted in the growth of international institutions such as the UN and IMF (Sterling-Folker 2009). Willis (2005), notes that neoliberalism remains the broad theoretical context which shapes much of international development policy today notwithstanding the devastating effects of Structural Adjustment Programmes

(SAP) and other related policies on many communities, households and individuals, as well as national economies.

In addition, the idea of social justice is rooted in the conception of SD, as outlined by the World Commission on Environment & Development in *Our Common Future* (1987). It is argued that SD broadly matches liberal theories of justice; however, SD goes beyond liberal theories of justice in many ways. Nevertheless, liberal theorists tend to ignore several empirical assumptions that are fundamental to the conception of SD- environmental problems, for example, are said to be absent from liberal approaches (Langhelle 2005). Liberalism generally constructs its view of social reality in terms of individuals pursuing their self-interest (Rupert 2010).

In view of the fact that the liberal theory of development is arguably more market-centred, it will not be applied to support this thesis. Although Igoe and Kelsall (2005), claim that the growth of NGOs in Africa from the 1990s onwards can be described as a liberal project; this thesis adopts a normative-ethical approach vis-à-vis the ethical question of, what is the right action to take?, which is centred around the main theme of this thesis- partnerships for malaria interventions in Nigeria. Malaria is classified as a social development issue, and social development is the development that involves meeting the needs of people in any society, in terms of food, shelter, education, housing and available healthcare (see discussion on social development in chapter two). Peteers (2012), notes that the concept of SD which involves meeting the needs of the poor, and protection of the environment gives it a normative-ethical dimension. In addition, it is important to note that although this research centres around partnership discourses, and international cooperation is argued to have been conceptualised from a liberal capitalist vision Giesen and Pijl (2006), this thesis

is grounded on the normative-ethical concept vis-à-vis the narrative of individuals making a moral ethical judgement; in this context- NGOs engagement in malaria interventions in Nigeria, which is argued to be a moral-ethical action.

3.6 Normative Theory

Normative international relations theory is described as the body of work which addresses the moral dimension of international relations and the broader question of meaning and interpretation created by the discipline. It addresses the ethical nature of the relationships between communities or States, whether in the context of focusing on violence and war, or the traditional concerns with modern demand for international distributive justice (Brown 1992). Normative theory is conceptualised as another term for 'moral philosophy of international relations' (Jackson and Sørensen 2007: 98). It is also argued to be a theory based on values, or an ideal world that does not exist. Normative theory is concerned with theoretical accounts of rules, institutions and practices which can be traced to the State (Jackson and Sørensen. Ibid).

According to Brown (1992), the meaning of normative revolves around the idea of standard setting and prescription. He added that, as much as normative theorists attempt to prescribe norms, it is only because of their role as citizens who happen to have thought about a particularly difficult issue longer than others, and who have at their disposal a knowledge of the ways in which the same type of problems has been thought about in the past. Brown added that international relations is believed to be related to philosophy through the sub-discipline of political and moral philosophy; the moral philosophy which is about right actions, and human conduct, so far as it is devoted to the pursuit of the right and the good. Neethling (2004), also notes that the significance of

normative theory is viewed from a norm-based and value-based scientific perspective, rather than a limited disciplinary concern, to which normative IR theory can be referred to as the moral-ethical element of activities in the international domain.

Frost (1996: 3) claims that normative theory requires us to make judgements about what ought to be done. Frost states that normative theory centres around the question, what should I, as a citizen, or we the government, or community of States do? However, finding an answer to this question usually depends on finding an answer to a prior important question, which is about the moral standing of the institutions within which we find ourselves. Further reiterating this argument, Koehane (2011), notes that democracy is an appropriate standard by which we can begin to discuss the legitimacy of global governance. Koehane states that, taken from a normative standpoint, and applying liberal democratic theory, three essential principles of democracy are- that individuals have inalienable human rights; that they should be free to make their own decision, as far as their actions do not infringe on the rights of others; and that they should have equal voices over how they are governed.

Cochran (1999) claims that all IR theory is normative. Cochran argues that those theories engaged in positivist approaches, who aim to study world politics in a manner that resembles the methods of natural sciences, cannot avoid normative assumptions in the selection of what information is vital in interpreting data, and in articulating why such research is significant. Cochran added that while all theorising in IR has normative concerns that can be brought to the surface for critical examination, not all theory in IR is self-consciously interested in such an exercise and does not find it an essential aspect in theorising the discipline. Eskine (2010), states that normative theory

distinguishes itself from other theories in IR by raising questions of morality, as it talks about the ethical dimension of the relationship between different actors in world politics.

Furthermore, normative theory has as its subject matter the criteria of ethical judgement in world politics and seeks shared principles for extended moral inclusion. It is a social reconstruction in international practice, that is- it aims to move beyond the understanding of IR as a 'modus vivendi' by illustrating reasons for an obligation owed in international practice that cannot be attributed to self-interest alone. Also, as an enterprise, normative IR theory starts by asking questions about which relationships between individuals and States can be regarded as legitimate, and whether parameters in which those relationships are defined are ethically justified. This type of inquiry aims at improving inter-social relations by encouraging better forms of responsibility among people (Cochran 1999: 2), also see (Linklater 1998). In addition, Cochran (Ibid), states that the recognition of normative theory as a field within IR is quite recent. Cochran points to two writers who were central to carving out a role for normative theory in IR- Mervyn Frost and Andrew Linklater. Both writers are said to have constructed what they regarded as a much-needed bridge that links the tradition of normative theorising in political theory with international theory to ponder on the relationships of freedom and obligation between individuals and states.

All normative issues in world politics refer either directly or indirectly to the State, inter-state relations, and the role of individuals as citizens of the State (Frost 1986). Development, with emphasis on redistributive social justice and ecological issues, started gaining normative dimensions from the 1990s onward (Ghosh 2016). Sneddon. Et al. (2005), argue that the normative approach of

SD (such as ethical commitment and development as freedom), as well as the politics that follows, has attracted attention in SD debates. In addition, normative theory looks at questions associated with the standard of behaviour, obligations, responsibilities, rights and duties as they may be applicable to States and the international community (Neethling 2004).

3.7 UN Development Goals: from a Normative IR Approach

Frost (1996), notes that the UN has a normative charter. Frost argued that actors in the realm of international relations are often faced with normative question; they are regularly called upon to decide what, given the specific situation, would be the right thing to do. The task of decision-making is not only placed on governments; not all actors in world politics are governments- citizens in any society can be actors in world politics in one capacity or another. Frost further noted that individuals, whether as ordinary citizens or as members of a private sector agency (such as the NGOs used as case study in this thesis) are often required to make critical normative decisions related to international relations. For example, citizens of a State being called upon by their government to fight in a war, are often faced with difficult choices regarding their obligations, or a voter in a democratic setting has to make decisions about foreign policy questions with a normative dimension in order to cast their vote intelligently in an election.

In describing SD as a normative approach, Sachs (2015:1), asserts that SD is a 'central concept for our age'. Sachs notes that SD is a way of understanding the world and a method for solving global challenges and an academic pursuit, it tries to understand the interactions of three complex systems- world economy, global society, and earth's physical environment. Sachs states that SD is a normative outlook on the world- it sets goals to which the world should

aspire. Accordingly, Sachs suggests, the adoption of the UN's Development Goals by all countries to help guide the future course of economics and social development on the planet. According to Sachs, a normative-ethical logic of SD calls for a world in which economic progress is widespread, extreme poverty is eradicated, social trust is encouraged through policies that strengthen the community, and the protection of the environment from degradation caused by human factors.

The normative dimension of SD is also argued to envisage four primary objectives for a good society- economic prosperity; social inclusion; environmental sustainability; and good governance by major social actors, including governments and the private sector. In addition, the fundamental part of SD in a normative sense is that it urges us to get an all-inclusive imagination of what a good society should be. Hence, from a normative perspective, we can say that a good society is not only an economically prosperous society, it is also socially inclusive, environmentally sustainable, and well governed (Sachs. 2015). Sneddon. Et al. (2005) note that the normative basis of SD (such as ethical commitment and development as freedom), as well as the politics that accompanies it, have attracted some attention in the debates on SD. Similarly, Midgley and Pawar (2016), believe that normative and analytical assessments have direct repercussions for social development theory and practice, pointing to the need for new forms of practices as well as conceptual frameworks that can inform the activities of non-profits, community groups, governments, or international organisations concerned with the promotion of social development.

In the context of the environmental, it is argued that SD may be a methodology, as well as a normative goal, a model for planning, and a strategy that involves purposeful management of the environment. Furthermore, if the concept of SD

is described as a product of modernisation, it also would answer to the question of modernism in a variety of ways. In comparison with Marxism, SD invokes the idea of 'need'- to meet problems of resource allocation in time and space. Consequently, the discussion of needs illustrates the essential debate surrounding sustainability. Issues of distribution in time- between the present and future generations are central to the discourse surrounding sustainability (Redclift 2005). The normative approach to SD, according to Peteers (2012), require that human-beings take responsible actions for the good of future generations. However, this research supports the argument that humanity will also need to take responsibility for the present, as we plan for the future, as Sachs (1996) notes, overstating the time dimension in relation to SD could result in us overlooking the present unequal distribution of life opportunities.

It is imperative to highlight two vital normative arguments in world politics in this thesis. They are two rival moral outlooks termed: 'cosmopolitanism' and 'communitarianism'. Cosmopolitanism is said to mean two different things: 'political cosmopolitanism' advocates the removal of State borders with the aim of achieving a world government or a system of representation that goes beyond political divide; while 'ethical cosmopolitanism' prescribes a global equal moral standing (Jackson and Sørensen 2007:302); also see (Eskine 2010). Consequently, it is this 'normative-cosmopolitan' argument that allows for the UNDGs to be viewed in a normative theoretical sense, as it advocates for a variety of stakeholders on a global scale to partner towards achieving SD. On the other hand, communitarianism differs from cosmopolitanism, as it argues, firstly, for the right of individuals to belong to a community before thinking of being a global citizen, and secondly, that priority should first be given to fellow citizens. Nonetheless, these two concepts are competing ideologies which helps us think about our moral identity, the origin of our moral values, the extent of

our obligations to others, and what motivates our actions (Erskine: 2010:43). This thesis aligns with the 'normative-cosmopolitan' approach vis-à-vis the advocacy for global citizen participation, which is part of what the SDG 17 proposes for achieving the Global Goals.

3.8 NGOs as Development Partners: A Normative Perspective

Ethics are principles of right and wrong, which human beings try to exercise in their relations with others and with the natural world; humans are different from animals in the sense of being conscious of and having a conscience about our actions; that is, we make moral and ethical judgements about intentions and behaviours relating to our actions. In the context of development, however, the ethical problem of what, and how much to produce are made less difficult by the plight of the world's poor. The moral question then is not if, but how to provide the basic needs of the poor- the means of providing these needs is referred to as 'development'; development as a project deserves ethical repute, political support and practical advocacy (Peet and Hartwick 1999). Accordingly, ethicists question the morality of opulence in a world characterised by extreme poverty, and how individuals should respond to this issue (Chatterjee and MacLean 2004). Against this background, it is claimed that the first major involvement in global governance by NGOs was the setting of normative standards; this was translated into an international policy agenda. NGOs are said to have been mainly responsible for formulating the concept of SD and ensuring that it got into international discourse at major world gatherings (Armstrong, Lloyd and Redmond 2013). Accordingly, citizen participation is one concept gaining international attention. Using Go4Health as an example (bearing in mind that this study is analysing NGOs as development partnerships for malaria intervention in Nigeria), the normative framework on the right to health framed Go4Health's proposal to set goals and a form of governance

centred on the foundation of a shared, but separate responsibilities for achieving UHC. Go4Health argues that the right to health can be successfully implemented via a firm global social contract, despite the status of it being 'voluntary cooperation'- described as a political concept which involves citizens and governments participation to achieve any agreed goal ([go4health. 2018](#)). From an African context, it is claimed that the high level of poverty on the continent is an issue which requires a moral-ethical discourse for philanthropists, charities and foreign aid. In view of this, images of people suffering from starvation and diseases (particularly children) are usually taken from SSA countries. These images used by NGOs, (often INGOs) to solicit for funds gets the attention of many citizens and organisations in developed countries. These 'disturbing' images of people suffering in SSA countries and the consequent response by NGOs presents these organisation as 'problem solving organisations' (Jones 2005: 988). Accordingly, these NGOs often partner with other organisations on development projects Jones (Ibid), thus, they can arguably be classified as development partners.

3.9 Conclusion

This chapter examined some theoretical approaches to development, particularly those associated with the main themes of this study- sustainable development, the UN as an institution promoting development agenda, NGOs as development partners in the field of development. Different writers in theorising development link the economic dimension of SD as a modern or liberal ideology; the social aspect and environmental dimensions are usually connected to normative-ethical thinking. Consequently, a review of critical, dependency, modern, liberal/neoliberal, and normative theories was imperative in this study. This chapter looked at critical international relations theory. It is argued that a key feature of critical theory is its insistence on self-reflection,

including an account of how knowledge arises out of and is situated in certain contexts. In relation to SD, this chapter discussed how critical theory has influenced SD. It is claimed that critical theory offers important knowledge into development theory and SD in relation to understanding the complexity of modernisation and the role of science and technology. From critical theory, the discussion in this chapter moved on to dependency theory. Recognising that the central theme in dependency theory is based on the idea that the development of the United States and Europe was grounded in the active underdevelopment of Third World nations. The leading dependency theorist, Frank A.G hypothesised that real development involved separating from the capitalist system to become a self-reliant economy. The argument of dependency theory was that the regions that maintain close ties with the capitalist West are the most underdeveloped. Accordingly, development has been argued to be part of the modernisation agenda of modernising or developing the other parts of the world to be like the industrialised countries of parts of Europe and North America. While the concept of international development- by extension, the growth of NGOs, particularly INGOs, is rooted in neo-liberal ideologies of social justices.

However, this thesis is grounded on the normative theoretical approach in the context of private or State agencies making ethical judgements about what ought to be done vis-à-vis, different actors from across national boundaries coming together as partners to achieve a goal (as it relates to development partnerships). It is argued that normative theory is linked to the ethical nature of the relationship between communities or institutions. Hence, development became increasingly known as a normative idea. Accordingly, this chapter also discussed the connection between the UNDGs and normative ideology, as there is an assertion that the UN is based on a normative framework. The UN's Global

Goals envisages some basic objectives, these include, economic prosperity, social inclusion, environmental sustainability and good governance which is expected of development stakeholders in both public and private sector, these expectations is argued to a normative-ethical idea. Finally, this chapter discussed the theoretical framing for NGOs in the field of development, as there is an assertion that development NGOs are service providers of basic needs which is also argued to be a normative-ethical idea of 'doing good', thus, their recognition as development partners, crucial for the implementation of the Global Goals.

CHAPTER 4: RESEARCH DESIGN, METHOD AND METHODOLOGY

4.1 Introduction

This study is primarily influenced by the conceptual framework of Development Studies (DS) which is built on the idea that social research aims to evaluate the status of social issues and their effects on society (Sarantakos 2012). Similarly, it is stated that health challenges are issues for social research (Flick 2015). Thus, as a social research, this thesis examines the impact of NGOs' partnership with the State and other stakeholders in malaria intervention projects within communities in NC & NW Nigeria. As noted by Dei (1993), country-specific empirical research is recommended in development studies as a way of exploring challenges at the grassroots level to create a discourse on how these challenges can be resolved. Consequently, to achieve the aim of this study, a variety of methods applicable to development research were adopted in designing the thesis which investigates the role of NGOs' as development partners; analysing their legitimacy and effectiveness, as well as testing the hypothesis that *'partnerships can achieve better results than individuality'*- suggesting that, *intervention* partnerships can positively impact the fight against malaria in Nigeria. The methodological approach for this research will be discussed in this chapter.

4.2 Methodology

Social research is guided by three key factors: ontology-which deals with the nature of reality; epistemology- which deals with the nature of knowledge; and methodology- which is about the nature of the research design and methods (Sarantakos. Ibid). Research methodology contemplates what method to use for a research, the logic behind the choice of method used, explaining why a method or technique was used, and why others were not used so that research results are easily evaluated (Kothari & Garg 2014). As a multidisciplinary study,

DS favours the combination of the qualitative and quantitative research methods, which is referred to as the mixed method. Hence, the mixed method approach has been adopted in doing this research. Although this thesis is mostly qualitative, quantitative analysis was required in a limited form in analysing data collected from the household questionnaires administered to communities during the fieldwork using computer software. Robson & McCartan (2006) also stated that there are two main approaches in doing social research; these are the qualitative and quantitative research methods (as applied in this thesis). Robson & McCartan (Ibid) note that quantitative method is connected to positivism- which is the idea that objective knowledge can be obtained from direct experience or observation (hence, the objective in doing fieldwork in this research, as discussed in section 4.4). While qualitative approach on the other hand is linked to social constructivism- which is concerned with how individuals construct and make sense of their world (such as the responses from research participants as discussed in chapters five and six). However, this research will discuss the qualitative and quantitative methods separately. As earlier mentioned, the qualitative analysis is more dominant in this research compared to the quantitative method. It is therefore imperative to discuss both approaches independently as it relates to this research work to highlight the rationale behind the application of the two methods in the thesis. Consequently, the relevance of applying mixed method in research will be discussed first, followed by a discussion on the qualitative and quantitative methods.

4.3 Mixed Method

The mixed method is a technique that employs both qualitative and quantitative methods and strategies in the same research (Sarantakos 2012). It is often necessary in doing development research to apply both research methods. Hence, the application of both methods in this thesis. Willis (2005), noted that

in measuring development, quantitative method is often used given the need to compare variables, as well as in dealing with a large amount of data. However, in focusing on quantitative measurements, the subjective qualitative aspect to development is excluded, for example, the lived-experiences or opinions of people. This argument presents the need to apply mixed methods in development research. According to (Sarantakos 2012. Ibid), using mixed methods does not alter the structure and identity of either methodology; the methods and techniques used in a mixed method remain original in its construct; mixed method helps in enriching the quality of the research findings. Creswell (2014), presented different classifications of mixed method designs; among which is the 'dominant/less dominant design' which is adopted in this research. This design involves the use of one method more than the other, while the other is only used in a limited form. The most dominant method used in this thesis, as earlier mentioned is, the qualitative research method.

4.3.1 Qualitative Research Method

The qualitative research method is described as the method for exploring and understanding the meaning individuals or groups ascribe to a social or human problem; this research process involves emerging questions and procedures, data (collected in the participant's setting), data analysis (inductively building from specific general themes), and the interpretation of the researcher, making meaning of the data collected (Creswell 2014). Qualitative research engages five main techniques, which are: observation, interviewing, ethnographic fieldwork, discourse analysis and textual analysis (Travers 2001). Accordingly, semi-structured interview and fieldwork were used for data collection in this research.

Another qualitative style of data collection used in this research is written documents. Document analysis in qualitative inquiry according to Patton (1999), extracts quotations, official publications and reports, as well as open-ended written responses to questionnaires and surveys. Patton notes that the data for qualitative analysis typically come from fieldwork, during which the researcher spends time in the setting under study, for example- a program, an organization, a community, or wherever an important situation to a study can be observed, and people interviewed. The fieldwork design was essential for this research. Its purpose was for getting participants for the research, these participants include the NGOs that were used as case studies, government health agency representatives, and respondents from communities who completed the household questionnaires on the type of malaria intervention support they received from the case study NGOs (see discussions in chapter five and six).

It is claimed that qualitative research is relevant to the study of social relations. Oakley and Dillon (1985) stated that most social development projects lay emphasis on processes that are qualitative. As already identified in this thesis, there are three main components of development- economy, ecology and social. Nevertheless, this research is classified as a social development research as its focus is on a partnership to fight malaria- which is a health issue, and health is categorised as a social development. Flick (2002) noted that an important criterion in doing qualitative research is whether a finding is grounded in empirical material and if that method has been aptly selected and applied to the object under study. Consequently, the purpose of adopting the case study and fieldwork research designs was to get first-hand information from the NGOs used as case studies, and from the communities where these case studies

organisations have implemented malaria projects- emphasising the need for empirical evidence in doing qualitative social research.

Bamberger (2000) noted that a broad focus on participatory assessment methods and other qualitative approaches is gaining attention since the World Bank moved into the field of social development. As a result, there has been a rise in the number of methodological questions regarding how to present qualitative research findings to increase their legitimacy from the perspective of 'qualitatively oriented policy-makers' who aim to know whether findings of specific cases can be generalised to a wider population. Additionally, Bamberger stated that in a qualitative study, data is frequently recorded in the form of descriptive textual reports with little or no grouping; the documentation may include subjects' responses to semi-structured interviews, notes taken during discussions with focus groups, or the researcher's observation of relevant aspects of a community or organisation. Qualitative research is particularly useful for the description of a project implementation process and for assessing the quality of implementation (Bamberger 2000).

In this research qualitative research method was used to describe the malaria intervention projects implemented by the case studies, similar to that which was described by Lampietti (2000) in a study on 'using qualitative methods for strengthening economic analysis: household decision-making on malaria prevention in Tigray, Northern Ethiopia'. Lampietti described how qualitative methods could be applied to provide information and check the assumptions which can be built into conditional evaluation models. Specifically, the qualitative method applied was able to verify that the communities covered by the study fully understood the impacts of malaria on children and adults and were aware of the benefits and costs of currently available malaria prevention

treatments. The study exemplified how qualitative methods can be applied to improve and complement the findings of quantitative methods. It described how qualitative methods were used at various stages of the research process to confirm the validity of quantitative results. Lampietti further stated that the objective of the research was to measure the value people place on preventing malaria on themselves and members of their household. Similarly, this thesis applied the qualitative approach to give a descriptive analysis of the data collected in the field from the case studies regarding the malaria project they have implemented, while quantitative data analysis from household questionnaires was done to complement qualitative findings to support the argument that partnership for malaria intervention positively impacted communities in study sites.

4.3.2 Quantitative Research Method

Quantitative research method helps us to measure and quantify the data collected (Sarantakos 2013). Brannen (1992), notes that quantitative Research describes and classifies variables; these variables are subsequently connected to test the research hypothesis. Thus, quantitative method was applied in this thesis to classify and describe variables from the household questionnaires administered during the fieldwork. The data analysis was done using SPSS computer software.

4.4 The Fieldwork

To get relevant data applicable to this research, fieldwork was conducted in NC/NW Nigeria. Fieldwork is said to be the observation of people "in situ" (on site)- finding them where they are, staying with them in some role which is acceptable to them, allowing close observation of certain parts of their behaviours, and reporting it in ways that will be useful, but not harmful to the observed (Hughes

2002). Through the fieldwork carried out for this research, I was able to gather useful data from the case study NGOs, the State agencies who collaborated with the selected case studies, and the communities who were beneficiaries of the malaria interventions projects- communities within NC and NW Nigeria. Data gathering was carried out through interviews, questionnaires, and a collection of existing documents. The fieldwork was carried out in two phases, which will be discussed below.

First Phase Fieldwork: after getting approval from the University's ethics committee, the first phase of fieldwork was conducted. The purpose of this fieldwork was to meet the NGOs whose consent was sought by the researcher to include the organisations in this research. While in Nigeria, the organisations contacted via email were visited. The research work was introduced to these organisations, while a staff from the malaria unit of these organisations was interviewed. The representatives of these organisations also completed the questionnaires on behalf of their organisations. During this fieldwork, positive feedback was received from two national NGOs out of several NGOs visited. These two organisations agreed to be included in this research as case studies.

Second Phase Fieldwork: the second fieldwork also involved going to Nigeria 12 months after the first fieldwork. Ethical approval was received again from the university to embark on the second phase field study. While in Nigeria, I contacted the two NGOs visited during the first fieldwork who had consented to be part of this study. During this second fieldwork, one of the international NGOs working in Nigeria consented to be part of this research. Consequently, three NGOs are used as case studies in this thesis, they are- Association for Reproductive and Family Health (ARFH), Institute of Human Virology (IHVN) and, Christian Aid (CA) - an international NGO. An international NGO was added

to the list of case studies to examine if there are any similarities or dissimilarities in the context of national and international NGOs operating in Nigeria and their relations with the State (see further discussion in the case study chapter).

Further to the final selection of the three case studies for this research, information was gathered from these organisations through written documents, interviews and questionnaires. The information received from the organisations visited included the malaria projects they had implemented within communities in NC/NW Nigeria and the organisations they partnered with for the implementation of these projects. After meeting and interviewing case studies organisations, State agency for malaria prevention and states ministries of health in study sites some of the communities where the malaria projects were implemented by the case studies were visited to verify the claim by the case studies that they had carried out malaria intervention projects in those communities. The information received from the case studies, state agencies and the communities visited are discussed in chapter five and six.

4.4.1 Selection of Study Sites and Research Participants

The fieldwork and data collection process involved firstly, the selection of participants; these participants include- the NGOs used as case studies (this is further discussed in the case study chapter), the national malaria elimination agency, and states ministries of health; secondly, the study sites, which comprised of the communities across four states where household questionnaires were distributed. The study sites in this research were selected based on the information received about the areas where the case studies implemented a malaria project.

Selection of Research Participants: as mentioned above the preparatory stage of the fieldwork for this research involved the selection of actors to participate

in the study. The selection of research participants was dependent on this research objective. In view of that the fact that this study is about NGOs as partners with the State in malaria intervention projects, the first key step taken involved searching for NGOs who partnered with the State on malaria projects to use as case studies, as well as reaching out to the national malaria agency to gather information about their partnership with NGOs in malaria intervention projects in Nigeria. Accordingly, the participants who were a vital part of this research include, the national malaria elimination agency, states ministries of health and the NGOs used as case studies for this research. The application of the case study method will be discussed further in section 4.5.

Study Sites: the field study for this research was conducted in parts of NC/NW Nigeria (see figure 4:1). Initially, the planned fieldwork for this research was intended to cover NC, Nigeria. However, one state in NW Nigeria was added because of the information received regarding a malaria project which was implemented in that area by one of the selected case studies, also because of its proximity to the NC states. There are seven states in NC Nigeria region; these are Niger, Nassarawa, Plateau, Benue, Kogi, Kwara, and Federal Capital Territory (FCT). Four states in this region were covered in this research; they are Plateau, Benue, Niger, and FCT. On the other hand, the NW region of Nigeria has the following states: Kaduna, Katsina, Kano, Jigawa, Sokoto, Kebbi and Zamfara. However, only Kaduna was included in this research, as mentioned earlier, one of the case studies implemented a malaria project in that location.

The image below shows the study locations covered in this research where the three case studies organisations implemented a malaria project. The coloured section on the map of Nigeria is the whole of the NC region, include one state in the NW- that is, Kaduna State. However, states highlighted in green are the

study sites covered in this research. Accordingly, the States highlighted in orange are the states in the region not included in this study.

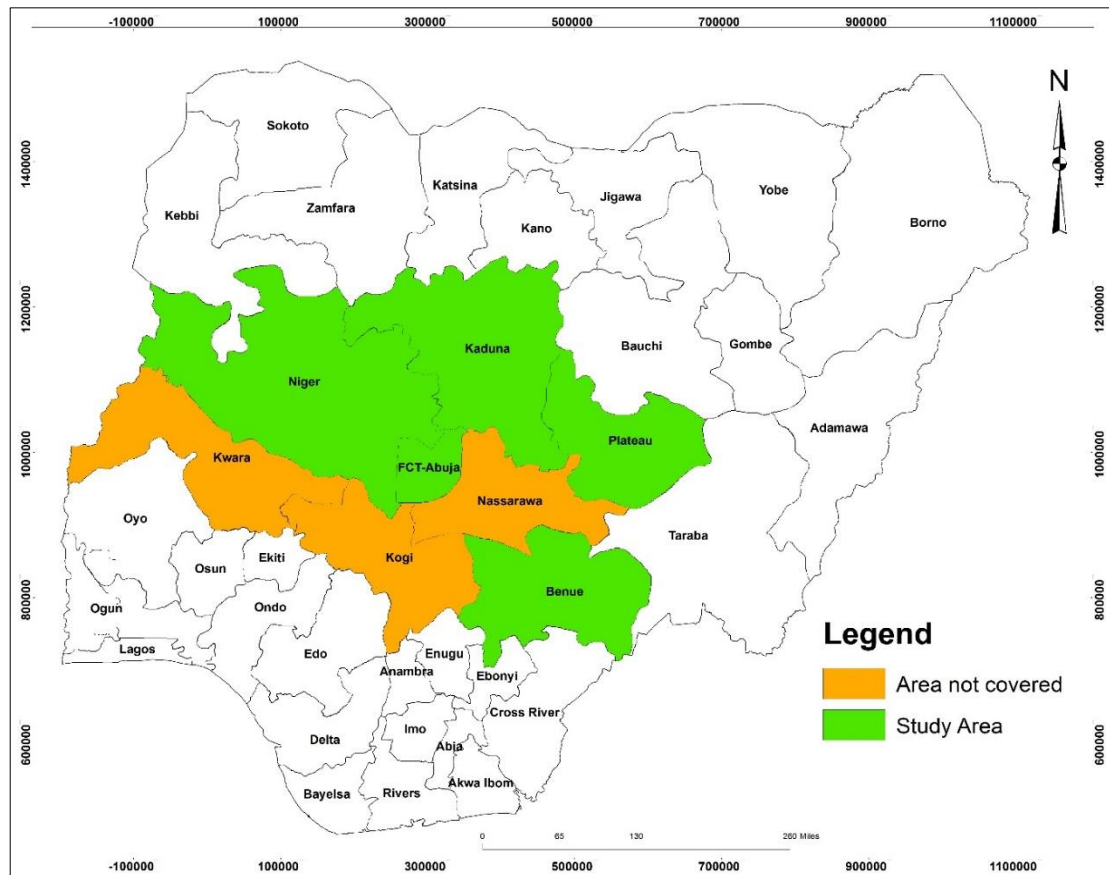


Figure 4:1: Map of Nigeria indicating study locations

4.5 Case Study

As earlier mentioned, the principal aim of this research is to analyse the role of NGOs as development partners. Hence, it was imperative to use the case study design for this research to get information from the case, which in this context is- NGOs and their partnership with the State on malaria intervention projects in NC/NW Nigeria. A case study involves the study of a 'particular' case (Thomas 2011; Gillham 2000). There are different forms of partnerships between individuals, institutions, or governments; however, in the context of this research, it is NGOs' partnership with the State that is in focus. Yin (2014), states that a case study is often used in situations where a contribution is to be made to the knowledge of individuals, groups, organisations or any social

phenomena, as well as enabling the researcher to focus on a 'case' while maintaining a broader and evidence-based perspective. Using three NGOs as case study allowed this research to focus on the selected organisations in order to have an in depth knowledge and a broad perspective on how NGOs engage with the state-government in the fight against malaria in NC/NW Nigeria. Using NGOs as a case study also assisted in answering the research questions, as Gillham (Ibid) stated, using a case study can help a researcher answer the research questions. According to Yin (2018), in a situation where more than one case is being studied, the case study is referred to as a 'multiple-case study'. Yin notes that a multiple-case study looks at each case separately before reaching a conclusion across all the case studies. The multiple-case study design was applied in this research as three NGOs were studied individually before drawing up an analysis across the cases on NGOs' role as development partners, as Yin also stated, a multiple-case study helps the researcher draw a considerable conclusion or analysis.

4.6 Semi-structured interviews

In a semi-structured interview, the researcher usually makes a list of question or topics to be covered, this is often referred to as an interview guide, however, questions may not follow the specific pattern as was outlined on the schedule (Bryman 2012). This research applied a semi-structured interview during the fieldwork. Interviews were conducted with representatives of the NGOs visited, representative of the federal government malaria agency, state government health agencies across the five states covered in this research, and representatives of the communities where household questionnaires were administered. A semi-structured interview allows for flexibility in the sense that an interviewer can have a list of questions to ask but has the freedom to ask other questions as the need may arise based on the replies received from the

interviewees (Bryman. Ibid). In this research, questions for organisations and communities were presented in a questionnaire format (see section 4.8). however, an interview guide was also drafted for the interview sessions. Bryman (2012) notes that an interview guide is a list of memory prompts which helps the interviewer to remember areas that needs to be covered (see transcript of interview guide in appendices). Also, in some instances, additional questions were asked as I picked up on things said by the interviewee. According to Yin (2014), interviews are essential for a research- they are more of a guided conversation than a structured query. Similarly, the interviews conducted during the field study were guided conversation with a clear focus on the research objective.

Table 4-1: Interviews with representatives of organisations visited and other research participants

Type of organisation	Name of organisation	Summary of issues discussed
National NGO	Association for Reproductive and Family Health (ARFH)	The malaria projects the organisation has implemented in NC Nigeria, the partnership between the organisation and the government on these projects, the source of funding.
International NGO	Christian Aid UK (CA)	Same as above
National NGO	Institute for Human Virology Nigeria (IHVN)	Same as above
Federal Government Health Agency	National Malaria Elimination Programme (NMEP)	The NGOs this organisation has partnered with, the criteria for selecting NGOs to partner with, source of funding for the malaria projects.
State Health Agency	Plateau State Ministry of Health	Confirm if CA implemented any malaria project in Plateau state.
State Health Agency	Benue State Ministry of Health	Confirm if CA and IHVN implemented any malaria project in Benue state.

Local Government	Kuje Area Council, FCT	Confirm if CA implemented any malaria project in Kuje Area Council, FCT.
State Health Agency	Kaduna State Ministry of Health	Confirm if CA implemented any malaria project in Kaduna State.
Faith-Based Organisation	Centre for Gospel Health & Development (CeGHaD)	Discussed the partnership with CA towards implementation of malaria project in Plateau state.
Community Representatives		Introducing the researcher & the research work, as well as seeking consent to administer a questionnaire in the community.

4.7 Written documents

According to (Yin 2014) one of the sources of evidence commonly used in doing case study research is documentation; documents can be used to validate and add to other sources of data gathered. Bryman (2015) noted that documents are a broad range of sources which can be categorised under *personal* (diaries, letters and autobiographies); *official* (from the State or private sources); and *virtual* (internet sources). In view of this, access to written document during the fieldwork from both the case study NGOs and State agency was an important part of this research process (see chapter 5). Official and virtual written documents were collected from case studies- CA, ARFH and IHVN. For instance, documents collected from CA were reports of malaria projects from three of this research study areas- Benue, Kaduna and FCT. Also, document received from ARFH is the guideline for all stakeholders (state and non-state actors) engaging in malaria intervention projects in Nigeria- the guide is to assist stakeholders to design and implement malaria interventions projects that are coherent with national and international standards (see section 7.4.1). In the case of IHVN, virtual document was collected from the organisation's webpage. The information gathered is about the organisation and its health programmes in

Nigeria. Accordingly, additional information about CA and ARFH's programmes in Nigeria were also retrieved from these organisations' webpages. Similarly, official written document was collected from the State agency. The document from the State agency a list of organisations the agency partnered/ or is in partnership with. The need to use written documents in this research was premised on the belief that any document on malaria intervention in Nigeria by case study organisations and the State agency would validate or confirm the responses given by the interviewees.

4.8 Questionnaires

Descombe (2017), notes that a good research questionnaire should be directly related to the research work and should be designed appropriately as well as clearly written in order to get information from respondents which can be applied for data analysis. Three questionnaires were created for this research. The first questionnaire is titled 'The Case Study Questionnaire': this questionnaire was for the selected NGOs used as case studies. The questionnaire was completed by the representatives of each of these organisations during the fieldwork. The second questionnaire is titled the 'State Health Agency Questionnaire': this questionnaire was given to the representative of the National Malaria Elimination Programme office, which is the malaria coordinating agency of the Federal Government of Nigeria. Also, the Ministry of Health in each of the states visited in the study sites were given the state health agency questionnaire. The third questionnaire is titled 'Household Questionnaire': this questionnaire was given to participants in each community visited across 4 States in NC/NW Nigeria. A total of 81 questionnaires were administered, however, only 73 valid questionnaires were used for analysis (see chapter 6). The household questionnaire was created using a household questionnaire

template from the United States Agency for International Development (USAID), with permission (see consent letter in appendices).

4.9 Sampling

A vital issue a researcher will need to consider in doing research is the size of the people to include for a study. In which case, a researcher will need to take into consideration some fundamental question, for example: will an entire population, or a sample be studied? Accordingly, complete coverage of an area under study may sometimes not be possible, hence, the decision to make use of the sampling technique which allows the researcher to study a small proportion of a target population, and yet, be able to get the data that can represent a population (Sarantakos 2013). This research applied the sampling technique in the distribution of household questionnaires across four study sites. However, it was not feasible to include the entire population of the study area (NC/NW Nigeria) in this research as this was beyond the capacity of an individual researcher. The factors which militated the coverage of an entire area and population for this research include insufficient time, human resources and funds, as well as the safety of the researcher.

The NC & NW regions of Nigeria cover a large geographical area. Hence it was not possible to include the entire region in this research. Financial constraint was another issue which limited the scope of this research — travel across the study area required more funds than what was available for this research, as this study was a self-funded project. Apart from minimal assistance during the fieldwork (in the distribution of household questionnaire), I worked mostly alone. Time was another challenge in conducting the field study for this thesis. Fieldwork which involves coverage of the entire population in the region under study will require a longer time on the field. The first fieldwork lasted six weeks

and was spent meeting with different NGOs and seeking consent to use their organisations as case study for this research. The second fieldwork lasted six months- this second phase was used visiting more NGOs and meeting with those visited in the first fieldwork. Halfway into the second fieldwork was when I was certain of three NGOs to use as case study because of the positive feedback I received from them. The remaining time was spent interviewing these case studies, including State agencies (national malaria agency and state ministries of health in study sites); as well as visits to communities to meet with beneficiaries of case studies malaria projects where household questionnaires were administered. Nonetheless, there was limited time available to cover the entire population in the four study locations. Hence, the decision to use the sampling technique.

Finally, the safety of the researcher was a priority in this research work. There were a few safety concerns in some of the areas under study, such as Benue and Plateau state. Some communities in these states had security issues about the time this fieldwork was underway. It was reported that herdsmen had attacked farmers on their farmlands, and many deaths were recorded. Although the communities where security was an issue were avoided; consequently, my safety was of priority- which also significantly limited the number of questionnaires administered in the study locations.

It is argued that one of the challenges sampling technique has is that it reduces the size of the population, hence, a small volume of potential respondents, which would raise the question regarding appropriate representation and generalisations of results (Sarantakos 2012). This issue was put into consideration during this fieldwork. It was necessary, consequently, to visit the state ministries of health in each of the study location. Enquiries were made

during these visits regarding the validity of the malaria intervention projects implemented by the case studies. After it was verified by an official of the states' health agencies that the case study organisations implemented these projects in those locations, consent was given to the researcher to visit the communities and distribute the household questionnaires.

Accordingly, sampling in this research involved a small number of the population for reasons mentioned earlier. However, the need for representation and generalisation was considered. For instance, with the information gathered from state ministries of health about malaria projects by case studies in study sites, 20 participants were selected in each community visited, this was premised on the belief that these participants represented the entire community- the communities that benefitted from malaria interventions by case studies. Hence, a purposive sampling model was applied in this research.

4.9.1 Sampling Model Used: Purposive Sampling

Purposive sampling technique is said to be entirely based on the judgement of the researcher. This involves the researcher purposely selecting respondents or cases while trying to get a broad representation as possible. The respondents, event or chosen cases are based on the researcher's judgement that the respondents, event, or the chosen case can provide the necessary information needed better than others left out (Sarantakos 2013); (Gray 2014). In the context of this research, the participants selected were premised on the judgement of the researcher that the participants selected represented the entire community who benefitted from malaria interventions, thereby, supporting the argument that the partnerships for malaria intervention positively impacted the communities in study sites. 81 participants were

selected across the four study sites visited- however, only 73 responses were valid (see analysis in chapter 6).

The limitation of the purposive sampling technique, according to Sarantakos. (Ibid) is that of bias, unless it is used with care. In view of this, the issue of bias was considered in the selection of participants. It is important to mention that the communities visited are not known to the researcher, the researcher visited those locations based on the information given by the case studies and the state health agencies about the malaria projects that were implemented in those communities. Hence, there were no grounds for bias in the selection of participants who completed the household questionnaires, the participants selected were based on the information that the entire community benefitted from the intervention project, hence those selected were used to make generalisations to support the argument on partnership for malaria intervention.

4.10 Ethical Considerations

According to Sarantakos (2013), it is essential to obtain approval from the relevant ethics committee before any research. Therefore, ethical approval was obtained from my university's ethics committee before embarking on the field work for this thesis. It is said that basic ethical practices include notifying the respondents about the aspects of the research to be conducted that may affect them (Bryman 2015). The household questionnaire for this thesis was prepared with care; effort was made not to include any question that may be viewed as being 'sensitive' to the respondent.

Another ethical practice to consider in research is ensuring consent is received from respondents who should be documented in all cases (Sarantakos. Ibid; Bryman. Ibid). Thus, consent from respondents was obtained before given them questionnaires to complete. However, there were situations where some

declined participation; in this case, they were under no obligation or pressure to participate. It is also said that concerns for the welfare of respondents needs to be taking into consideration (Sarantakos. Ibid). For this research, there was no vulnerable person- for example, anyone under the age of 18 years. All respondents were over 18 years. Additionally, where an adult was not present at the time of the visit, that household was exempted from the study.

4.11 Positionality & Reflexivity in the Research Process

From the perspective of development research, which this thesis is built upon, it is crucial to consider the position of the researcher in doing development research. According to Sumner & Tribe (2008) development researchers need to take into account their position when doing research; positionality considers the extent of bias and perspectives of a researcher, for instance, how can development be approached by a researcher who is part of the same reality? The issue of representation is shaped in part by the economic, social or ethnic background of the researcher. With this view in mind, I reflected on the question of positionality, vis-à-vis my ethnic origin and gender (a female) which helped in the reflexive process, as Finlay (2002) stated, reflexivity assists the researcher to evaluate the research processes, methods and outcomes.

I am from the -Central region of Nigeria (the area covered in this research). However, having lived entirely in the urban area, with only seasonal visits to the rural area (for Christmas holidays), doing a study that entailed going to the rural parts of Northern Nigeria was quite challenging. Most parts of the study area are locations I have a knowledge of but had not physically visited before the time of conducting the fieldwork. Thus, it was imperative to meet with community leaders in study locations to introduce myself and to inform them about my research work, as well as seek consent to administer the household

questionnaires in their communities. The interactions with community leaders significantly helped in building trust with these communities.

Accordingly, I had to be accompanied by a community representative in each location as recommended by the community leader to minimise the level of suspicion from respondents on why a stranger will be asking them questions; the community representatives were helpful as most participants were relaxed and willing to complete the questionnaires. Although I was introduced as someone who is also from that geographic region, there was a level of insider, but outsider tension between the researcher and the community as I was rightfully viewed as an urban dweller with privileges, in comparison to the rural dweller surrounded by many disadvantages. In some instances, some participants asked if I had brought additional malaria prevention support for the community- I had to explain the purpose of the research to these individuals, informing them I was not there to give them support but to assess how the last support they received impacted their community.

Additionally, the realities on the ground for a female researcher in a patriarchal African society such as Nigeria meant that I needed a male companion for parts of the fieldwork process. It is by no means an easy task conducting research in Nigeria, more so being a female researcher. In Nigeria, members of the public are usually suspicious of strangers asking questions for a survey or field study (I found that it is important to immediately introduce oneself and what the study is about to ease participant's suspicion), further adding to that was the issue of a female asking the questions- some individuals, for cultural and religious reasons would rather speak to a male than a female, especially in Northern Nigeria.

It is also worth mentioning that a general language spoken in Northern Nigeria is the Hausa language, although different tribes speaking different languages are found in the region, most people speak Hausa. Fortunately, I speak the Hausa language, which made communication with most participants easier. However, there were situations where some respondents only spoke their native dialect; in this case, the community representative volunteered to serve as an interpreter. Also, in a few instances, some people had some level of understanding of the English language, which made communication with the researcher much easier.

4.12 Data Analysis

The data analysis for this research involved organising interview notes and questionnaires from NGOs and government representatives, as well as household respondents. The completed questionnaires from household respondents were examined and subjected to data coding. Codes were assigned to both questions and responses. Examples of questions from the questionnaire assigned codes include: gender of household respondents, the type of malaria intervention received from each of the case study NGOs, the frequency of malaria in that household before getting the malaria intervention support, and if the incidence of malaria had reduced in that household since they receiving support from any of the case studies.

The coding and analysis of the household questionnaire were done in order to investigate if there are similarities from responses regarding the malaria intervention support each community covered in this study received from the case study NGOs. SPSS computer software was used for the descriptive analysis of the household questionnaires. Nevertheless, no statistical test was done. The analysis carried out was to show frequencies among variables which supported

qualitative findings in this research. Consequently, the data was interpreted and connected to the research discussions.

4.13 Conclusion

The research design, method and methodology employed in this research is presented in this chapter. The factors that necessitated the application of each design or method was discussed. Notably, the fieldwork and case study designs applied which guided the choice of research methods used. Accordingly, a mixed methodology research approach was adopted for this research. The benefits of applying both quantitative and qualitative methods in doing social research were also discussed in this chapter. Although the research was mostly qualitative, the quantitative approach was applied for data coding and descriptive analysis of household questionnaires. This chapter presented the process for selection of study sites for the research, indicating that sites were selected based on information received from case study NGOs. Also, a purposive sampling technique was used in the study to select participants who completed the household questionnaire. In addition, this chapter highlights the challenges the researcher faced during the fieldwork, such as being a female researcher in a patriarchal society like Nigeria- going to places where some would prefer to speak with a male individual than a female, based on religious or cultural factors, also the safety of the researcher- there were security concerns in parts of NC/NW Nigeria at the time of conducting this fieldwork.

CHAPTER 5: THE CASE STUDIES

5.1 Introduction

As discussed in chapter four, a case study design was applied in this research. Also, the evolution of NGOs in Nigeria has been discussed in the literature review chapter. Consequently, it is imperative to note that there are hundreds of NGOs in Nigeria engaging in various sectors; these include, agriculture, education, and health. However, the discussion in this chapter focuses on the case study NGOs in this thesis and the malaria intervention projects they have implemented in NC/NW Nigeria in partnerships with the State and other stakeholders. Semi-structured interviews were conducted in each organisation visited. The interview sessions, and questionnaires completed by the case studies, as well as that of the National Malaria Elimination Programme office (the agency responsible for coordinating all malaria intervention programmes in Nigeria) are presented in this chapter.

5.2 Case Study A: Association for Reproductive and Family Health (ARFH)

Established in 1989, ARFH is one of Nigeria's indigenous non-profit organisations with a commitment to improving the quality of life of people within disadvantaged communities through the provision of quality healthcare facilities. The organisation states that it plays a complementary role in the global effort towards improving sexual and reproductive health and other health issues, including, family planning, HIV/AIDs, Tuberculosis, Malaria as well as maternal and child mortality. ARFH prides itself as one of the foremost indigenous NGOs in Nigeria working in partnership with the government of Nigeria, donors, Community Based Organisations (CBOs), international partners and other NGOs towards the provision of quality health services to disadvantaged communities in Nigeria (ARFH 2017). The malaria projects ARFH engaged in is listed below:

Global Fund Malaria: in 2009, ARFH was selected by the Nigerian Federal Government malaria agency to be a sub-recipient to the National Malaria Elimination Program (NMEP) on the Global Fund R8 Malaria Grant. They supported Malaria Prevention, Diagnosis and Treatment Services in 1, 686 health centres across five states in Nigeria. ARFH also state that they have so far distributed over one million LLITNs to households through the public sector, as well as the treatment of over 2.5 million persons for malaria from the Global Fund Grant (ARFH. Ibid).

Malaria Action Programme for States (MAPS): this was a five years United States Agency for International Development (USAID) grant for the period 2010-2015. It was implemented across six states in Nigeria with support from the President's Malaria Initiative (PMI), and managed by a consortium consisting of three other NGOs, namely- FHI 360, Malaria Consortium and Health Partners International, this project focused on empowerment for communities to reduce the incidence of morbidity and mortality caused by malaria through improved practices on malaria prevention (ARFH. Ibid).

5.2.1 Interview with ARFH Malaria Unit representative

Interviewer (researcher): *I am requesting for useful information on the malaria project ARFH has implemented in partnership with the Federal Government in NC, Nigeria.*

Interviewee: *ARFHs Malaria Project ended in 2016.*

From this interview session, it was gathered that ARFH's malaria project had ended as the funding period had elapsed. One of the findings of this research is that most NGO projects end when the period of funding comes to an end. From the

interaction with different individuals who work in the NGO sector (aside those working in the case study organisations for this research), it was gathered that this was the norm in the sector.

Interviewer: *this research is looking at projects implemented, or ongoing, therefore any information about the project which has been concluded will be useful, particularly that which was implemented in NC Nigeria.*

Interviewee: *ARFH implemented a malaria project in one state in NC Nigeria- Niger state.*

ARFH has different health projects across Nigeria as mentioned in section 5.2. However, as at the time of conducting the interviews with the organisation in 2016 and a repeat visit in 2017, they indicated that they had implemented only one malaria project in the study location.

Interviewer: *please could you give a summary of that malaria project which was implemented by ARFH in Niger state?*

Interviewee: *the malaria project implemented in Niger state included the following activities: training community health workers in the state on how to test for malaria and how to ensure that the disease is treated with the global approved treatment for malaria- Artemisinin Combination Therapy (ACT); routine distribution of LLITN through Anti-Natal Clinics (ANC) and Expanded Programme on Immunisation (EPI) Clinics; supported the Niger state health Management Information Systems; supported the supply chain of malaria commodities; and, supported capacity building of unit heads of community health centres through the development of annual operational plans. These activities were carried out in 15 health centres across the 25 LGA of Niger state.*

ACT is the preferred treatment for *P. Falciparum malaria* (which is described as 'uncomplicated malaria'). It is a combination of different classes of drugs. The benefit of this treatment is said to be its high efficacy, fast action, and reduced resistance (Benjamin. et al. 2014; Malaria Consortium, 2018).

Interviewer: *where did the funding for this project come from?*

Interviewee: *the fund was from Global Fund for Malaria through the NMEP office.*

Most indigenous NGOs in Nigeria rely on funds; often received from international donors. Consequently, when such funds are exhausted, projects end as mentioned earlier.

Interviewer: *Did this organisation partner with the government on this malaria project?*

Interviewee: *Yes, ARFH was a sub-recipient of the Global Fund for Malaria through the Federal Government malaria agency, NMEP.*

The NMEP office was contacted where a representative of the agency acknowledged that they collaborated with ARFH on that malaria project in Niger State. Also, a questionnaire was completed by a representative of the Niger State Ministry of Health regarding the project implemented by ARFH in that State.

Interviewer: *Is ARFH presently implementing any other malaria project?*

Interviewee: *Not now, as mentioned earlier, the project ended in 2016.*

From the researcher's observation, it was evident that the project had ended as ARFH's malaria office which was visited during the first phase of the fieldwork was empty and none of the staff was available at the time of the researcher's second visit 12 months after, during the second phase of field study. The researcher was

informed by the organisation’s receptionist that since the malaria project ended, the staff of that unit seldom come to the office. The interview narrated above was conducted in the second phase of the fieldwork when one of the staffs in the malaria unit was available to meet with the researcher. Another finding from this research through the information received from contacts made with people who work or have worked in the NGO sector, particularly indigenous NGOs in Nigeria, and the observation made by the researcher, was- many individuals lose their jobs when a project ends and there is no additional funding for continuity.

5.2.2 ARFH Malaria Project in Study Site - Niger State

Study Site 1: Niger State (NC Nigeria)

As mentioned earlier in the methodology, every project indicated by the case study NGOs was verified at the target location, which formed the study sites in this research. It was imperative to visit the States where these projects were said to have been implemented to verify the authenticity of the claims by these case study organisations. The malaria projects were verified in the State Ministry of Health across the five study sites covered in this study. The response from the State Ministry of Health in Niger State regarding the project implemented by ARFH is summarised in the table below:

Table 5-1: ARFH Malaria Project in Niger State		
Organisation Name	Inquiry	Response
State Ministry of Health Minna, Niger State.	The malaria project implemented by ARFH in Niger state, a summary of the project and the	Prevention: Provision and distribution of LLITNs through routine channel (ANC, Immunization, and school distribution).

	<p>duration of the programme</p>	<p>Provision and distribution of LLITNs through mass campaign.</p> <p>Environmental sanitation.</p> <p>Diagnosis:</p> <p>Diagnosis of Malaria using RDT /Microscopy in Health facilities.</p> <p>Treatment:</p> <p>Treatment of confirmed Malaria using ACTs</p> <p>Monitoring and evaluation:</p> <p>Timely data reporting through DHIS platform.</p> <p>Programme management:</p> <p>Capacity building of care providers and community volatise.</p> <p>Coordination of Malaria programmes at state and Local Government including partners.</p> <p>Advocacy, communication, and social mobilisation:</p> <p>Dissemination of appropriate information of Malaria prevention and treatment (Information Education and Communication Materials IEC).</p> <p>Procurement and supply chain management:</p> <p>Developed efficient distribution system in Malaria commodities.</p>
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		<ul style="list-style-type: none"> This programme was carried out in 274 wards across the State.
	Duration of project	2009-2016

5.3 Case Study B: Christian Aid (CA)

CA is a United Kingdom registered charity founded in 1945 by British and Irish churches to assist refugees after the Second World War. Since then, the organisation has been providing humanitarian relief and development support to poor communities around the world. With a mission to promote sustainable development, social justice and pursuit of a world without poverty, CA state that they work with people of all faiths (despite being a Christian organisation), or no faith, as well as other organisations to promote their vision. According to a 2016 CA report, the organisation has been working in Nigeria since 2003 with a presence in eight states, engaging in the following activities:

a. *Community Health*: improving the health of poor and marginalised people, particularly women, children, and people with compromised immunity- CA assists in strengthening health systems to effectively respond to health challenges in local communities such as HIV and malaria.

b. *Accountable Governance*: encouraging communities to have a voice-demanding accountability from the government as well as advocating for citizens and government engagement.

c. *Gender*: promoting gender equity and the participation of women and girls in development activities.

d. *Humanitarian Response*: CA responds to humanitarian situations caused by insecurity and violence, particularly in the Northern part of Nigeria. The

organisation also assists in capacity building of local partners to enable them to respond to humanitarian emergencies as the need arises.

Additionally, CA has engaged in the following malaria project in Nigeria:

Global Fund- Fighting Malaria in Nigeria (2015-2017): CA received funding from NMEP as a sub-recipient of Global Fund. The aim of the project was to strengthen health systems by engaging in these activities: improved accessibility of LLITNs in target locations, improve the treatment of malaria in health centres through training of community health workers, improve procurement and supply chain of anti-malarial medicines, as well as increasing the accessibility of malaria prevention services for pregnant women (Christian Aid 2018).

5.3.1 Interview with CA Malaria Unit Representative

Interviewer (researcher): from CA's website, it was noticed by the researcher that the organisation implements malaria prevention, control, and treatment projects in Nigeria, can the data for this malaria projects be accessed for this research, particularly that which was carried out in NC Nigeria?

Interviewee: CA implements malaria projects across Nigerian, however, we have implemented malaria projects in four states in the NC, namely: Benue, Plateau and FCT, including Kaduna State.

This research verified the malaria project implemented by CA from the State health agencies in the four States mentioned by the interviewee; the representatives of the State Ministry of Health interviewed acknowledged the projects implemented by CA in these States. Kaduna is in the NW region of Nigeria; the decision to include the State came after this interview, as data was available for the researcher on the malaria project implemented by CA in the state.

Besides, Kaduna state is near the other three study locations covered in this research.

Interviewer: *could you please complete a questionnaire and is it possible to get access to documents on the malaria project implemented by CA in NC Nigeria?*

Interviewee: *all projects implemented by CA are published and made available to the public. You can see from the bookshelf besides you; these are all published reports on CA's activities in Nigeria. All you need do is pick a copy to go with, but we request that our visitors leave a comment on the comment slip made available.*

It is important to note that some of the NGOs visited during the fieldwork indicated that they do not share their data with the public. However, it was observed during the visit to the CA office that a bookshelf at the reception area contained published reports of the organisation's activities in Nigeria.

Interviewer: *I am particularly interested in CA's malaria projects in NC, Nigeria. Can I get access to these documents today?*

Interviewee: *Because you need a questionnaire to be completed, I will do that later, and you can come tomorrow and pick it together with any document I can find on the malaria intervention project we have implemented in the NC states and Kaduna.*

On returning to CA's office the following day documents containing CA's projects in NC Nigeria were received, including the malaria projects the organisation implemented across the four study locations in NC/NW Nigeria as mentioned by the organisation's representative interviewed.

5.3.2 CA Malaria Project in Study Sites- Plateau, Benue, FCT, and Kaduna States

The malaria projects implemented by CA was verified in the four locations listed by the CA representative interviewed. These locations are Plateau, Benue, FCT, and Kaduna States. The project in each area, as acknowledged by the State Health agency representative, will be discussed below.

Study Site 2: Plateau State (NC Nigeria)

In Plateaus state, The Malaria Unit Desk Officer verified the project implemented in the State by CA. However, the officer directed the researcher to meet with a different agency to complete the questionnaire for health agency. According to the officer, that agency implemented the malaria project on behalf of CA and therefore, will be in a better position to complete the questionnaire. The response from the questionnaire is summarised in the table below:

Organisation name	Inquiry	Response
Centre for Gospel Health & Development (CeGHaD)	The Malaria project implemented by CA in Plateau state, a summary of the project and duration of the programme.	1. NETS for Life (NFL): the project was centred on malaria prevention through the distribution of LLITNs. The project had four major components: PROCUREMENT AND DISTRIBUTION OF NETS: collaboration with the State Roll Back Malaria agency to leverage on commodities for malaria diagnosis, treatment and prevention. MALARIA EDUCATION: aimed at increasing the knowledge, attitude and practices regarding malaria prevention and treatment in target communities. ENVIRONMENTAL SANITATION: creating

		<p>awareness of the importance of good hygiene, especially keeping the environment clean.</p> <p>REFERRALS FOR EARLY/PROMPT TREATMENT OF MALARIA: free testing and treatment of malaria.</p> <p>2.Improved Community Response against Malaria (ICRAM): the project was a one-year programme designed to strengthen communities to better respond to initiatives aimed at the fight against malaria.</p> <p>This project was carried out in Shendam, Langtang North, Wase, Riyom, Jos East and Mikang LGAs (the researcher administered questionnaires in two of the locations mentioned by this agency: Riyom and Jos East).</p>
	Duration of projects	NFL: 2006-2013 and ICRAM: 2014-2015

Source: field data

Study Site 3: Benue State (NC Nigeria)

In Benue State information was gathered about the malaria project implemented by CA from a representative of the Benue State Ministry of Health, one of the projects is ongoing as of the time of collecting this data, see table below for project summary:

Table 5-3: CA Malaria Project in Benue State		
Organisation name	Inquiry	Response
Benue State Ministry of Health	The malaria project implemented by CA in Benue state, a summary of the project and duration of the programme.	1.Nets for Life (NFL): implemented by the Anglican Diocesan Development Services on behalf of CA (the NFL programme in Benue state was similar with the programme conducted in Plateau state (see response table for Plateau state).

		2. Partnership for Improved Child Health (PICH): in partnership with the Benue state government and implemented by Ohonyeta Care Givers (OCAG) and Jireh Doo Foundation (JDF) is aimed at increasing the knowledge of, and access to quality health services for pneumonia, malaria and diarrhoea in four LGAs in Benue states, namely: Konshisha, Kwande, Okpokwu and Obi.
	Duration of Project	NFL: 2006-2013 PICH: 2017- (to run for three years)

Source: field data

Study Site 4: FCT (NC Nigeria)

Federal Capital Territory (FCT), also known as Abuja, is the capital city of Nigeria. Unlike other states in Nigeria who have state governors and agencies of government are divided into ministries, FCT has a Federal Minister usually appointed by the President of Nigeria. Also, the city is divided into Area Councils for administrative purposes. CA stated that the malaria project they implemented in FCT was at Kango community, Kuje Area Council. Hence, the researcher visited this location to verify this information. A questionnaire was completed by a representative of the Kuje Area Council Primary Health Care Unit, which is summarised in the table below:

Table 5-4: CA Malaria Project in FCT		
Organisation name	Inquiry	Response

Kuje Area Council Primary Health Care Unit	The malaria project implemented by CA in Kuje Area Council- FCT, a summary of the project and duration of the programme.	Improved Community Response against Malaria (ICRAM), under the Strengthening Community Health & HIV Response Programme. Activities include, Malaria Testing, Distribution of free LLITNs, Health Education and Environmental Sanitation Awareness
	Duration of project	2010-2016

Source: field data

Study Site 5: Kaduna State (NW Nigeria)

As mentioned in the methodology, Kaduna is in the North Western part of Nigeria. However, it was included in the research because CA had supplied the researcher with data for a malaria project implemented in that location. Also, its proximity to the NC made it within easy reach for the researcher; hence, the decision to include it in the study sites. The malaria project by CA in one community in Kaduna state, namely- Kajuru LGA, was verified by a representative of the Kaduna state Ministry of Health, this is summarised below:

Table 5-5: CAID Malaria Project in Kaduna State

Organisation name	Inquiry	Response
Kaduna State Ministry of Health	The malaria project implemented by CAID in Kaduna state, a summary of the project and duration of the programme.	The Improving Community Response against Malaria (ICRAM): supporting the Kaduna state government in reducing incidences of malaria in the state. The programme aim was to: Deliver community health programmes; Create awareness and promote the use of

		LLITNs, especially for pregnant women and children; Effective malaria diagnosis and treatment.
	Duration of project	2014-2015

5.4 Case Study C: Institute of Human Virology Nigeria (IHVN)

IHVN was created in 2004. It is affiliated to the Institute for Human Virology, University of Maryland School of medicine, Baltimore, USA. Initially addressing the burden of HIV/AIDS in Nigeria via the development of infrastructure for the treatment, care, prevention and support for persons living with HIV/AIDS, IHVN has extended its services to other diseases such as cancer, tuberculosis and malaria (IHVN 2018). IHVN has engaged some malaria intervention projects which will be discussed below.

IHVN commenced the implementation of Global Fund Malaria Grants in October 2009 as a sub-recipient to the National Malaria Elimination Program (NMEP) until March 2017. The projects implemented in NC Nigeria are as follows:

- GLOBAL FUND MALARIA ROUND 8 PHASE 2: 2013 -2015 and GLOBAL FUND MALARIA NEW FUNDING MODEL (NFM) GRANT: 2015-2017. Priority interventions supported in both include;
 - Capacity building of Health care providers and other relevant staffs of the State Ministry of Health and LGAs Department of Health.
 - Provision of drugs and commodities through the National Malaria Program to selected public health facilities to support free and accessible malaria prevention, diagnosis and treatment program as follows:

- Prevention using Long Lasting Insecticide Treated Nets distributed through ANCs and routine immunization clinics targeted at pregnant women and children under 5 years. Continuous distribution to general population through community and school distribution channels.
- Diagnosis and Treatment through provision of malaria Rapid Diagnostic Test kits (mRDTs) and Artemisinin-based Combination Therapy.
- Provision of Sulphadoxine/Pyrimethamine for Intermittent Prevention of Malaria in Pregnancy (IPTp). Technical support for health systems strengthening activities e.g. program coordination and technical working group meetings.
- Support for Logistics Management Information Systems (LMIS) for malaria commodities.
- Routine data monitoring and evaluation, including supportive supervision and On-the-Job Training (OJT) (IHVN 2018).

5.4.1 Interview with IHVN Staff

The interview with IHVN started with the Director of the organisation (unlike the other two organisations where the researcher was directed to meet with the malaria unit staff to receive any required assistance needed. The interview will be narrated, thus:

Interviewer (researcher): *From your organisation's webpage, it is stated that IHVN had implemented some projects on malaria. Could you please permit one of your staff to complete my questionnaire and an interview session with the researcher?*

Interviewee: *your inquiry has been forwarded to one of the staff in the malaria unit. The staff has been directed to liaise with you and give you any required assistance.*

After receiving consent from the director, the researcher's interaction with IHVN's malaria unit representative is as follows:

Interviewer: *Has this organisation done any project on malaria?*

Interviewee: *Yes.*

Interviewer: *Has the organisation implemented a malaria project in NC, Nigeria?*

Interviewee: *IHVN implemented a malaria intervention project from 2013-2017 in Kogi and Benue States namely: Global Fund Malaria Round 8 Phase 2 (2013-2015) and Global Fund Malaria New Funding Model (NFM) Grant (2015-2017).*

Interviewer: *Has this organisation collaborated with the Nigeria government on any malaria project?*

Interviewee: *Yes, IHVN implemented the Global Fund Malaria as a sub-recipient to NMEP. The organisation engaged in the following activities: a contributor in the development of National Strategic Plan for Malaria Prevention, Control and Treatment in Nigeria, organised training on malaria prevention in collaboration with the Federal Ministry of Health on better understanding of disease demographics and impact of interventions in Nigeria.*

5.4.2 IHVN Malaria Project in Study Site- Benue State

Study Site 3: Benue State (NC Nigeria)

From the interaction with IHVN, it was gathered that the organisation had done two projects in two NC Nigeria states, namely: Kogi and Benue States. However,

this research did not include Kogi state due to the distance and the limited time and funds to visit that location. Benue State was included in this research. The response from the Benue State Ministry of Health representative verifying the malaria project by IHVN is presented below:

Table 5-6: IHVN Malaria Project in Benue State		
Organisation name	Inquiry	Response
Benue State Ministry of Health	The malaria project implemented by IHVN in Benue State, a summary of the project and duration of the programme	Global Fund Malaria Programme: Distribution of LLITNs to Health Facilities. Distribution of ACTS, SP& RDTs to Health facilities. Trained health works on RDT usage. Conducted Integrated Support Supervision (ISS) to Health Facilities. Trained health workers on MIP. This project was done in 23 LGAs in Benue state.
	Duration of projects	2013-2017

Source: field data

5.5 Commonality across Case Studies

One of the findings in this research is the similarity between the three case studies, first- the malaria intervention projects they have implemented, or are currently implementing (CA has ongoing malaria projects as at the time of conducting this field study, see Table 5:2), are in phases- funds for these projects come with a duration. For example, projects are usually funded for a duration of 3-5 years, with the possibility of extension. However, this extension is generally determined by the availability of more funds- by implication, the availability of funds determines the continuity of malaria intervention projects by these NGOs. Bearing in mind that one of these case study organisations, CA is an INGO, there was no indication from this research finding that the organisation's malaria intervention

projects are more long-term or sustainable than the other two national organisations. However, the organisation can be said to have more advantage than the other two national NGOs as it gets more international funds for its project, particularly from the Department for International Development (DFID)- the agency responsible for administering the United Kingdom’s (UK) international development aid (projects report received from fieldwork and the organisation’s website indicates the support by DFID for many of CA’s projects). Research findings indicates that CA’s projects are also in phases. For example, the project in Kaduna, NW Nigeria was a CA malaria intervention project; however, as at the time of this fieldwork, the project had ended. On the other hand, although the Kaduna project had concluded, CA indicated that they had started a new health project in Benue state (one of the study sites for this research). Another observation made during this field study was that the end of the projects does not necessarily mean a social issue has been successfully dealt with. For instance, the malaria intervention projects by these case studies did not cover the entire population in the five study sites- only a few communities were beneficiaries of these malaria intervention projects by case study organisations.

Table 5-7: The Case studies malaria projects: including, project duration, project location in NC/NW Nigeria, source of funds, & partnerships					
Case Study	Malaria Prevention Projects	Projects Duration	Project location in NC/NW Nigeria	Project Partners	Source of Funds
Association for Reproductive & Family Health (ARFH)	Global Fund Malaria Programme	2010-2016	Niger State	NMEP, USAID, FHI 360, Malaria Consortium, & Health Partners International	Global Fund
	Malaria Action	2010-2015			USAID

	Programme for States (MAPS)				
Christian Aid (CA)	Global Fund Fighting Malaria Programme	2015-2017	Federal Capital Territory (FCT), Benue State, Plateau State, & Kaduna State.	NMEP, Global Fund, Centre for Gospel Health & Development (CeGHaD)	Global Fund, Episcopal Relief & Development (ERD), ExxonMobil, Coca-Cola Africa Foundation, White Flowers Foundation & Starr Foundation
	Nets for Life	2006-2015			
Institute for Human Virology Nigeria (IHVN)	Global Fund Malaria Round 8, Phase 2.	2013-2015	Benue State & Kogi State	NMEP	Global Fund
	Global Fund Malaria New Funding Model (NFM) Grant.	2015-2017		NMEP	Global Fund

Source: field data

5.6 Interview with National Malaria Elimination Agency

NMEP is responsible for the coordination of malaria programmes in Nigeria, with supervision from the Federal Ministry of Health (Federal Ministry of Health, Nigeria 2018). Table 5.7 shows all malaria intervention programmes the agency has engaged in within 5-10 years, specifically, from 2010 to date (the period of conducting this research). Also, the State agencies across the four study locations have partnered with several organisations, as indicated in table 5.7. These organisations range from national and international NGOs to international State and non-state agencies. For example, the Global Fund to fight AIDS, Tuberculosis and Malaria is an international organisation, and according to the NMEP staff

interviewed, most of the funds for malaria programme in Nigeria is from Global Fund (the malaria projects carried out by the case studies for this research was also funded by the Global Fund). Also, the President's Malaria Initiative (PMI) and DFID are international State development agencies- PMI is an initiative from the USA government, while DFID is the UK government's agency for development assistance to developing countries- these international State agencies support malaria intervention programmes in Nigeria. Accordingly, UNICEF and WHO are agencies of the UN who also support malaria intervention projects in Nigeria. The international NGOs on the list are, Christian Aid UK, Catholic Relief Services (CRS), John Hopkins Program for International Education in Gynaecology & Obstetrics (JHPIEGO) and Malaria Consortium, while the other NGOs are indigenous organisations.

It is worth mentioning that when asked about the NGOs the agency partners with, the first interviewee in the State's malaria control agency said, *'will I really refer to them (NGOs) as our partners? I view them as project implementer, as they are recipients of funds to implement malaria projects. Conversely, in a subsequent interview session with a different interviewee at the agency, the interviewee referred to NGOs as partners (and gave a list of NGOs the agency partners with). This perception by the first interviewee at the malaria agency supports the assertions on State and NGO tensions (see chapter two). As discussed in chapter two, there exist some form of tension between NGOs and the State. Accordingly, this research case studies- ARFH, CA, and IHVN are included in the list of NMEP's partners. However, it is important to note, as NMEP stated that the NGOs they work with are sub-recipients of malaria funds which they use to implement projects. Thus, these NGOs play the role of project implementers. According to NMEP, the funds to fight malaria are usually received by the agency before it is*

disbursed to these sub-recipients who implement the malaria projects. Accordingly, Rosenberg, Hartwig & Merson (2008), note that funds for many NGOs partly come through the State, or in some cases, these NGOs are required to work in partnership with the State for project implementation (similar to the case study NGOs in this study and their relationship with the Nigerian State). In addition, when asked the criteria NMEP requires for selecting NGOs to partner with as a sub-recipient of the malaria funds; the interviewee gave the following response:

- a. *The organisation must have enough human and infrastructural capacity to implement the project;*
- b. *must have reasonable years of experience in implementing malaria projects or a similar health project;*
- c. *must have administrative structures (offices) in all project locations for optimal project implementation;*
- d. *must have sound fiduciary management- that is, they must prove that they are good managers of funds.*
- e. *Must have a good project proposal, including, a budget on how the project will be implemented;*
 - *The above listed criteria are evaluated by NMEP before a project is approved.*

Table 5-8: Federal Government Malaria Agency: Programmes and Partners		
Government Agency	Malaria Programmes in the last 5-10 years period	Partners/ed with on malaria projects (donors & fund recipients)
National Malaria Elimination Programme (NMEP), Federal Ministry of Health, Abuja, Nigeria.	Prevention & control of malaria through the following strategies: -LLITNs. Indoor Residual Spraying (IRS). -Diagnosis & treatment of malaria. -Advocacy, communication & social mobilisation.	1. Global Fund to fight HIV/AIDS, Tuberculosis & Malaria. 2. President's Malaria Initiative (PMI), USAID. 3. WHO. 4. DFID. 5. UNICEF. 6. Society for Family Health (SFH). 7. Catholic Relief Services (CRS). 8. Association for Reproductive and Family Health (ARFH). 9. AFRICARE.

	-Procurement of potent antimalarial commodities. -Environmental management.	10. JHPIEGO (an affiliate of John Hopkins University, USA). 11. Christian Aid UK. 12. Malaria Consortium. 13. Sustainable Health-care International (SHI). 14. Institute of Human Virology Nigeria (IHVN). 15. Association of Civil Society Organisations for Malaria (ACOMIN). 16. Achieving Health Nigeria Initiative (AHNI).
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Source: field data

5.7 Conclusion

This chapter discusses the case study organisations, and the malaria intervention projects they implemented across study location. Three NGOs were selected to participate in this study- they are ARFH and IHVN, both national NGOs, and one INGO- CA Nigeria, a UK registered charity. These NGOs are engaged in different health projects in Nigeria; however, only their malaria projects were of interest in this thesis. The interaction with these organisations through interviews where data was gathered was presented in this chapter. Each of these case studies indicated that they work in partnership with the Nigerian Government on malaria intervention projects. Also, the fieldwork findings observed some commonalities between these organisations which is that projects have a duration, usually between 3-5 years; however, the end of an intervention is not translated to mean a health burden has been dealt with adequately but based on the funding mechanism. The chapter concludes with the interview conducted NMEP, which is the Federal Government agency coordinating malaria programmes across Nigeria. It was imperative to get the State's perspective on their relationship with these NGOs on malaria intervention projects. NMEP confirmed that they partner with this research case study organisations and several other NGOs. NMEP noted that

the NGOs are project implementors and not donors. Also, the State malaria agency acknowledged that it receives international funding for malaria interventions, a bulk of which in recent years has come from the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

CHAPTER 6: MALARIA INTERVENTION PROJECTS BY CASE STUDIES: ANALYSIS FROM STUDY SITES

6.1 Introduction

As mentioned in the methodology chapter, the study sites are the locations where the malaria projects were implemented by the NGOs used as case studies in this research. These study sites were visited, and questionnaires were administered to households on the use of LLITNs, including any other malaria prevention support they received from these case studies. Also, chapter five showed the type of malaria interventions projects and the locations where these projects were implemented in NC/NW Nigeria. Thus, an analysis of participant's responses was done using the SPSS computer software. However, a statistical test was not done; instead, the data analysed shows trends and frequencies in variables to support qualitative findings. The descriptive analysis of each questionnaire is presented below.

6.2 Household Questionnaire Responses

Table 6-1: Gender of Respondents

Gender	Frequency	Percentage (%)
Female	20	27.0
Male	54	73.0
Total	74	100.0

Source: field data

Table 6.1 shows that across the four states where questionnaires were administered, there were more male respondents than females. This can be linked to the fact that most of the households visited had a male gender as head of household, for others, the female gender in the family chose to allow the male to respond to answer the questions due to cultural or religious ideologies. The traditional Nigerian society is argued to be patriarchal (Allanana. 2013; Dogo 2014). This patriarchal feature is especially prominent in Northern Nigeria where

this research was sited. The Northern Nigerian culture places great value on culture and religious beliefs, among which is the claim that the male gender is the 'head of house'.

Table 6-2: Number of persons per household across study sites

Number of persons per household	States				Total
	Benue	FCT	Kaduna	Plateau	
3	1	3	1	2	7
4	1	1	0	2	4
5	0	0	2	3	5
6	1	2	1	2	6
7	2	0	4	1	7
8	2	0	1	2	5
9	2	0	2	3	7
10	4	2	2	0	8
11	2	1	0	1	4
12	1	0	0	0	1
13	2	0	0	1	3
14	0	1	2	0	3
15	1	0	0	0	1
17	0	0	1	0	1
19	3	1	0	0	4
20	0	0	0	1	1
22	0	1	0	0	1
25	0	0	1	0	1
26	0	0	1	0	1
30	0	0	1	0	1
150	0	0	1	0	1
Total	22	12	20	18	72

Source: field data

Table 6.2 shows the number of persons in each household visited across the four study locations. Using the first row as an example; in Benue state, there was 1 household with 3 persons; in FCT, 3 households had 3 persons; in Kaduna, only 1 household had 3 persons; while in Plateau state, 2 households had 3 persons in them. A total of 7 households across the four study locations had 3 persons in each of the households visited. Note that the last row shows a total number of 150 persons in one household in Kaduna state. This was a large number and came as a shock to the researcher. However, it is not unusual to find such number of

persons in this location in the Northern part of Nigeria where many men have more than one wife with many children, this practice known as polygyny is a common practice in Northern Nigeria (Munro & Kebede 2011; Tertilt 2005). This household is an example of an extended family, which included wives, children, grandparents, and cousins.

Table 6-3: Received Malaria Prevention/Treatment Support from Case Studies

Study Location	Organisation	No	Percent of "No"	yes	Percent "yes"	Total
Benue	CA	1	13%	7	88%	8
	IHVN	-	-	15	100%	15
FCT		-	-	12	100%	12
	CA	-	-	12	100%	12
Kaduna		-	-	20	100%	20
	CA	-	-	20	100%	20
Plateau		-	-	18	100%	18
	CA	-	-	18	100%	18

Source: field data

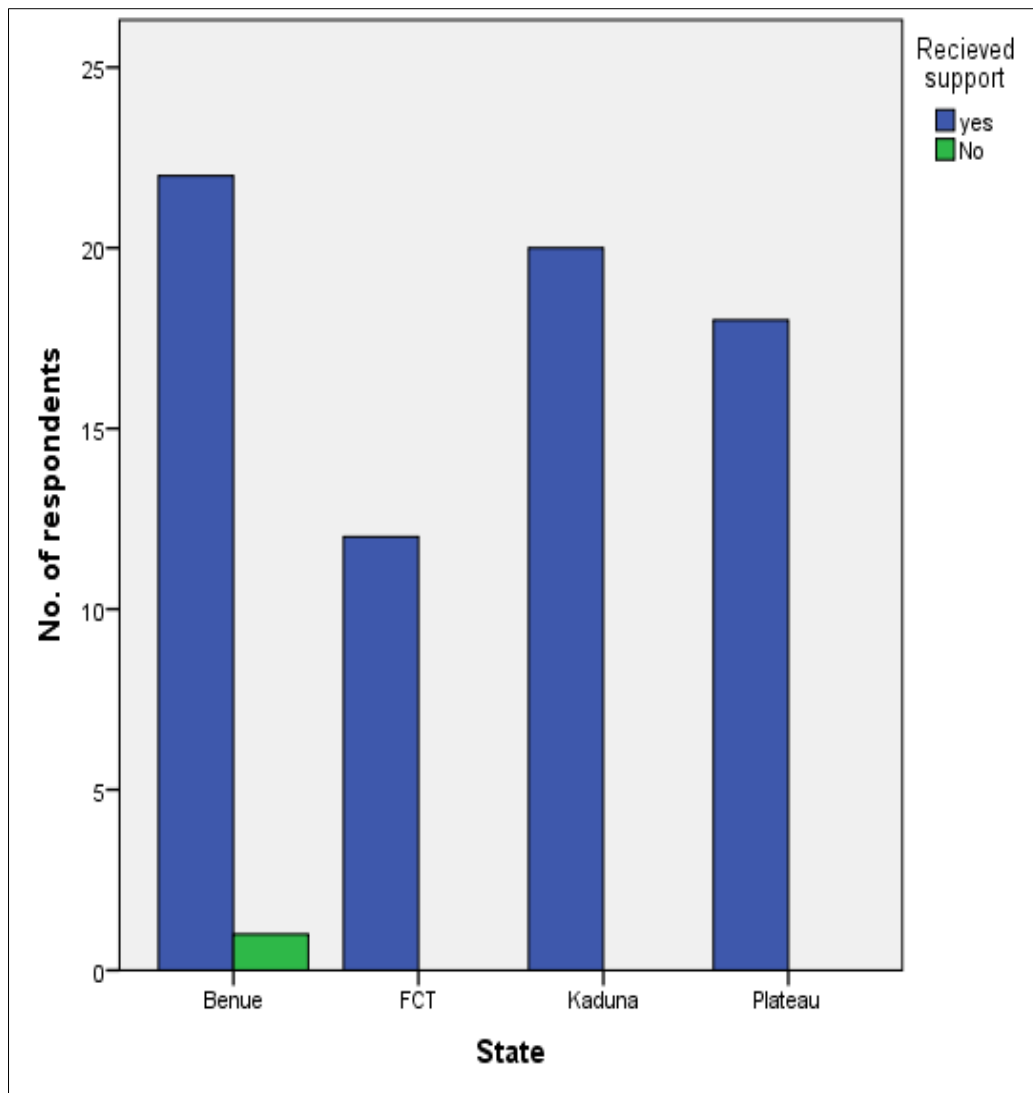
Table 6.3 shows responses from each household across all communities visited in each of the four study locations in NW/NC, Nigeria. Participants responses indicates that these households received malaria prevention or treatment support from the case studies- CA and IHVN. Note, case study- ARFH is excluded in this analysis as the organisation indicated that the malaria project, they implemented involved training of community health workers in Niger State- NC, Nigeria. Hence, household questionnaires were not administered in that location.

In each location visited, between 15-25 questionnaires were administered. In Benue state, four communities were visited: Konshisha, Kwande, Obi and Okpokwu LGAs. 23 household respondents completed the questionnaires on the malaria prevention support they had received from either CA or IHVN. Out of these 23 respondents, one of respondent indicated that they did not receive any malaria prevention/treatment support from either CA or IHVN because they were not living

in that location at the time that project was done. In FCT, CA implemented a malaria project in Kuje Area Council. 18 households were visited were questionnaires were giving out to participants. However, only 12 completed questionnaires were valid. 4 respondents who completed the questionnaires stated that they were not in the location when the project was done. Also, 2 respondents who received the questionnaire indicated that they were in the location at the time the malaria project by CA was conducted but declined any support because they were aware that CA is a Christian Charity and being of the Muslim faith, they decided not to accept any assistance from that organisation, this response is a confirmation that religion can influence peoples choices (including decisions about their wellbeing) as asserted by some scholars (see, Tomalin 2013; Ver Beek 2000). These individuals, therefore, did not complete the questionnaire. Thus, out of 18 questionnaires, only 12 were valid responses as seen in table 6.3.

In Kajuru LGA, the community visited in Kaduna State, 20 questionnaires were administered to 20 households. All the questionnaires are valid, as they were completed by each respondent. Also, in Plateau state, two communities were visited: Jos East and Riyom LGA. In Jos East, 10 questionnaires were administered; however, 2 householders stated they were not in the location when that project was done, therefore could not complete the questionnaire. In Riyom, 10 questionnaires were administered and were all completed by the respondents. Table 6.3 shows the number and percentage of valid responses in the 8 communities visited across four study locations: Benue, FCT, Kaduna and Plateau. Based on responses from household questionnaire as seen in table 6.3- 88% of respondents indicated that they had received malaria intervention support from CA and only 13% did not receive support. Whereas almost 100% received support from IHVN- all respondents received support from IHVN in Benue state. In FCT,

Kaduna and Plateau States, support received by CA was almost 100%. This research argues that the high percentage of respondents who received support from case study organisations indicates that partnership between the State and case study NGOs in study sites was effective. This is further buttressed on the bar chart in figure 6.1.



Bar Chart showing responses from participants who received malaria prevention support from case studies across study sites

Table 6-4: Type of support received from CA/IHVN within communities across the four study locations.

Communities	Organisations	Total

	Type of support received from Organisations	CA	IHVN	
Jos East	HA+LLITN	8		8
		8		8
Kajuru	HA+LLITN+Treatment	20		20
		20		20
Konshisha	HA+LLITN	1	0	1
	HA+LLITN+Treatment	1	2	3
		2	2	4
Kuje	HA+LLITN+Treatment	12		12
		12		12
Kwande	HA+LLITN+Treatment	2	2	4
		2	2	4
Obi	HA+LLITN	0	3	3
	HA+LLITN+Treatment	1	4	5
		0	7	7
Okpokwu	HA+LLITN	1	3	4
	HA+LLITN+Treatment	2	1	3
		3	4	7
Riyom	HA+LLITN	5		5
	HA+LLITN+Treatment	5		5
		10		10
Total	HA+LLITN	15	6	21
	HA+LLITN+Treatment	43	9	52
		58	15	72

Source: field data

Table 6.4 shows the type of malaria prevention support received by each household within communities across the four study locations. The types of support given to these communities, as indicated by the case studies have been coded for data analysis. These codes are *HA= Health Awareness; LLITNs = Long Lasting Insecticide Treated Nets; Treatment= meaning the medication received for the treatment of malaria*. Using the first section on the table as an example, in Jos East where CA implemented a malaria project, 8 households indicated receiving HA+LLITNs. In Konshisha, Kwande, Obi and Okpokwu LGAs in Benue state where IHVN implemented a malaria project, a total of 15 households received HA+LLITNs or HA+LLITNs+Treatment. Also, the location where CA had a project- Jos East, Kajuru, Kuje and Riyom, a total of 58 households received either HA+LLITNs or HA+LLITNs+Treatment from the organisation.

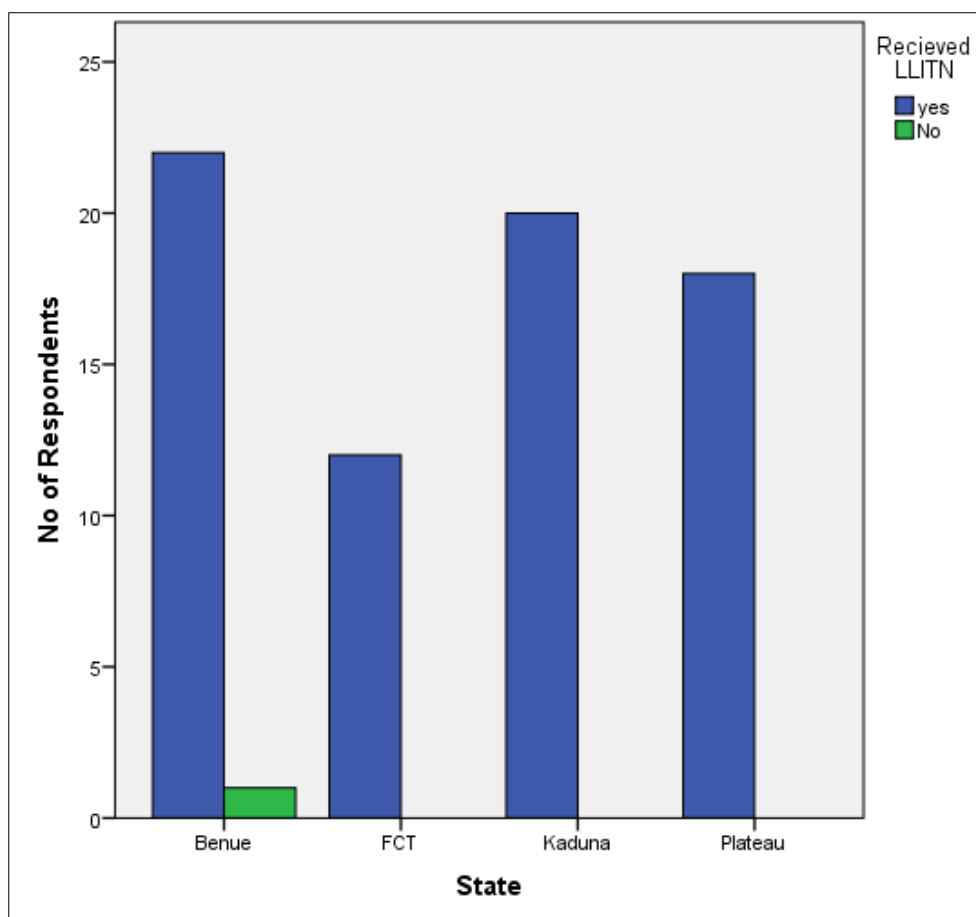
Table 6-5: Household received LLITNs from Case Studies across the four study locations

			Yes	No	Total
Benue	LGA	Konshisha	4	0	4
		Kwande	4	0	4
		Obi	7	0	7
		Okpokwu	6	1	7
	Total		22	1	23
FCT	LGA	Kuje	12		12
	Total		12		12
Kaduna	LGA	Kajuru	20		20
	Total		20		20
Plateau	LGA	Jos East	8		8
		Riyom	10		10
	Total		18		18
Total	LGA	Jos East	8	0	8
		Kajuru	20	0	20
		Konshisha	4	0	4
		Kuje	12	0	12
		Kwande	4	0	4
		Obi	8	0	8
		Okpokwu	6	1	7
		Riyom	10	0	10
Total		71	1	72	

Source: field data

Percentage of Respondents who Received LLITN across States					
			Received LLITN		Total
			yes	No	
State	Benue	Count	22	1	23
		% within State	95.7%	4.3%	100.0%
	FCT	Count	12	0	12
		% within State	100.0%	0.0%	100.0%
	Kaduna	Count	20	0	20
		% within State	100.0%	0.0%	100.0%
	Plateau	Count	18	0	18
		% within State	100.0%	0.0%	100.0%
Total		Count	72	1	73
		% within State	98.6%	1.4%	100.0%

Source: field data



Bar Chart showing responses from participants who received LLITNs from case studies across study sites.

Table 6.5 indicates the number of households that received insecticides treated nets from the case studies. It was imperative to get data on the use of mosquito nets in the study locations as net use has been recommended as the cheapest methods for malaria prevention (WHO 2018). A total number of 71 households indicated they had received LLITNs from either CA or IHVN, only one respondent did not receive a net. It is worth mentioning here that although nets have been recommended as safe and affordable for preventing malaria, many households in Nigeria are not using them for different reasons. Majority of households are not using the nets because they cannot afford it due to their socio-economic status, others are refusing to use it because they claim it increases the heat in their rooms. While others are not using the nets because they have not received the

necessary health education on the importance of sleeping under a net (Modebe. Et al. 2013).

Table 6-6: Malaria frequency in households before using LLITNs received from Case Studies.

State			Weekly	Fortnightly	Others	Total
Benue	LGA	Konshisha	1	0	3	4
		Kwande	0	1	3	4
		Obi	0	1	6	7
		Okpokwu	0	0	7	7
	Total	1	2	20	22	
FCT	LGA	Kuje	3	3	6	12
	Total	3	3	6	12	
Kaduna	LGA	Kajuru	7	4	9	20
	Total	7	4	9	20	
Plateau	LGA	Jos East	1	3	4	8
		Riyom	0	6	4	10
	Total	1	9	8	18	
Total	LGA	Jos East	1	3	4	8
		Kajuru	7	4	9	20
		Konshisha	1	0	3	4
		Kuje	3	3	6	12
		Kwande	0	1	3	4
		Obi	0	1	7	8
		Okpokwu	0	0	7	7
		Riyom	0	6	4	10
Total	12	18	43	72		

Source: field data

Table 6.6 shows the frequency of malaria disease on members of each household before they started sleeping under treated nets. The incidence of malaria ranged from *Weekly, Fortnightly, or Others*: the 'Others' category implied Quarterly or 2-3 times in a year. As shown in the responses above, 12 households indicated that most members of their family had malaria weekly, 18 households stated that they had incidents of malaria fortnightly, while 43 households in the others category stated they had malaria either quarterly or 2-3 times in a year. This research discovered that those households in the others category who said that they had malaria either quarterly or not more than 2-3 times a year had mosquito nets on their windows and were aware of the need to prevent themselves against mosquito

bites which could cause the malaria disease. However, evidence has shown that putting mosquito nets on windows and doors is not enough to prevent malaria-causing mosquitoes. It is still recommended that in malaria-prone environments, people need to sleep under treated nets, especially children and pregnant women (WHO 2018).

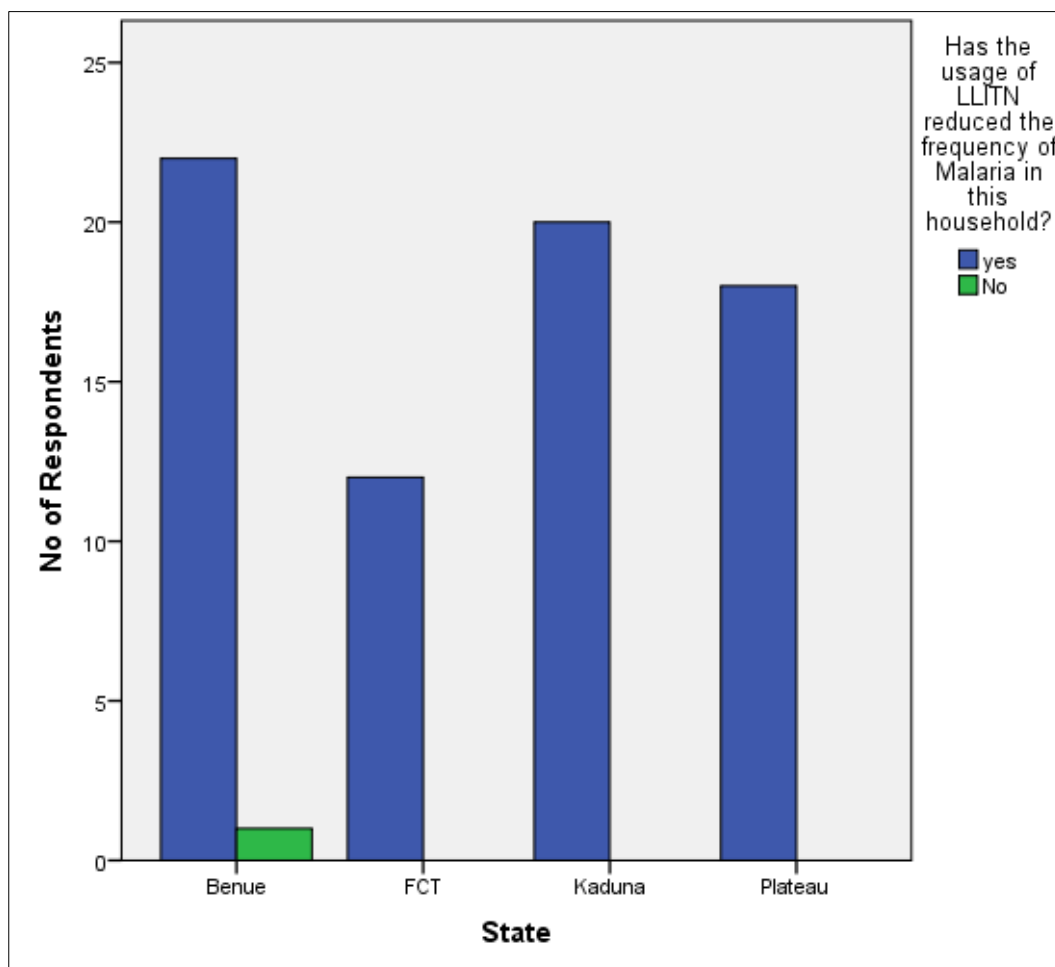
Table 6-7: If the usage of LLITN reduced the frequency of Malaria within the households in study locations

State			Yes	No	Total
Benue	Local Area	GovernmentKonshisha	4	0	4
		Kwande	4	0	4
		Obi	7	0	7
		Okpokwu	6	1	7
	Total		22	1	23
FCT	Local Area	GovernmentKuje	12		12
	Total		12		12
Kaduna	Local Area	GovernmentKajuru	20		20
	Total		20		20
Plateau	Local Area	GovernmentJos East	8		8
		Riyom	10		10
	Total		18		18
Total	Local Area	GovernmentJos East	8	0	8
		Kajuru	20	0	20
		Konshisha	4	0	4
		Kuje	12	0	12
		Kwande	4	0	4
		Obi	8	0	8
		Okpokwu	6	1	7
		Riyom	10	0	10
Total		71	1	72	

Source: field data

Percentage across States

			Yes	No	Total
State	Benue	Count	22	1	23
		% within State	95.7%	4.3%	100.0%
	FCT	Count	12	0	12
		% within State	100.0%	0.0%	100.0%
	Kaduna	Count	20	0	20
		% within State	100.0%	0.0%	100.0%
	Plateau	Count	18	0	18
		% within State	100.0%	0.0%	100.0%
Total	Count	72	1	73	
	% within State	98.6%	1.4%	100.0%	



Bar Chart showing responses from participants on the usage of LLITNs received from case studies across study sites

Table 6.7 shows responses from householders regarding the benefits of using LLITNs in their homes. The respondents indicated that members of their household who slept under a treated net had experienced a reduction in the number of times they got malaria annually. A total of 71 families across four study sites indicated that they had experienced a significant decrease in the frequency of malaria illnesses since receiving some form of support from the case studies. From these responses, this research argues that the partnership for malaria intervention between the State and case study organisations helped in reducing the incidence

of malaria in study sites. Note that Table 6.7 shows only one person indicated that they had not experienced reduced frequency of malaria, and this is because the household did not receive any malaria prevention support from any of the case studies (as they were not in the location as at the time of that malaria intervention) but choose to be part of this study.

6.3 Impact of Malaria Intervention on Study Area

Malaria in Nigerian and the prevention strategies by the State and non-state actors have been discussed in chapter one. As discussed in chapter one, the Nigerian government has a malaria intervention strategy which is being implemented across the country in partnership with the private sector, this include, donor agencies, private corporations and NGOs (such as the case study NGOs in this research). As discussed in chapter three, Frost (1996), notes that individuals, either as private citizens, members of a private sector agency (such as the case study organisations in this thesis), governments or community of States are often required to make important normative decisions. This research asserts that the State agency for malaria, in partnership with case study NGOs, along with other stakeholders have taken a normative-ethical decision to deal with a social issue, i.e., malaria prevention in NC/NW Nigeria. Accordingly, the analysed data in this chapter are responses from study sites which suggests that the malaria intervention projects implemented by case study NGOs in partnership with the State positively impacted communities across study sites. From 72 households across four study locations, this study showed that all respondents (except one) claimed that they had experienced reduced frequency of malaria as a result of the support they received from case study NGOs, particularly on the use of treated nets (as discussed in chapter one, the use of treated nets is one of the main strategies for malaria prevention across Nigeria). In addition, several malaria

research in Nigeria have acknowledged that the use of LLITNs is one of the most cost-effective method for malaria prevention (Afolabi. Et al. 2009; Ye. Et al. 2012). Also, the WHO recommends the universal access of LLITNs in malaria endemic regions (WHO 2017). As mentioned earlier, this research findings suggests that that the partnership for malaria prevention between the State and the case studies was beneficial to the host communities, which is indicated in the household responses on the reduced frequency of malaria from the period they received the support. Consequently, this research argues that the interventions by case study NGOs in partnership with the State and other stakeholders, positively impacted its beneficiaries in study sites based on the responses from household questionnaires. Furthermore, in view of the relative success of these malaria intervention projects; this research argues that project sustainability is an important factor for malaria intervention programmes in Nigeria, as recommended by the WHO (2018). Malaria intervention sustainability is imperative if Nigeria is to achieve the goal of eliminating malaria by 2030, as it aims to meet the Global Goals target for eliminating the disease. In view of this, although this research findings shows that the malaria intervention projects by case studies had ended as at the time of conducting the field study for this research, the State Ministries of Health across study locations note that they have a State-run malaria intervention strategy which they aim to sustain until malaria is eliminated in Nigeria by the target date of year 2030 (see further discussion in chapter eight).

6.4 Conclusion

This chapter is the analysis of data from responses received from household questionnaires administered to communities within the four study sites in NC/NW Nigeria. The analysis was carried out using SPSS computer software to show trends and frequencies in variables in support of qualitative findings from this

study. Responses for seven questions were analysed as can be seen on the tables in this chapter. These household questionnaires were for two of the case studies. As mentioned in chapter five, ARFH's malaria intervention project involved training of healthcare providers in one of the study sites; hence, the organisation was exempted from this process. An important inquiry in the field study was, if the case studies- IHVN and CA implemented a malaria project in those communities (this question was critical in verifying the information received by this research from case studies), if the communities received this support, and if the frequency of malaria had reduced after receiving the intervention support. The responses as seen on the tables in this chapter indicated that participants received support from case studies- they also claimed to have recorded reduced malaria frequency as a result, which suggests that the partnership for malaria intervention had a positive impact on these communities.

CHAPTER 7: THE GLOBAL GOALS IN NIGERIA

7.1 Introduction

As mentioned in chapter one, NGOs have come to be known as important actors in the field of development. Accordingly, this research seeks to understand the role of these organisations as development partners in the context of the Global Goals. Therefore, this chapter focuses on the Global Goals in Nigeria and the role of NGOs as partners for the goals in the country. To begin with it is imperative to note that Nigeria has its history of development planning, notable among which are: The Colonial Development Plan (1958-1968); the Structural Adjustment Programmes introduced in the 1980s; the National Economic Empowerment and Development Strategy (NEEDs) created in 2004; and the Strategy for achieving the previous MDGs, all these initiatives, it is claimed, recorded moderate levels of successes because they were not effectively implemented. Subsequently, Nigeria has taken on a long-term and ambitious approach to development planning, hence the establishment of the 'Vision 20:2020' development plan. According to the Office of the Senior Special Adviser to the President on Sustainable Development Goals (OSSAP-SDGs), the three pillars of Vision 20:2020 are aligned to the three dimensions of the SDGs: Social Dimension (ensuring wellbeing and peoples' productivity); Economic Dimension (optimising the main sources of economic growth); and Environmental Dimension (fostering ecological sustainability) (OSSAP-SDGs 2018). Nigeria, like other countries in the UN system adopted the Global Goals and created programmes aimed at achieving these goals. The first of such steps was the establishment of the Development Goals office tasked with the mandate of overseeing the implementation of the Goals across the country. The agency was previously known as the Millennium Development Goals office, however, in 2015, when the MDGs concluded and was replaced by the SDGs, the

agency was renamed Office of the Senior Special Assistant to the President on Sustainable Development Goals (OSSAP-SDGs). Consequently, OSSAP-SDGs engages in the following activities aimed at achieving the Global Goals in Nigeria:

a. *'Strategic Direction, Planning and Coordination'*: OSSAP-SDGs gives necessary guidance on the SDGs; it coordinates and assimilates the SDGs into Nigeria's national development plans, as well as developed the framework for implementation at the three tiers of government: national, state, and local government areas; also, the agency is responsible for the monitoring and assessment of the SDGs in the country.

b. *'Representation, Advocacy, and Partnership for Development'*: OSSAP-SDGs regularly consults with relevant stakeholders; enlightens the general public on SDGs activities; has developed PPP towards the achievement of the SGGs; gives technical support to stakeholders on SDGs programmes; and, participates in policy discussions regarding SDGs at regional and international platforms.

c. *'Resource Mobilisation and Management'*: engages with other relevant agencies of government, such as the Ministry of Finance, and Ministry of Budget and National Planning to effectively deploy the 'Virtual Poverty Fund' and 'Debt Relief Fund Gains' needed for the implementation of the SDGs targets; implements a corresponding grant mechanism for states and LGAs to facilitate social, economic and environmental interventions so as to advance the successful realisation of the SDGs targets.

d. *'Monitoring, Evaluation, Documentation and Reporting'*: collates and updates annual SDG Reports; presents report every quarter to the presidential committee on SDGs and other relevant stakeholders on the progress towards achieving the SDGs' targets across the country; has a national monitoring and

evaluation framework with a set of national indicators to track progress, ensure accountability and allocate resources where appropriate; partners with all relevant State agencies in the planning, reporting and tracking of the progress on the SDGs.

The OSSAP-SDGs has a national strategy for transition from MDGs to SDGs, this strategy provided appropriate institutional arrangements in building on key lessons from the experiences of the MDGs across the country. One of such lessons learnt post-MDGs was the need to monitor the progress of the Global Goals targets. Given the need for monitoring progress, OSSAP-SDGs conducts the SDGs indicator mapping through data tracking, it reviews performance and accountability at the national, as well as sub-national levels, this is done in partnership with the National Bureau of Statistics and the UNDP. The first of such data mapping was carried out in the year 2017 (OSSAP-SDGs 2018).

As part of the processes of incorporating the SDGs into national policy framework, Nigeria is currently implementing its Economic Recovery and Growth Plan (NERGP). NERGP is aligned with the SDGs in both its intent and content and serves as a medium-term plan for 2017-2020. NERGP framework was developed to restore economic growth and as a road-map to achieve the following: improve security across the country; fight corruption and promote good governance in all sectors; promote agricultural production and food security; develop energy and transport infrastructures; as well as, promote industrialisation and social investments. NERGP's strategic policy objectives provide the required platform that would activate initiatives for the successful implementation of the 17 SDGs targets. With all of these policies in place, the Nigeria government claims that it has established an enabling policy environment to support the implementation of

the SDGs and realisation of the 2030 targets (OSSAP-SDGs and National Bureau of Statistics 2017).

7.2 Partnerships for the Global Goals in Nigeria

One of the central themes of the Global Goals is 'working together to achieve the goals' (UNDP 2019). OSSAP-SDGs, as mentioned earlier is the agency responsible for implementing the Global Goals in Nigeria, it acknowledges that for the SDGs to be achieved across the country, partnerships between the government and the private sector is required at a global, regional and local level. In view of this, the agency regularly consults with relevant stakeholders, which include other public sector agencies in Nigerian- both states and local government agencies, inter-governmental organisations, and private sector organisations, such as NGOs, private corporations, the academia, youth groups, the media and community groups. The OSSAP-SDGs agency states that it also receives support from international partners for various programmes targeted at the successful implementation of the Global Goals in the country. It mentioned some of its development partners, which includes UNDP, UNESCO, DFID, Civil Society Organisations and Earth Institute (OSSAP-SDGs 2018). Furthermore, OSSAP-SDGs noted that the Federal Government of Nigeria since the inception of the SDGs continuously seeks partnerships with both local and international organisations for its development projects.

In addition, OSSAP-SDGs (2018) states that the Nigerian government has a national policy programme aimed at realising SDG 17- *Partnership for the Goals*. This National Strategic Policy is a framework which allows for private sector engagement. It includes the establishment of a 'Partnership Group on SDGs' listed below:

- a. *'Private Sector Advisory Group (PSAG)'*: is targeted at scaling-up for SDGs implementation in Nigeria. This group has three main objectives, which are: 'establish in the short-term (2016-2020), a foundation for private sector and the core development agenda, and mobilise private sectors organisations around the SDGs target and Global Compacts for business'; 'leverage in the medium-term (2021-2025), the momentum of the vast resources of the private sector and stakeholder commitment to scale-up sustainable development impacts'; and, 'deliver, in the long-term (2026-2030) the Global Goals promise'. The PSAG works with the OSSAP-SDGs, engaging in public-private sector conversations and working on PPPs targeted at SDGs priority areas in Nigeria. A PPP driven initiative involving OSSAP-SDGS and a private-for profit business, Lafarge Holcim Company, Nigeria is one example of OSSAP-SDGs' strategies for achieving the SDGs in Nigeria. As part of its SDGs commitment, Lafarge Holcim is implementing some SDGs in Nigeria, such as SDG 4 (Quality Education); SDG 6 (Clean Water and Sanitation); SDG 9 (Industry, Innovation & Infrastructure); and SDG 13 (Climate Action). For instance, OSSAP-SDGs states that Lafarge Holcim company has trained over 5000 artisans in the area of sustainable construction (OSSAP-SDGs 2017).
- b. *The 'Donor Forum on SDGs'*: also referred to as the 'Development Partners Group on SDGs'. The Nigerian government recognises the constant need to engage with development donors who assist in filling financing gaps through aid (grants and loans) and provide technical assistance in specific areas, such as science and technology needed to support the implementation of the SDGs. Some of these development donors are UNDP, UNESCO and DFID. For instance, OSSAP-SDGs in partnership with the German

Development Cooperation are working together to reduce poverty and unemployment in Nigeria. This partnership has so far resulted in the construction of skill acquisition centres by the German Development Cooperation in two states- Plateau (North Central Nigeria) and Ogun. These skill acquisition centres trains youths on carpentry, plumbing, welding and building (South West Nigeria) (OSSAP-SDGs 2017).

- c. *The Civil Society Advisory Group on SDGs*: OSSAP-SDGs understands the vital role CSOs play, particularly in the area of advocacy. Hence, it is harnessing this potential of CSOs to enhance the awareness of the SDGs across the country. With support from UN-SDG Action Campaign, CSOs are supporting the OSSAP-SDGs to disseminate knowledge of the SDGs programmes, and the need for citizens participation. This advocacy is carried out in the states, LGAs and local communities across Nigeria. In addition, some CSOs engage with OSSAP-SDGs to track expenditure made for SDGs projects to the level of their implementation, this has guaranteed transparency and accountability in the utilisation of resources to projects delivery and quality of service.

7.3 The SDGs and NGOs' Engagement in Nigeria

From the inception of the SDGs in Nigeria, the government had acknowledged that the need to partner with the private sector was essential for the 17 goals of the SDGs to be achieved by the year 2030. To this end, it seeks to partnerships with the private sector- both non-profit and for-profit firms as mentioned earlier (OSSAP-SDGs 2018). Accordingly, the post-2015 global development agenda asserts that the State cannot be the only vital stakeholder responsible for development, hence, the growing advocacy for international cooperation (D'Alessandro and Zulu 2017). Similarly, given the way the SDGs is framed, which

allows for citizens participation, the Nigerian government claims that it has created an enabling environment for private sector engagement (which includes the NGOs sector) by establishing the Private Sector Group on the SDGs which has been mentioned earlier (OSSAP-SDGs 2018).

NGOs doing development work claim that their activities are mostly on behalf of the socio-economically challenged in any society. In the context of Nigeria, it is suggested that NGOs doing development projects in local communities across the country can engage with the state government by giving recommendations on appropriate development interventions (Malaolu & Egbuabor 2017). Accordingly, this section looks at the role NGOs play in the processes for achieving the SDGs in Nigeria, as there is a diversity of NGOs in Nigeria, an attempt to understand NGO roles in the SDGs implementation will be made using the case study organisations in this research. A summary of what NGOs in Nigeria can do towards achieving the SDGs as recommended by some writers (Malaolu and Egbuabor. Ibid; Akinsola and Raji 2018) will guide this discussion; these writers suggest that NGOs can deliver basic social services to communities where the State-government is unable to give such services. NGOs can play an advocacy role, calling on the government to be transparent and accountable, which is an essential criterion for attracting international development partners. NGOs can help to mobilise other private sector organisations to partner with the Nigerian government for the implementation of the SDGs targets. Also, NGOs can engage in people empowerment projects that are aimed at given a voice to the disadvantaged or marginalised in society. The question of what NGOs in Nigeria can do towards achieving the SDGs verses what they are doing will be discussed in this section. As mentioned earlier, these research case studies are presented as examples of what NGOs are doing vis-à-vis, SDGs implementation in Nigeria.

The activities of these NGOs are discussed in chapter five. Therefore, the focus of this section is on their engagement in SDGs implementation in Nigeria.

7.3.1 ARFH and the SDGs in Nigeria

ARFH's commitment to the implementation of the SDGs is mainly in SDG 3- Good Health & Wellbeing. Thus, ARFH is engaged in different health projects across Nigeria. One of such commitments to for the SDGs is the 'Resilient and Accelerated Scale-Up of DMPA-SC/Self-injection'- a family planning initiative. In the year 2017, when the government of Nigeria renewed its commitment to investing in family planning through cooperation with its development partners and the private sector, ARFH obtained funds from the Bill & Melinda Gates Foundation, as well as Children Investment Fund Foundation (CIFF) for the implementation of this project. ARFH is collaborating with Nigeria's Federal Ministry of Health on this project. This project aims at reducing the maternal and infant morbidity/mortality in Nigeria by presenting opportunities for the expansion of voluntary access to contraceptive and family planning services (ARFH 2017). Accordingly, in relation to malaria intervention, which is also part of SDG 3, ARFH is involved in several malaria projects across Nigeria, examples of some of these projects is the one which was implemented in this research study site 1- Niger State, NC Nigeria (see discussion in chapter five).

7.3.2 IHVN and the SDGs in Nigeria

The second case study in this research, Institute for Human Virology Nigeria (IHVN), is mainly engaged in public health interventions, which is aligned with its commitments to SDG 3- 'Good Health and Well-being' in Nigeria. IHVN's health projects include HIV/AIDS, Tuberculosis (TB) and drug-resistant TB intervention, malaria, capacity training and biomedical research on HIV/AIDSs, TB and cancer,

as well as other non-communicable diseases. The recommendation for different forms of partnerships around science and technology is one of the targets of SDG 17. IHVN is engaging in such partnerships for medical research. For example, with the funding it received from Global Fund to Fight AIDS, Tuberculosis and Malaria, IHVN conducted medical research on over eight thousand persons who have 'Drug-Resistant. In addition, the organisation trained some health service providers on Drug-Resistant TB management. IHVN has also built a Bio-Safety Level 3 laboratory in the National TB & Leprosy Training Centre, Zaria (NW Nigeria). The organisation claims that this centre is one of the first in Africa. In this centre, multi-drug resistant TB and other diseases are easily diagnosed in Nigeria (IHVN 2018). Also, as part of its commitment to SDG 3, IHVN implemented malaria projects in study site 3- Benue state, NC Nigeria (see discussion in chapter five).

7.3.3 Christian Aid and the SDGs in Nigeria

The third case study organisation- Christian Aid (CA), which is also one of the several international NGOs working in Nigeria, engages in different development projects in Nigeria. As part of the organisation's commitment to the SDGs in Nigeria, CA states that it gives priority to the socio-economically challenged in society, especially those living in rural communities. The organisation indicates that it is particularly committed to SDG 3, 5 and 6: Good Health and Well-being; Gender Equality; Clean Water and Sanitation, respectively. One example of CA's development projects in Nigeria is a DFID funded 'Partnership for Improved Health' initiative. In implementing this project, CA identified rural communities in Benue state, NC Nigeria (one of the study locations for this research) that are almost inaccessible and where poor water, sanitation, health information as well as health facilities are scarce and engaged in capacity training of health workers

and community leaders to enable them to become better managers of the health facilities in their communities. CA notes that it also encourages the participation of women in local communities as part of its SDG initiative for SDG 5- Gender Equality (Christian Aid 2018).

Furthermore, it is important to note that although some scholars, such as, Akinsolu and Raji (2018) writing on civil society engagement in the SDGs in Nigeria distinguished CSOs from NGOs, this research argues that there are more similarities than differences in the activities of these organisations classified as CSOs or NGOs, also bearing in mind that NGOs are a part of CSOs. The recommendations by Malaolu and Ogbuabor (2017) to CSOs on the role they can play in the implementation of the SDGs in Nigeria (as discussed earlier) are similar to what the case studies in this research, through this research findings were found to be doing. For example, the case studies play the role of service delivery, of basic social needs, especially healthcare delivery. Also, CA plays an advocacy role, such as, promoting gender equality- encouraging the participation of women in development projects and engaging with relevant stakeholders to advocate for improved governance and accountability from the Nigerian government. Terminology notwithstanding, NGOs or CSOs are a part of private sector organisations engaging in the SDGs implementation processes in Nigeria.

7.4 SDG 3 in Nigeria

Bearing in mind that the social issue in focus for this research is malaria, the following sections will look at the Nigerian government's policy for health (which includes malaria), which is one among other health challenges in the country. It is important to note that many studies on Nigeria's health sector argue that the country has a weak health system (Welcome 2011); (Uneke. Et al. 2010). Several of these scholars note that the sector is in urgent need of reforms (Ademiluyi and

Aluko-Arowolo 2009); (Omoruan, Bamidele and Phillips 2009); (Obansa and Orimisan 2013). More importantly, two issues stand out, first is the apparent inadequate health infrastructure in the country (Akinwale 2010). Both the government and the private sector involved in Nigeria's health sector need to take appropriate measures to ensure that the country's health infrastructures- in terms of quality and quantity are developed and easily accessible to every citizen (Ademiluyi and Aluko-Arowolo 2009) (Obansa and Orimisan 2013). Another factor affecting Nigeria's health sector is inadequate workforce. It has been identified that there is a shortage of Doctors and nurses in the country, which is linked to poor enumeration of medical professionals, particularly in public health facilities, and as a result, labour migration has become popular in Nigeria, especially among Doctors and nurses (Astor. Et al. 2005). This situation is commonly referred to as 'brain-drain' (Omonijo 2011; Hagopian. Et al. 2004). Although labour migration occurs globally, with the International Office for Migration estimating that about 150.3 Million people migrated for labour in the year 2015 (IOM 2019). It is claimed that the large number of qualified medical professionals leaving Nigeria yearly is disturbing as it leaves a massive gap in the country's health system- one of which is the challenge of Doctor to patient ratio- too many patients with fewer Doctors Umar (Oche and Umar 2011; Nwaopara 2015). The Nigeria Medical Association speaking about this disturbing trend, has stated that about 2000 medical workers leave the country annually (Premium Times 2019). Consequently, the Nigerian government has admitted that this situation is affecting healthcare delivery in the country and it is working on reforms (Federal Ministry of Health, Nigeria 2018). However, more research will be needed to assess government's health reforms (Adeloye. Et al. 2017). Certainly, Nigeria's health sector needs restructuring (Abdulraheem, Olapipo and Amodu 2012). Nevertheless, this will require a

commitment from the government in partnership with the private sector if the country is to achieve the SDG 3 targets (Ogu, Agholor and Okonofua 2016; Walker 2016). On the other hand, Benneth. Et al. (2004), writing on the challenge of health systems and achieving the MDGs' health target, argued that increased external funds alone are not enough to attain the health Goal in country's with weak health systems; this applies to the current SDG 3 implementation process in Nigeria. Accordingly, emphasis on health system strengthening is needed if the SDG 3 to be achieved.

7.4.1 Nigeria's Health Policy

As an oil producing country, the post-independence Nigerian government had used oil revenue during the oil boom to build public infrastructures- including health facilities; these health facilities had provided free services to Nigerians; (Odeyemi 2014); Alubo 2001). However, the global slump in the price of oil from the 1980s onwards coupled with economic and political instability in the country led to a decline in the government's capacity to provide free healthcare. Nigeria is divided into six geopolitical zones (as mentioned in chapter one), these boundaries are frequently used to appraise equity of government spending and progress of development. The Federal Government provides policy guidance, finance and pooled procurement for the country's health sector across all 36 states and Abuja- the capital city of Nigeria. Also, as a decentralised federal system, every state has a Ministry of Health, coordinated by a state commissioner of Health who is responsible for administrative and federal policy interpretations, setting priorities and expenditure across each state's LGA (Snow. Et al. 2013).

Furthermore, by 1999, the Federal Government of Nigeria admitted that the country's health sector needed reforms, this led to the setting up of the National

Health Insurance Scheme (NHIS), this policy officially allowed for participation by the private sector (Odeyemi and Nixon 2013). The Government of Nigeria created a national health policy targeted at achieving quality health for all its citizens in 1988. A revised policy was launched in 2004, which outlined the goals, structures, strategy and policy direction of the healthcare delivery system in Nigeria (Federal Ministry of Health, Nigeria 2018). In this policy, the roles of different tiers of government, as well as that of the private sector (including NGOs) was defined). The health policy provides access to adequate primary, secondary, and tertiary healthcare services to Nigerian citizens through a functional referral system. This national health policy strengthens the national health system such that it is able to provide effective, quality, accessible and affordable healthcare services to Nigerians (National Population Commission 2010).

The core principles of the revised National Health Policy are:

- a. Social justice, equity, and the idea of freedom and opportunity affirmed in the 1999 constitution of the federal republic of Nigeria are basic rights.*
- b. Health and access to quality and affordable care are human rights.*
- c. Equity in healthcare for all Nigerians will be pursued as a goal.*
- d. Primary Health Care (PHC) will remain the basic philosophy and strategy for national health development.*
- e. Good-quality healthcare will be assured through cost-effective interventions that are targeted at priority health problems.*
- f. A high level of efficiency and accountability will be maintained in the development and management of the national health system.*
- g. Effective partnerships and collaborations between various health sectors will be pursued while safeguarding the identity of each (National Population Commission & ICF International 2014).*

Consequently, the resulting outcome of the national health policy is to strengthen the country's implementation of the health-related UN Global Goal (National

Population Commission and ICF International 2014). In addition, Nigeria's health sector is structured into three levels- tertiary, secondary and primary healthcare. There are a variety of health service providers in the country; these include- the public and private (for-profit and non-profit) organisations. The public health sector operates a decentralised system run by the Federal Ministry of Health (FMOH), States Ministries of Health (SMoH), and Local Government Health Departments (LGHDs). However, the FMOH is in-charge of formulating national health policies. It coordinates and supervises the activities of the other agencies. It also gives tertiary healthcare via teaching hospitals and Federal Medical Centres (FMCs) across the country. The SMoH are responsible for secondary care in their states, while the LGHDs give Primary Health Care (PHC) at local communities. Although it is the responsibility of LGHDs to provide PHC, the three levels of government, along with other private organisations also participate in PHC delivery (Federal Ministry of Health, Nigeria 2018; Olakunde 2012).

In relation to malaria, an important policy document for stakeholders in malaria intervention programmes in Nigeria is the malaria Advocacy Communication and Social Mobilisation programme (ACSM). This document serves as a guide for national, states, LGAs, and other health advocacy professionals to design and implement malaria intervention projects that will be consistent with national and international best practices and contribute toward achieving the NMSP 2014-2020 target of malaria elimination in Nigeria. The Federal Ministry of Health and NMEP have classified two groups who are beneficiaries of this guideline; they are:

- a. Primary audience- these are the health and communication, as well as promotion practitioners at the national, state and LGA levels. This group is primarily responsible for the development of projects as well as

implementation, monitoring and evaluation of all malaria intervention projects.

- b. *Secondary audience*- consisting of health professionals, partners and volunteers from the public, private for-profit and NGO sector who engage in malaria programme planning and implementation, or those who occupy a management and leadership role for the programme (Nigeria Federal Ministry of Health & NMEP 2014).

7.4.2 SDG 3 and Nigeria's Health Policy

As earlier mentioned, the Nigerian government states that its commitment to SDG 3 is reflected in its revised National Health Policy, themed- 'Promoting the health of Nigerians to accelerate socio-economic development'. In view of this, the government, through its national health agency- Federal Ministry of Health has developed a program aligned with SDG 3 called the National Strategic Health Development Plan (NSHDP). The first phase of the programme was from the period 2010-2015, the second phase of the programme, 'NSHDP II' is currently running until the year 2022. NSHDP takes root from the country's National Health Policy, which recognises the need for Nigeria to achieve UHC in line with the nation's commitment to the SDGs. The NSHDP serves as a framework for the country's health sector development and a guide for all health interventions by stakeholders working in the country's health sector (Federal Ministry of Health, Nigeria 2018).

In addition, Nigeria is part of several regional and international initiatives aligned with its NSHDP initiative; these include the SDGs- in particular, SDG 3. Some of these initiatives the country is aligned with are:

- a. *Common African Position*- an African Union initiative which aims at strengthening health systems to achieve access to quality healthcare on the continent, with a focus on: reproductive and family health, reduction of incidence of communicable diseases (HIV/AIDS, malaria and TB), and non-communicable diseases, such as mental health;
- b. *Abuja 2001 Declaration and Abuja+12 Declaration (2013)*- this program is a commitment by AU members States to allot 15 per cent of their annual budget to the health sector;
- c. *Ouagadougou Declaration on Primary Health Care (2008)*- this is a call to African governments to strengthen their health systems to achieve PHC;
- d. *Universal Health Coverage (UHC)*- the World Health Assembly Resolution 58:33 (2005) urges all countries to develop strategies that will guarantee that all citizens have access to healthcare without the fear of financial burden before or aftercare. UHC- which entails the right to health is already embedded in the Nigerian constitution;
- e. *International Health Regulations*- this is a guideline for nations to implement all necessary actions compliant with international best practices to prevent, as well as respond to acute public health risks and emergencies that could potentially cross borders and become a threat to many people on a global scale;
- f. *Paris Declaration on Aid Effectiveness (2005)*- a guide to improving aid effectiveness and its impact on development (Federal Ministry of Health, Nigeria 2018).

Furthermore, the Nigeria government has pledged its commitment to the SDGs and claims it is using it as a framework towards improving the country's health

sector and by extension, the lives of the population of Nigeria. The government notes that its main areas of focus are: improving reproductive, maternal and child health; ending the epidemic of HIV/AIDS, malaria, TB and other neglected tropical diseases; reducing non-communicable diseases; achieving Universal Health Coverage; and ensuring access to safe, affordable and effective medicines and vaccines (OSSAP-SDGS and National Bureau of Statistics 2017). Also, studies on Nigeria's health sector have claimed that some successes have been recorded on several health indicators in the country, but there is a need for more improvement (Umeh 2018; Eshiet 2019). The challenges in the sector, such as inadequate financing and poor infrastructure, will have to be dealt with decisively for any tangible improvement to be made; which will also translate towards achieving SDG 3 by 2030 (Doctor, Nkhana-Salimu and Abdulsalam-Anibilowo 2018; Agyepong. Et al. 2017).

Umeh (2018:794) has suggested a guide to achieving UHC by 2030 in SSA countries, which can apply to Nigeria, these including, a. Raising sufficient revenue utilisation, d. Improving the efficiency of revenue utilisation, c. Identifying and providing coverage for the very poor, d. Reducing the proportion of the population that is underinsured, e. improving access to quality healthcare in rural areas. Accordingly, it is imperative for all stakeholders in the health sector of Nigeria to apply innovative approaches which will facilitate in strengthening the country's health systems (Kruk. Et al. 2018; Reich. Et al. 2016). Also, it is argued that some of the reasons for the challenges in the health sector of Nigeria are, bad governance and corruption, especially in the public health sector USAID (2019), hence, the need for accountability, cannot be overstated. Good health governance, and transparency in the management of funds allocated to the health sector is

imperative to ensure that the health system of the country is strengthened (Adeyi 2016; Doherty. Et al. 2018).

7.5 Malaria Interventions in Nigeria through Partnerships

Eliminating malaria by 2030 is part of SDG 3 target. Consequently, this section discusses Nigeria's malaria intervention strategy which is aimed at eliminating the diseases in the country by year 2030. Malaria remains one of the disease burdens in Nigeria (USAID 2019; Global Fund 2019). Hence, the growing advocacy for health partnerships, to fight the disease. Achieving malaria elimination in Nigeria will require the mobilisation of resources by way of commitment from the government, development partners (funding agencies fall under this categorisation) such as Global Fund and WHO, as well as private sector organisations (this include, private firms and NGOs). NMEP as the national coordinator of all malaria interventions in Nigeria oversees the pooling of resources and drafting of malaria intervention programmes. Consequently, as shown in this research findings, in most cases, development aid donors (such as those referred to in this thesis- Global Fund, USAID, DFID) engage with the State in intervention partnerships. The State is required to give counter-part funds to complement donor funds, while NGOs are included in these partnerships as sub-recipients of the intervention funds (see further discussion in chapter five). Accordingly, the Federal Government of Nigeria claims that it is committed to continuously fund, in part, some interventions, such as the IRS and Larviciding (an insecticide used to target the larval life of an insect). Also, the government notes that proposals for the support of malaria intervention will continue to be presented to funding agencies like Global Fund to address gaps in resources required for malaria eliminations (Federal Ministry of Health, Nigeria 2018).

Alilio, Bygbjerg and Breman (2004) stated that multilateral partnerships to eliminate malaria are the most successful strategy in fighting the disease, they claim that no country can act in isolation to achieve a substantial reduction in malaria morbidity and mortality. Alilio, Bygbjerg and Breman (Ibid. 276), however, admitting that achieving malaria elimination will require more than a 'proliferation of organisations and initiatives. However, they added that with a sustained political and financial commitment from all stakeholders, malaria elimination could be achieved. Against this background, NMEP states that it currently engages with different partners on intervention activities, this is seen in the government's initiative created for this purpose known as the 'Partnership Forum' for malaria interventions- this forum consists of NMEP and Roll Back Malaria (RBM) coordinators, as well as other private sector organisations. The forum provides an opportunity to mobilise resources and share lessons on malaria intervention programmes. Representatives of different organisations in the forum meet every quarter to review all activities within each quarter (NMEP 2019). According to NMEP, members of the malaria Partnership Forum include:

- a. National agencies: FMoH and NMEP;*
- b. Multilateral organisations: WHO, UNICEF, World Bank, UNDP;*
- c. Bilateral organisations: PMI-USAID, DFID, Canadian International Development Agency (CIDA), Japan International Cooperation Agency (JICA);*
- d. Project implementing agencies: FHI360, ARFH, IHVN, JHEPIEGO, Malaria Consortium, Yakubu Gowon Centre (YGC), Society for Family Health (SFH), Sustainable Health International (SHI), Carter Centre;*
- e. Representatives of CSOs: Association of Civil Society Organisations in Malaria, Immunisation and Nutrition (ACOMIN), Nigerian Inter-Faith Action Association (NIFAA);*
- f. Private Corporations: Nigerian Bottling Company, Nigeria LNG, Novartis Pharmaceuticals, Chevron, Exxon-Mobil, Stanbic Bank Nigeria, Access*

Bank Nigeria, Shell Petroleum, Syngenta, Guinness Nigeria, Nigerian Breweries, Unilever Nigeria, MTN Nigeria, Dangote Group, Syngenta Global, Harvestfield LTD, Vestergaard LTD, Patem Global Nigeria.

The above list of organisations is not an exhaustive one; other partners are not in this report (this list is from an available document given to the researcher at the time of the visit to the organisation). An example of one important partner that is not on the above list is the Global Fund- one of the donor organisations for malaria intervention in Nigerians, as confirmed by the NMEP representative interviewed during the field study (see details in chapter five). Nonetheless, this list, which comprises of multilateral and bilateral organisations; as well as private for-profit and non-profit organisations (including the case studies for this research) is an indication that the Nigeria Government - represented by NMEP, is not lacking in partnerships for malaria intervention projects. Likewise, several private for-profit firms are also engaged in malaria interventions in Nigeria as part of their CSR. For example, one of the case studies for this research- CA stated in one of their Project Report that a malaria project they implemented in one of the study locations in NC Nigeria was in partnership with Exxon-Mobil and Coca Cola Africa (see table 5.7). Similarly, in a Nigeria daily newspaper, it was reported that Total Exploration and Production Limited (TEPNG), a multinational oil company with operations in the oil-rich Niger-Delta region of Nigeria flagged off a Roll Back Malaria sensitisation programme as part of its 'Roll Back Malaria Partnership to end Malaria'. This project involves the support of research and development of new products and the promotion of an effective control strategy to combat malaria. This project is said to be part of TEPNG's CSR for its host communities in the Niger-Delta region (THISDAY LIVE 2018). Despite all of the malaria interventions by both the public and private sector organisations, malaria remains a disease burden in Nigeria (Amzat 2011; Olukosi. Et al. 2018; Zalisk. Et al. 2019).

Interventions will need to be sustainable, and this will involve planning interventions for the long-term to meet the Global Goals target of eliminating the disease by 2030.

In addition, it is imperative to discuss the WHO's framework for malaria elimination, which the Nigeria intervention strategies aligns with; the WHO (2018) has stated that all nations at risk of malaria should have an enabling environment aimed at malaria elimination through the following recommended guidelines:

- a. *Political commitment*: political leadership in the endemic malaria nations should make malaria elimination a major priority as political involvement is crucial for obtaining domestic fund, to ensure flexibility in programme decision-making and to demonstrate that the government is willing to do what it takes to eliminate the disease and ensure its sustainment;
- b. *Enact the necessary legislation and regulations*: new legislation can be created to support malaria elimination programmes where necessary. Also, regulatory systems should be strengthened to enable careful endorsement of products and tools and their usage across the country; regulations can increase the availability and clarity of information and indicate the training that may be required for intervention implementation;
- c. *Strategic partnerships across sector*: eliminating malaria is unlikely to be achieved by the conventional health system- government health departments and the private sector will need to work together. Accordingly, successful elimination in one country depends on that of a neighbouring country- elimination is possible with regional coordination and partnerships; once partners have been identified, national malaria programmes can act as the central coordinator to avoid overlap of projects while ensuring that activities of partners are aligned with the national strategic plan;

- d. *Community engagement*: the participation of communities targeted for intervention is crucial for eliminating malaria. The aim of community participation should include, encouraging appropriate health-seeking behaviour; strengthening community access to malaria testing, treatment and reporting; promoting acceptance and appropriate use of vector control tools; empowering communities to strengthen self-monitoring and decision-making about malaria;
- e. *Health system effectiveness*: effective health systems are crucial for malaria elimination. Effective coverage is not only dependent on the accessibility of intervention but also on 'provider compliance, patient adherence and individual benefit'. For elimination programmes to be successful, health systems need to be evaluated to test their readiness to optimise innovative programmes.

It is important to note that the Nigerian government is the Consequently, the Government of Nigeria, notes that considerable investments for malaria control have been made in Nigeria in the last decade (the number of malaria intervention partnerships listed earlier is indicative of that) (NMEP 2019). The state government being the key stakeholder for malaria intervention in the country, has a framework for malaria prevention and elimination, which is also aligned to the WHO framework, as mentioned earlier. Its intervention programmes (which also incorporates advocacy for intervention partnerships) is the National Malaria Strategic Plan (NMSP), an initiative targeted at malaria prevention, control and treatment in the country. This programme has been implemented in phases, starting from 2001-2005; 2006-2010; 2010-2013; and 2014-2020 (which is currently in progress) (NMEP 2019). Accordingly, WHO's Roll Back Malaria (RBM) Partners - established in 1998 to mobilise resources and actions against malaria

globally, supports Nigeria’s strategic plan for malaria prevention. RBM partners in Nigeria have provided significant financial resources, commodities and technical assistance to NMEP. The programme has brought significant funding from development partners, including World Bank, PMI-USAID, DFID, WHO and UNICEF. The Nigerian government notes that through the NMSP, it aims to eliminate malaria by 2030 (Federal Ministry of Health, Nigeria 2018).

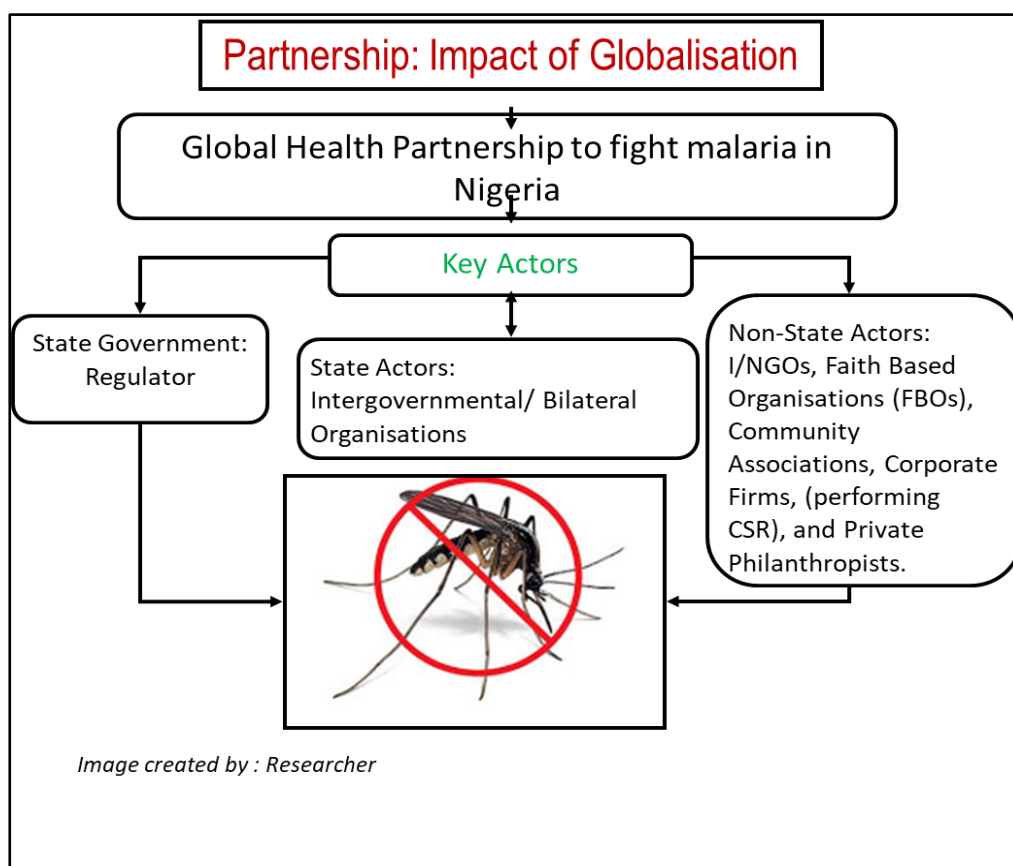


Figure 7:1: Connecting the three dimensions of sustainable development for malaria interventions

7.6 Conclusion

This chapter presented several discussions around Nigeria’s engagement with the Global Goals. It began with the history and processes of development in the country, showing the historical background of Nigeria’s development plans from

the 1950s onwards to the current development plan called Vision20:2020. Vision20:2020 is aligned to the SDGs which incorporates the three dimensions of SD aimed at- the economy: optimising key sources of the country's economic growth; social: guaranteeing the well-being and productivity of all Nigeria's; and environmental protection: fostering ecological sustainability. This chapter discussed Nigeria's actions toward achieving the SDGs. It records that the agency called OSSAP-SDGs was created by the Federal Government and tasked with the responsibility of coordinating all activities relating to the SDGs. Also, the Nigerian government stated that it had incorporated the SDGs into its national policy, hence it is currently implementing the Economic Recovery and Growth Plan (NERGP). NERGP was developed to do the following: economic growth, promote good governance, agricultural production and food security, improve the country's infrastructure, as well as promote industrialisation and social investment.

Furthermore, this chapter shows the partnership arrangements for the implementation of the SDGs in Nigeria- the OSSAP-SDGs state that partnership is essential for the country to achieve SD; with that in view, the National Strategic Policy framework was designed as a guide for SDGs implementation in Nigeria. This policy document advocates for private sector engagement; to this end, a 'Partnership Group on SDGs' was created. Subsequently, this chapter examined the SDGs implementation processes in Nigeria- showing that the Nigerian government advocates for NGOs' participation in the SDG implementation processes. This chapter also notes that some writers have argued that NGO engagement for the SDGs in Nigeria is crucial as these organisations are usually closer to local communities through their community projects, hence the government may benefit from their wealth of experiences in community development projects (Malaolu and Ogbuabor 2017).

This chapter moved on to discuss SDG 3 which is one of the 17 SDGs. The discussion was centred around Nigeria's health policy, including the state of the country's health sector and how it is impacting on health interventions, particularly- malaria. It was shown that the weak health system in the country affects the adequate delivery of health intervention, including malaria. Also, one of the targets of SDG 3 is Universal Health Coverage, this chapter showed that the Nigerian government had pledged its commitment to ensuring UHC to improve on the country's health sector. The Nigerian government notes that its main areas of focus toward achieving UHC include improving reproductive, maternal and child health; ending HIV/AIDs, Malaria and TB epidemic, and ensuring access to safe affordable and effective medicines. Finally, this chapter discussed malaria intervention partnership in Nigeria. It recognised that the SDGs calls for multi-stakeholder partnerships for the goals. Likewise, due to the high disease's burden in the country, Nigeria's government advocates for partnerships for its health sector. Also, this chapter notes that some scholars have argued that multi-stakeholder partnership is key to malaria elimination (Alilio, Bygbjerg and Breman 2004). Thus NMEP, the coordinating agency for malaria interventions in Nigeria also appeals for cooperation from international development partners. NMEP states that it is currently in partnership with different organisations, including NGOs (such as the ones used as a case study for this research); private firms, international financial institutions and multilateral organisations, all of whom play different roles, from project implementers- the NGOs; to donors- private for-profit companies, financial institutions and multilateral organisations.

CHAPTER 8: THE SUSTAINABILITY DISCOURSE

8.1 Introduction

One of the key themes in this research is 'development', which is sometimes used synonymously with 'Sustainable Development' (UN Department of Economics and Social Affairs 2005; Christen and Schmidt 2012; Redclift 2005). It is imperative, therefore, to understand the word 'sustainable' in the phrase 'Sustainable Development'. The most widely used part of the definition of SD as given in 'Our Common Future' (Brundtland 1987) states- *meeting the needs of the present without compromising the ability of future generations to meet their own needs.* This research, therefore, argues that it is essential for questions to be raised on how to sustain what is being developed for future humanity (Kambites 2014; Quental, Lourenco and Da Silva 2011; Luke 2005). Before the Brundtland Report of 1987, sustainability was a key feature in the UN conference on Human Environment held in Stockholm in 1972, it was realised that development needed to be sustained, and the focus should not only be on economic and social issues, but also on matters relating to the use of natural resources (Pisani 2006). Bearing in mind that there are three dimensions to SD: economy, social and the environment, this chapter, looks at the idea of 'sustainability' and why it is vital for development- focusing on the social dimension of development in the context of this study, vis-à-vis, the sustainability of malaria interventions in Nigeria (that is until the disease is eliminated in the country by year 2030, based on the SDGs target).

8.2 The 'Sustainability' in Sustainable Development

The term 'sustainability' and 'sustainable development' are used synonymously in some literature Hugé. Et al. (2013); Littig and Griessler (2005); Cheney, Nheu and Vecellio (2004), in a similar way development is used interchangeably with

sustainable development. In this thesis, however, this section looks at the word 'sustainability' in its actual meaning, and how it applies to the field of development. The Cambridge dictionary defines 'sustainability' as 'the quality of being able to continue over time' (Cambridge Dictionary 2019). The word 'quality' used in this definition indicates that, what needs to continue should be something tangible, relevant, consequential, or necessary. Interestingly, the Cambridge dictionary also gives another meaning to the word sustainability which relates to the environment, it states that- 'sustainability is the quality of causing little or no damage to the environment and therefore able to continue for a long time' (Cambridge Dictionary 2019). This is a reminder that the subject of sustainability was initially dominant in the environmental aspect of SD (Jamieson 1998) .

Sustainability has been at the forefront of development policy and arguably the biggest challenge for development (McGillivray 2016). The idea of sustainability began making its way into the lexicon of academics around the mid-1980s; since then, it has developed substantially (Portney 2015). Sustainability has become a buzzword across the nations of the world- governments, businesses and private citizens are including the subject of sustainability in their interactions, such as: 'sustainable ecology', Baland, Bardhan and Bowles (2018); Morelli (2011); Goodland (1995); 'sustainable businesses' Dyllick and Muff (2016); Ganescu (2012), 'sustainable cities' Haarstad (2017); Mori and Christodoulou (2012); and 'sustainable tourism' Edgell Sr (2016); Boley, McGehee and Hammett (2017). Humanity is consciously or unconsciously adapting to the concept of sustainability as part of our existence.

This thesis argues that 'sustainability' can also be interpreted by separating the word in two; 'sustain'- 'ability'. '*Sustain*'- *to cause or allow something to continue*; '*ability*'- *physical or mental skills to do something* (Cambridge Dictionary 2019).

From the Cambridge dictionary definitions of sustain and ability, sustainability can imply the 'skills needed to cause something to continue or the ability to sustain something'. For instance, the ability to sustain the environment, ability to sustain a business or ability to sustain a project. What then is that ability? - The ability to do something means having the skills (capacity or wherewithal) to do it. For SD, sustainability in sustainable development can, imply the ability (capacity or wherewithal) of both the public and private sector to sustain development in all its three dimensions- economic, social and ecology. Accordingly, Jamieson (1998:184), notes that the subject of sustainability is widely accepted, however, the conceptualisation of the word in the field of SD has received different interpretations. Jamieson states that the interpretation could be traced to the English usage of 'sustain', which implies: 'first, the idea of sustenance (related to basic needs); and secondly, that 'which centres on maintaining something in existence, and leads naturally to a focus on preservation'- the first meaning relates to 'meeting the needs of the present', while the second interpretation is linked to future concerns. In addition, Sutton (2000) states that sustainability is not about incorporating ecological, social and economic issues, neither is it about widespread consultation or improving quality of lives; it is more about maintaining or sustaining something. On the other hand, Anand and Sen (2010: 2030) believe that 'the goal of sustainability- increasingly recognised to be legitimate- would make little sense if the present life opportunities that are to be *sustained* in the future were miserable and indigent'.

The major reason behind the lack of clarity about the usage of the word sustainability is in the way the word is applied. According to Sutton (2000), some writers use the word *sustainability* when referring to *sustainable ecology* or *sustainable economy*, often without defining what the word is applied to when it

is used. Another issue with sustainability definitions is that the context to which the definition is applied often takes precedence over the word itself, many inclusive interpretations of the word argue for an interdisciplinary input and a cohesive view of the interrelation of ecology, economy and the society (McKenzie 2004). Thus, Sutton (2000), states that it is important to note that, economic, social and ecological sustainability are integral aspects of SD that cannot stand independently. Sutton also states that, it is impossible to achieve one without the other, however, the reason behind the selection of one or two dimensions of sustainability by many writers is related to what the study intends to achieve, or to draw more attention to a specific dimension of sustainability, without necessarily ignoring the others. Although the Brundtland Report recommended addressing the three aspects of SD- economy, social and ecology collectively, it is the economic and ecological dimensions that have received a great deal of attention in sustainability discourses. Nonetheless, as a social development research, this thesis focuses on social sustainability- the dimension of SD, which arguably, has received less attention.

It has been noted that a variety of uncertainties of interpretations characterises the concept of sustainability, the issues around socio-economic and ecological development are apparent, yet the processes of how to respond to these challenges in a sustainable manner remain debatable (Hugé. Et al. 2013). The moral value of sustaining what we presently have depends on the quality of what we have, also, the whole approach of SD guides us as much to the present as to the future (Anand & Sen 2010). Accordingly, it is recognised across sustainability literature that the first step to sustainability is identifying what needs to be sustained. Thus, as this thesis analysis partnership for malaria interventions in Nigeria, the question of 'what needs to be sustained' in this context is- *the*

sustainability of malaria interventions in Nigeria (see further discussion in section 8.5.1).

8.3 Social Sustainability

Having analysed different interpretations of what is meant by 'sustainability' in SD, this section focuses on the 'social' dimension of development, wherein the phrase 'social sustainability' emerged- bearing in mind that this thesis is approached from the social aspect of SD. An understanding of the word *social* in SD is imperative at this point. Cuthill (2010) notes that the *social* in development builds on two major components – firstly, that environmental problems are also social concerns- it is the people who impact on the natural environment who should be managed and not nature itself; and secondly, that the economy should serve people, contrary to the perception that people should serve economic interests, this is particularly applicable in relation to equitable distribution of resources. These two components of the social aspect of development also reflect on the framework of social sustainability which describes the connection and self-reinforcing relation between social capital, social infrastructure, social justice, and equity, as well as governance. According to Cuthill (Ibid:366) these factors play an important part in social sustainability, as such- *social capital provides a theoretical starting point for social sustainability; social infrastructure provides an operational perspective; social justice and equity provide an ethical imperative; while engaged governance provides a methodology for working together*. This narrative falls within the assertion that, social sustainability integrates normative undertones of equity, social justice and human well-being (Koning 2001).

Accordingly, social sustainability is a multi-dimensional idea with a fundamental question around *what are the social goals of sustainable development?* A multitude of responses can be extracted from this question notwithstanding some

disagreements on how to define these goals (Hopwood, Mellor and O'Brien 2005; Littig and Griessler 2005; Dempsey, et al. 2011). The concept of social sustainability is also applied in a variety of disciplines, some of which include, the Sciences, Social Sciences and Engineering (Dillard, Dujon and King 2008). A few definitions of the concept are presented in this section as follows: social sustainability is *a life-enhancing condition within communities and a process within these communities that can achieve that condition* McKenzie (2004:12). Social sustainability is described as the *policies and institutions that have the overall effect of integrating diverse groups and cultural practices in a just and equitable fashion* (Polèse and Stren 2000:3). Social sustainability refers to a *society that is socially just, equal, without social exclusion and with a decent quality of life, or livelihood for all* (Koning 2001:9).

Social sustainability is embedded in the studies on social well-being; and social well-being is described as *the fulfilment of basic needs and the exercise of political, economic and social freedoms* (Prescott-Allen 2001:13); these freedoms give opportunities for citizens participation- and it is argued that social sustainability also involves the right of citizens to participate in public affairs (Omann and Spangenberg 2002). In addition, the following features characterises a socially sustainable system: fairness in distribution and opportunities, adequate provision of social services (such as, health, education), gender equity, political accountability, and citizens participation (Harris and Goodwin 2001). Also, social sustainability has been assessed within the context of social capital- relating to social interactions and shared norms in societies (McQuaid 2000; Dempsey. Et al. 2011). Whereas the subject of social well-being within social sustainability is argued to have developed around three traditions: *human-centred development* (involving peoples capabilities to participate in their development (also see,

Chandler 2013; UNDP 2010); *sustainability* (which is the subject of discussion in this section); and *community well-being* (Magis and Shinn 2008). Interestingly, scholars and policymakers are now including a social dimension to medical discourses that was formerly seen as mainly a science subject. Beaglehole. Et al (2004) state that Public Health discipline which was initially restricted to the medical sciences had taken a different form. It now has a multi-disciplinary outlook, bringing together a variety of other disciplines including the social sciences. The processes of social medicine now involve the social and environmental factors of health and diseases and the outcomes of social and economic policies on health status.

One central theme in the definitions of social sustainability from the preceding paragraph is 'human well-being, which encompasses access to basic needs, including health- the focus of this thesis. Placing emphasis on human well-being, Eizenberg and Jabareen (2017) stated that social sustainability should give priority to the well-being of humans by promoting the adaptation of a just and equitable socio-economic and environmental policy (note the incorporation of the three dimensions of SD incorporated in this description). According to Eizenberg and Jabareen, any framework for social sustainability should incorporate socially aligned practices intended to address key social issues needed to manage the risks of climate change and environmental hazards. In addition, Rogers Et al. (2012:63) have also given relevance to the subject of human well-being, they note that social sustainability involves meeting the need of people's well-being. Rogers and others state that the *cause-and-effect links between human wellbeing and the environment go both ways-* by implication the well-being of humanity is reliant on a well-functioning ecology, for example- factors such as safe drinking water and fertile soil for food production. Consequently, maintaining a healthy environment

to the point of sustainability will depend on a well-functioning human society, also economic resources are imperative for achieving sustainable environmental best practice. In addition, Hull (2008), states that, ensuring a balance between the economy and ecosystem is an essential factor for attaining social values, such as equality, liberty, universal access to basic goods and social justice.

Accordingly, this thesis supports the assertion that the three pillars of SD cannot be separated, vis-à-vis, malaria intervention partnerships in Nigeria. Finance is needed to ensure a well-functioning health sector (economy); good environmental sanitation and hygiene awareness are required to reduce malaria-causing mosquitoes from breeding (the environment); while partnerships for malaria control and elimination is recommended to end malaria (social capital). As argued by Torjman (2000), health is attained in part through the provision of health services- this health services and the promotion of health are premised on a healthy environment, which includes- clean air, and water supply, as well as adequate housing. The image below shows how the three dimensions of SD connect in relation to partnership for malaria interventions in Nigeria.

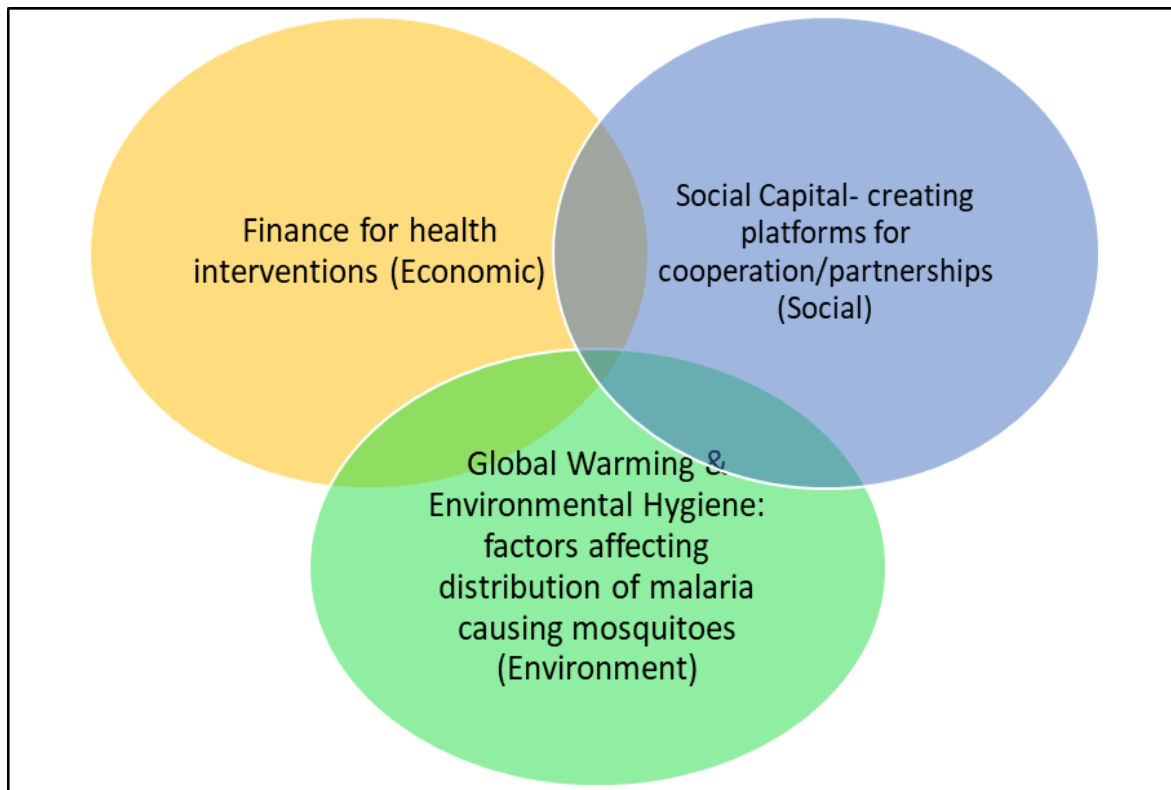


Image created by researcher- adapted from (Mckenzie 2004).

Figure 8:1: Connecting the three dimensions of sustainable development for malaria interventions.

8.4 Challenges/ Prospects of Social Sustainability

The challenge of social sustainability is how to get relevant indicators for monitoring and measuring the concept (Koning 2001). McKenzie (2004) states that the indicators of social sustainability are not easily quantifiable unlike that of economic growth and environmental impact, hence, it is often neglected. Mckenzie provided some examples of social sustainability indicators, such as *equity*- which involves access to basic social services, for example, health and education; and, *citizen participation*- being a part of the policy-making process which will guarantee their well-being. Also, Boström (2012: 6) notes that the challenges of social sustainability are of two folds: first, he claims it is in theorising the concept- pertaining to how social sustainability should be defined or interpreted; the second challenge involves how social sustainability goals can be implemented. Bostrom suggests that the social dimension of SD needs to incorporate a 'procedural'

feature- in terms of the role of democratic representation, participation, and discussions (the procedural aspects involves the 'how' or the means to achieve social SD goals); similarly, the 'substantive' feature centres on 'what' needs to be done. These two aspects tend to work simultaneously. The main concern of the 'what' aspect is the social sustainability goals and their relationship with the economic and environmental dimension of SD.

Boström (2012:7) gave a list of challenges identified across several other social sustainability literature, which this thesis anchors on, they are as follows:

- a. *High expectations*- the goals of social sustainability, such as, social welfare, participation, social capital and equity are ambitious, achieving them in a world characterised by complexities of circumstances (such as, epidemics, natural/man-made disasters, and violent conflicts, (also see Lang, et al. 2012) is a huge task;
- b. *Vague, subjective and ideological framing*- there is a general agreement among many scholars that the meaning of social sustainability is still unclear. Therefore, the uncertainty on how it should relate to the other two dimensions of SD as well as in the policy issues;
- c. *Historical roots*- which claims that the sustainability framework is more suited for environmental than social issues; though the Brundtland Report stressed a social dimension, many writers argue that the social aspect was secondary in comparison to ecological and economic considerations;
- d. *A missing institutional link (rather than a missing pillar)*- it is argued that the challenge in the conceptualisation and implementation of social sustainability is partly rooted in its being conceptualised as a separate pillar of SD also see (Psarikidou and Szerszynski 2012);

- e. *Global Capitalism for Sustainable Development*- many sustainability projects, as noted by Boström are entrenched within a capitalist structure either at the local or international levels. Accordingly, Hopwood, Mellor and O'Brien (2005), argue that the vagueness of sustainability concepts provides businesses and governments the opportunity to favour sustainability without any fundamental challenge to the present course- this argument implied that the idea assists to legitimise the status quo and by implication, further expansion of capitalism, economic growth, increased social inequalities, as well as increased destruction of the environment, also see (Lehtonen 2004);
- f. *Relation between the procedural (how) and substantive (what) dimension of social sustainability*- the challenges to incorporate social sustainability relates to the insufficient attention given to the relationship between procedural and substantive dimensions.

Furthermore, Boström (2012:11), states that social sustainable development needs to be framed, filled with content and interpreted often, adding that the social aspects of SD in a broader sense involves the whole relationship between society and nature which includes 'economic, cultural, political and institutional structures and processes'. On the other hand, Boström argues that social sustainability might not be the most suitable concept for dealing with socio-environmental challenges, but it has the potential to serve as a framework for improving sustainability projects. In addition, scholars and policymakers should acknowledge the potential in social sustainability framework for sustainability programmes, while the framework of social sustainability should be part of a more comprehensive process for participation towards sustainability. As it is argued sustainability is a 'moral and ethical issue', McCool and Stankey (2004), thus,

concerns about sustainability should be a moral obligation to present and future generations (Dresner 2012). Consequently, the viability of social sustainability is mostly dependent on the application of the appropriate framework to fit different institutions or programmes. One sustainability approach may not necessarily be the right fit in another context. Therefore, the need to find what method or approach works for each institution or programme is essential. Additionally, Omann and Spangenberg (2002) note that policies towards sustainability require these three strategies which involves incorporating the three aspects of sustainable development- economy, ecology and social as well as institutional goals into a logical strategy while guarding the essential interests of each aspect; (re)-introduction of a normative position aimed at shared justice in and between nations into economic, development and other relevant policies; and, the extension of policy viewpoints across national boundaries, including that of future generations.

8.5 Sustainability of Public-Private Partnerships for Health

PPPs for health interventions, also referred to as Global Health Partnership (GHPs) has been discussed in chapter one. This section looks at the viability of health partnership sustainability in the context of SSA- the region with some of the highest diseases burden globally (Iwelunmor. Et al. 2015). Reducing the burden of disease of any population is at the centre of public health (Rothstein 2002); (Verweij and Dawson 2007), and public health is described as the 'collective action for sustained population-wide health improvement' (Beaglehole. Et al. 2004: 2084). To this end, it can be said that PPPs for health is part of the collective action from both the public and private sector to improve the health of any population. Similarly, a 'sustained population-wide health improvement' will require some appropriate structures and policies. The processes that may lead to

a sustained collective action for health will be explored in this section. As a starting point, it is imperative to note that there is a general agreement among several scholars and policymakers across the international community that health challenges cannot be successfully dealt with by any single actor working in isolation; hence partnerships are viewed as crucial (Garrett 2007); (Iwelunmor. Et al. 2015). Nonetheless, it is acknowledged that partnerships are challenging, while many end before their intended aims are achieved; thus, it is important to identify the factors that may lead to a sustainable partnership and by implication, successful health interventions and thriving health systems (Corbin and Mittelmark 2008).

In a study on State and NGO partnership for orphans and vulnerable children projects in Southern Africa Rosenberg, Hartwig and Merson (2012) stated that it is important to note that even in the situation where projects evaluators have found projects to be sustainable or have the potential for sustainability, these projects may have only been partially achieved to a certain degree. This places emphasis on the argument that the need for sustained health intervention is particularly relevant to SSA countries which are characterised by fragile health systems (Connell. Et al. 2007; Habte, Dussault and Dovolo 2004; Jamison 2006). It is therefore important to have a guideline for health intervention partnerships which can be sustained. According to Leffers and Mitchell (2010: 92), the characteristics of a sustainable partnerships include- the 'alignment between stakeholders', 'integrity and effectiveness of the innovation', as well as 'the transfer of ownership from shared responsibilities to host partner control- stressing the need for community participation. Beaglehole. Et al (2004) also state that working in close partnership with local communities is another essential factor in health partnerships as this will help in building long-term community and

political support for effective health policies and provide opportunities for community participation.

Furthermore, Ibrahim and Wan-Puteh (2018), state that a large amount of capital for health interventions usually have a funding mechanism which allows for projects to run for between 3-5 years. Accordingly, many researchers agree that project implementation requires considerable monetary flow. However, it is meaningless in the absence of continuity, especially in the case where a health challenge is still prevalent (Chambers, Glasgow and Stange 2013; Ravishankar. Et al. 2009; Jha. Et al. 2002). Implementation as used in this thesis is described as the initial processes of inserting an intervention within a setting, while the sustainability of the intervention involves the continuity of delivery over-time, institutionalised within a setting and having the needed capacity to support the delivery of intervention (Chambers, Glasgow and Stange 2013). It is suggested that planning for sustainability should be considered early in the intervention process (Ory. Et al. 2010). In recent times, implementation processes have created new instruments for studying sustainability, this includes needs assessments, long term action plans, tracking of program adaptation, financial planning, mapping of community networks and measurement of the degree to which practices (projects) are integrated and institutionalised into service systems (Chambers, Glasgow and Stange 2013:4), also see (Wandersman. Et al. 1999; Estabrooks. Et al. 2011; Wilson and Kurz 2008).

Consequently, two pieces of literature are used in this section, the first literature will discuss factors that may obstruct sustainability of health interventions and those that can facilitate the sustainment of interventions, while the second literature discusses the potential framework for sustainability. Iwelunmor. Et al. (2015) discusses the barriers and facilitators of health intervention sustainability

in SSA (which is the region of interest in this thesis); while Chambers, Glasgow and Stange (2013) DSF model is discussed as an example of a sustainability framework. The DSF model applied in this thesis because it involves the alignment of science and social policy disciplines to create a framework for intervention sustainability, the model suggests that the application of intervention over 'time' will bring change. The emphasis on time implies the continuity of interventions (Walugembe. Et al. 2019). Therefore, this thesis suggests that sustainability framework such as the DSF model can be applied in the planning for sustainability of health interventions in Nigeria.

This section begins with the discussion on the research findings conducted using a variety of studies on sustainability of health interventions in SSA by Iwelunmor. Et al (2015) who came to some conclusions which this section anchors on, they identified some factors which were classified as *obstacles* or *facilitators* to sustainability of health interventions. These factors that may serve as obstacles to sustainability will be looked at first before the discussion on those that may facilitate the sustainability of health intervention.

The possible barriers to the sustainability of health interventions in SSA according to Iwelunmor. Et al (2015: 21) includes:

- a. *Weak health systems*: caused by a variety of socio-economic conditions or civil unrest in some SSA countries prevents the sustainability of community-based intervention projects. One of such case studies was from Mozambique where it was noted by Rasschaert. Et al. (2014), as cited by Iwelunmor. Et al. (2015), that community health authorities had indicated that weak health system and poor health coverage limited the sustainability of many community-based health projects in the country. Similarly, as discussed in

this research, weak health system is one of the challenges affecting adequate health care delivery in Nigeria, and by extension, the sustainability of health interventions (see discussion in chapter seven).

- b. *Lack of financial leadership*: a scarcity of funds for public health interventions is argued to be one of the major challenges for sustainability; also, inadequate financial leadership and accounting agency can hinder the continuity of interventions that could have made progress. This is particularly peculiar in many low-resource regions of SSA. For instance, it was noted in a study on 'Sustainability of National Immunisation Programme (NIP)' in DR Congo reviewed by Iwelunmor and others, that the lack of long-term financing for the NIP project led to an inadequate supply of vaccinations equipment, which resulted in poor distribution network of the vaccines (Le Gargasson. Et al. 2013).
- c. *Leadership delegation and consistent workforce*: delegating responsibility to community workers is argued to be a crucial factor for ensuring sustainable health intervention projects, ignoring this factor can affect the sustainability of these interventions. For instance, Mbanefo. Et al. (2010), as cited in Iwelunmor. Et al. (2015) discovered that a community intervention project for the treatment of onchocerciasis (also known as river blindness (see WHO 2019) ended because there was no structure in place for the transfer of responsibility (including financial resources) for the intervention to the local community.
- d. *Healthcare worker shortage*: from their findings, Iwelunmor. Et al. (2015), claim that the social and political conditions of some SSA countries result in the weakening of the already fragile health systems, consequently, limiting capacity building as well as, intervention sustainability. Other literature

have also argued that the shortage of well-trained health professionals in SSA is a barrier to health intervention sustainability in the region (Zullig Et al. 2014); (Iwelunmor. Et al. Ibid); also see, (Eastwood. Et al. 2005); (Anyangwe and Mtonga 2007). Accordingly, healthcare worker shortage is one of the challenges facing the Nigerian health sector. It is stated that there is a shortage of Doctors and nurses in the country, which is linked to poor enumeration of medical professionals, particularly in public health facilities (see discussion in chapter seven).

- e. *Lack of education and awareness*: the absence of community awareness or education related to health matters impedes successful project implementation and by implication, intervention sustainment (also see Teguate. Et al. 2012); an example of this is discussed in Iwelunmor. Et al. (2015) who note that a prenatal care intervention recorded low turn-out due to lack of awareness of the service- this was identified as an obstacle to sustainability.

On the other hand, in their findings, Iwelunmor. Et al. (2015: 17) note the following factors as facilitators of health intervention sustainability:

- a. *Community ownership*: this refers to interventions in local communities. Many studies suggest that transferring intervention implementation to local actors is a vital facilitator of health intervention sustainability. Community ownership involves the participation of local communities in their health intervention programs, and the consequent ownership of the intervention to ensure continuity, also see (WHO 2018; Leffers and Mitchell 2010; Beaglehole. Et al 2004).

- b. *Working within existing resource*: this will ensure that a framework component of the intervention already exists and will continue to exist in the absence of external funding
- c. *Community buy-in through volunteerism*: incorporating local community norms and values, as well as the integration of major stakeholders in the development and implementation of interventions increased the likelihood of sustainability; as community members will have a sense of ownership through participation than they would in a program that did not align with their cultural and social norms. In addition, interventions which incorporates specific community needs can promote meaningful participation, even though it can have significant time implications, also see, (Ghiron. Et al. 2014; Kahssay, Oakley and World Health Organization 1999).
- d. *Sound infrastructure*: several studies have assessed the importance of developing an infrastructure for interventions and delegation of responsibilities for intervention sustainment; these studies note that one significant facilitator of intervention sustainability within communities was the development of *community advisory board, health facility board, or administrative structure*, also see (Harpham and Few 2002; Humphries, Gomez and Hartwig 2011). Also, the continued assessment and reassessment of interventions is necessary to ensure that the right procedures are followed, and interventions are being implemented in a culturally and socially appropriate way.

Furthermore, emphasising the challenge of health interventions' sustainability in SSA, it is argued that health interventions in SSA are not easy to continue efficiently and with *fidelity to practice*, this is because a number of these

interventions do not plan for sustainability at the onset of the implementation; instead a number of studies indicate that sustainability is often an add-on element after the intervention may have been designed, funded and implemented. Interventions in SSA usually have a time cap of between 3-5 years due to funding mechanisms and policies; however, in many parts of the region where the burden of disease is increasing, coupled with limited monetary resources and weak health systems, a key point to note is that- sustainability will probably be affected by time (Iwelunmor. Et al. 2015:15).

Going back to the framework for sustainability, this thesis adopts the Dynamic Sustainability Framework (DSF), which is one of the models for measuring sustainability. According to Chambers, Glasgow and Stange (2013: 4), the DSF model was created out of evolving thinking and collective experiences in conducting and advancing implementation science, where it was observed that attention to constant change limited the ability to which implementation interventions can be sustained over time in complex clinical and community settings. DSF framework emphasises 'change'- indicating that 'change exists in the use of interventions over time, the characteristics of practice setting, and the broader system that establishes the context for how care is delivered. DSF exists in empirical evidence based on the effectiveness of interventions and ongoing practice surveillance system that captures the impact of interventions.

The DSF model is based on some elements, which include: 'the intervention, the context in which the intervention is delivered, and the broader ecological system within which the practice setting exists and operates'. DSF model draws on the fundamental benefit of the intervention in terms of its ability to fit into a practice setting- typically, a clinical or community setting. However, the DSF model recognises the limitations of intervention evidence merely from clinical trials and

argues that quality improvement process focused on intervention optimisation are ultimately more relevant for achieving health intervention sustainability. One of the ideas of the DSF models which is applicable to this research findings is that, *'ongoing stakeholder involvement throughout should lead to better sustainability'*. *It is suggested that* constant engagement of stakeholders during planning and implementation process can ensure intervention sustainability (Chambers, Glasgow and Stange (2013: 5). Accordingly, section 8.5.1 discusses the sustainability mechanism in Nigeria between the State (as the key stakeholder in malaria interventions) and other stakeholders.

8.5.1 Sustainability of Malaria Interventions in Nigeria

The WHO's Global Technical Strategy for Malaria 2016-2030 framework emphasises the need to eliminate malaria by 2030. Accordingly, the Nigerian government through its National Malaria Strategic Plan has set a target in line with the WHO to eliminate malaria in Nigeria by 2030 (Federal Ministry of Health, Nigeria 2018). As discussed in chapter one, there are intervention strategies currently being implemented in Nigeria which have proven to be effective for the prevention of malaria, these include, a. Universal access to LLITNs; b. Indoor Residual Spraying (IRS); c. Provision of Intermittent Preventive Treatment of malaria in pregnancy (IPTp). However, the state government needs to ensure that these intervention strategies are sustained for the long term, that is, until malaria is eliminated in Nigeria. A variety of partnerships have been formed for the implementation of the above intervention strategies (such as the ones discussed in this thesis between the State and case study organisations), however, for these intervention strategies to be sustained, it is argued that the Nigerian government will need to prioritise the three dimension of SD- economic, social and the environment which is claimed to be the foundation for effective implementation of

malaria intervention programs (Maduka 2018). Socio-economic conditions are a significant factor to malaria prevention, as the highest rate of malaria morbidity and mortality are recorded among the economically disadvantaged who live in poor environmental conditions where they are susceptible to the disease and are unable to prevent the disease (by sleeping under a treated bed net) or afford treatment when infected (Iloh. Et al. 2012; Oyewole and Ibidapo 2007). Maduka (2018), notes that the sustainability of malaria interventions will depend on the following factors: resource pool for national scientific research and innovation targeted at prevention, diagnosis and treatment; a well-functioning health sector; healthcare financing, multi-sectoral partnerships (as discussed in this research findings), poverty reduction, good governance and accountability from government and intervention partners. In addition, several authors argue that malaria elimination in Nigeria is possible with a sustained effort from stakeholders, however, more emphasis is placed on the role of the national government (Ajayi, Jegede and Falade 2010; Okoli and Solomon 2014; Singh. Et al. 2014). Although this research findings show that malaria intervention projects in Nigerian between State governments and other organisations (such as the case study organisations in this research) usually have a timeline of between 3 to 5 years, a pertinent question about the continuity of intervention is critical if Nigeria is to eliminate malaria by 2030 as it projects. In view of this, the State Ministries of Health across study locations note that they have a State-run sustainability mechanism in place for all malaria intervention programmes. Against this background, the following section discusses the malaria intervention sustainability strategies of state governments based on evidence from study sites.

8.5.2 State-led Malaria Sustainability Strategies

The sustainability of malaria interventions involves the state government as the principal stakeholder coordinating malaria interventions in Nigeria in partnership with different organisations over-time. These organisations vary widely, they include, NGOs, international governmental/non-governmental aid agencies, and private corporations. These intervention partnerships usually involve donor agencies giving funds for projects, while the State fund parts of the intervention programme (counterpart fund). NGOs on the other hand, are often implementers of the intervention projects (this research case studies are examples of project implementers). Malaria intervention projects being implemented by NGOs, or any other private sector agency in Nigeria can be described as 'a drop in the ocean', given that malaria still remains a disease burden in the country. Consequently, this section discusses the state-led malaria intervention measures in study sites, as earlier mentioned, the state is the principal actor in malaria intervention programmes in Nigeria. The sustainability of malaria interventions (until malaria is eliminated in Nigeria) is anchored on the state-led intervention measures. In view of this, research findings from State Ministries of Health in study sites on the ongoing state-led malaria interventions is presented below:

Study Site 1- Niger State

Niger state is currently implementing the Roll Back Malaria Programme. This programme is under the Primary Health Care unit of the Public Health Department in the SMOH. The ongoing malaria intervention activities involve the following stakeholders:

- a. State Government- release of counterpart funds to the State Ministry of Health.

- b. World Bank Save One Million Lives Project- also see, World Bank (2020).
- c. Ministry of Local Government and Chieftaincy Affairs funds the continues training of PHC workers on RDT (Rapid Diagnostic Test) for malaria (this training also done by one of this research case study-ARFH).
- d. Malaria Consortium (with funding from Global Fund)- supports capacity building and data management.
- e. Society for Family Health (SFH) (an NGO)- is engages in mobilisation and awareness campaign to create awareness on malaria prevention in rural communities. This activity is funded by Global Fund.
- f. John Hopkins Programme for International Education in Gynaecology & Obstetrics (JHPIEGO) (an NGO)- currently conducting a survey targeted at pregnant women. This survey has started with one Pilot Local Government Area called Bosso LGA.
- The Niger state government has released counterpart funds to support the Nets Replacement Campaign and distribution while Global Funds has provided 3.6 million nets for distribution.
- Currently, Niger state is in consultation with Bill and Melinda Gates Foundation who have shown willingness to support the State Malaria intervention projects.

Study Site 2- Plateau State

Currently, Malaria intervention activities in Plateau state are funded by USAID, World Bank- 'Save One Million Lives Project', Carter Foundation and the Plateau State Government through the release of counterpart funds to the State Ministry

of Health. The Roll Back Malaria Programme is under the Public Health unit in the SMoH. The following Roll Back Malaria activities are ongoing across the state:

- a. Public Awareness Campaigns: during nets distribution exercises, the agency conducts campaigns to rural communities on the importance of using LLITNs, how to use it and how to maintain it. This campaign is usually carried out alongside NGOs, (case study NGO- CA has engaged in this activity in partnership with the State). Currently, the SMoH is working in partnership with Carter Foundation.
- b. Malaria Prevention Activities:
 - Routine distribution of LLITNs to communities through the PHC facilities across the State. Currently, the SMoH in partnership with USAID is distributing 2.4 million LLITNs across the Plateau State, also see (US Embassy & Consulate in Nigeria 2020). The state government under the Ministry of Health, has a target to distribute over 2 million Nets every four years. Sometimes, routine replacement exercise is carried out in crisis areas, for example, in Internally Displaced People (IDP) camps across the state.
 - *Indoor Residual Spray (IRS)*. This malaria prevention activity involves spraying surrounding areas and walls of rooms of houses (particularly in malaria endemic areas across the state) with environmentally friendly chemicals that kills the malaria causing mosquitoes. IRS is currently being carried out routinely across the state, this treatment lasts for about six months.
 - *Diagnosis and Treatment*: so far, 24 Laboratory Technicians have been trained to carry out diagnosis exercises in PHCs across the state. Diagnosis is done on suspected malaria victims, and if tested positive

with malaria virus, treatment commences immediately by administering Artemisinin Combination Therapy (ACT).

c. Research:

- Vector Links/ Entomological Surveillance: the SMoH conducts insecticide resistance testing in three centres across the three geo-political zones of Plateau State. For the Southern Zone, the office is located at Shendam LGA, while the Central Zone is in Pankshin LGA, and the Northern Zone is in Bassa LGA. This research is aimed at regularly monitoring the resistance/susceptibility of the malaria causing mosquitoes (anopheles' mosquito) to different classes of IRS insecticides. It is believed that this study will assist in monitoring the development of insecticide resistance in mosquito population, especially in regions where vector control interventions are currently being scaled up, also see (President's Malaria Initiative, USAID 2020).

Study Site 3- Benue State

Malaria intervention activities in the state are funded by USAID, Breakthrough Action Nigeria, and the World Bank- Save One Million Lives Project, while the state government through the SMoH is meant to release counterpart funds for the intervention. The Roll Back Malaria Programme is a unit under the Primary Health department of the State Ministry of Health. The unit has a budget line with the State Ministry of Health where counterpart funds are usually released. These funds are spent on activities which include, advocacy, jingles, supply chain management etc.

- Currently, due to the delay in the release of government counterpart funds, not many activities are being done in the state.

Study Site 4- FCT

In the FCT, The Roll Back Malaria Programme is being implemented in Kuje Area Council. It is a partnership between Christian Aid Nigeria (one of the case studies in this research) and the FCT Primary Health Care Board. The malaria intervention project is co-funded by CA and the FCT PHC unit. Kuje PHC unit has a budget line with the FCT Administration where counterpart funds are usually released for health-related projects.

The malaria intervention sustainability measures put in place by the Kuje Area Council, FCT include the following:

- Public Enlightenment:* this involves, community sensitisation through campaigns on the importance, and how to use treated nets, which is being carried out by the Information Department of the Kuje Area Council. The exercise involves sensitising the community on the importance of using the LLITNs to prevent bites from the mosquitoes which transmit the malaria virus. The public enlightenment campaigns also include topics such as good hygiene and environmental sanitation. The community is constantly being educated on how to keep their environment clean through cutting grasses around their homes and proper waste management to prevent mosquitoes. This public enlightenment campaigns are carried out by the public health workers of the Area Council.
- Distribution of Nets:* Kuje Area Council PHC unit carries out routine distribution of LLITNs. The Council's PHC unit also does routine replacement

exercises of LLITNs when required, particularly in areas where there are new settlers within the Area Council. Currently, Kuje Area Council notes that it has about 500,000 Nets to be distributed for free to its populace.

- c. *Indoor Residual Spraying*: this process involves spraying the walls of rooms in the house with environmentally friendly chemicals that kill mosquitoes or other insects that rest on the treated walls. IRS is often carried out twice a year in Kuje Area Council.
- d. *Diagnosis and Treatment*: Kuje Area Council has a Diagnosis Laboratory Centre with trained Laboratory Technicians in the Primary Healthcare Centre. Diagnosis is normally carried out on suspected malaria victims, if tested positive with the malaria virus, treatment commences immediately by administering Artemisinin Combination Therapy (ACT), patients are also advised to routinely visit the health centre for monitoring.
 - Although the Area Council is meant to embark on Vector Links/ Entomology Monitoring as part of the Roll Back Malaria programme, it is yet to embark on this research due to insufficient funds and delays encountered in the release of counterpart funds from the FCT administration.

Study Site 5- Kaduna State

Kaduna state is implementing the Roll Back Malaria programme, which is coordinated by the Kaduna State Primary Health Care unit, under the SMOH. Funding of Malaria activities is by the state government in partnership with a variety of agencies, which include Malaria Consortium known as, SuNMaP -Support to the National Malaria Programme, the consortium is made of two members:

Global Fund and DFID; other partners include, UNICEF, USAID, WHO, and the World Bank Save One Million Lives project.

Catholic Relief Services (CRS) is the Principal Recipient of the intervention fund in Kaduna state, however, other agencies work with CRS as sub-recipients, these agencies include:

- Society for Family Health (SFH): responsible for advocacy, communication, and social mobilization at rural level.
- Management Sciences for Health (MSH): responsible for distribution of malaria products (treated nets and drugs).
- UNICEF is also involved in outreach activities and are training non-health workers, such as youths who are currently doing the compulsory National Youth Service on the management of malaria in rural communities across the state where there are no hospitals.

The Kaduna state government notes that to ensure the sustainability of malaria interventions, projects are reviewed quarterly by all the partners. These quarterly review meetings are held to assess implementation progress.

In concluding this section, it is important to note that although the state government is meant to provide counterpart funds for interventions (as stated by respondents from the SMOH in study sites) this is not always the case, in some instances, counterpart funds are delayed (as seen in the case of Study Site 3-Benue State). This delay in the release of counterpart funds by the state government disrupts the continuity of malaria interventions. Government's commitment is imperative for malaria elimination in Nigeria, as Ren (2019) notes, a key approach to malaria elimination is political commitment by States where

malaria is endemic. Accordingly, some literature on malaria interventions in Nigeria assert that a lack of political will by the state government is one of the challenges to malaria intervention sustainability (Aribodor, Ugwuanyi and Aribodor (2016).

8.6 Conclusion

A discourse analysis was presented in this chapter. It involved a discussion around the concept of sustainability and how it is increasingly recognised as an important factor in, not only the field of development but across several disciplines. The chapter began with an attempt to define sustainability, arguing that sustainability may be described as a skill/ability to sustain something, such as, and ability to sustain the economy, ability to sustain the environment or ability to sustain a social project. Several definitions of sustainability were also presented, including the widely referenced definition by the (Brundtland Report, 1987) which states- *meeting the needs of the present without compromising the ability of future generations to meet their own needs.*

Furthermore, it is recognised that many works of literature use the word 'sustainability' synonymously with 'sustainable development'. On the other hand, other writers use the word 'sustainability' in reference to, for example, ecology, without necessarily clarifying specifically what the word refers to when it is used, according to (Sutton 2000), the major factor behind the lack of clarity on the usage of the word is the way it is applied. It was imperative to emphasise again in this chapter that the three dimensions of SD – economy, ecology and social are interconnected, however, the reason behind the selection of one or two dimensions by scholars depends on what the study intends to achieve (as in the case with this research which draws from the social aspect of SD).

Consequently, the social dimension of sustainability was discussed, given that this thesis is a social development research. One central theme in many social sustainability definitions is 'human well-being'. As Eizenberg and Jabareen (2017) argued, social sustainability can give priority to the well-being of humans by promoting the adaptation of a just and equitable socio-economic and environmental policy. However, the challenge of social sustainability is noted to be in two parts: it is in theorising the concept and how social sustainability goals can be implemented (Boström 2012). Bostrom further noted that social sustainability has the potential to be a framework for improving SD projects. Accordingly, Dresner (2012) states that sustainability is a 'moral-ethical issue'-hence, concerns about sustainability should be a 'moral obligation' to present and future generations.

Furthermore, this chapter discussed the sustainability of PPPs for health in SSA, a region known to have the highest diseases burden globally Iwelunmor. Et al. (2015) and characterised by weak health systems (Connell. Et al. 2007). It was also noted in this chapter that there are many partnerships for health in SSA; nevertheless, one major challenge to these partnerships is that, often, partnership ends before the intended aim is achieved (as findings from this field study suggest). Consequently, this chapter drew on two pieces of literature to discuss the sustainability of health interventions in SSA, these are Iwelunmor. Et al. (2015) who suggested factors that may form a barrier or facilitate sustainable health interventions; and Chambers, Glasgow and Stange (2013) who recommended a framework for sustainable health interventions. Finally, the sustainability of malaria intervention in the context of Nigeria was discussed. It is noted that there are several malaria interventions partnership arrangements in Nigeria (this research case studies are some examples of intervention partners).

This chapter concluded with discussions centred around the need for the State to take responsibility for ensuring that malaria projects are sustained post-external funding phase, Beaglehole. Et al. (2004), while presenting the sustainability mechanism put in place by the state governments in study locations.

CHAPTER 9: CONCLUSIONS AND RECOMMENDATIONS

9.1 Introduction

This research set out to examine multi-stakeholder partnership for development in the context of malaria intervention partnerships in NC/NW Nigeria. The thesis began with an overview on how the processes of globalisation has created a platform for development cooperation. As discussed in chapter one, the UN as an institution promoting development agenda advocates for partnerships to achieve SD. It is claimed that since the Rio Earth Summit in 1992, multi-stakeholder partnership has become a key strategy in the UN's commitment to achieve SD globally, as it is believed that development challenges can be addressed through partnerships. However, it is argued that this idea of partnership or international cooperation is a neoliberal ideology. On the other hand, there are assertions that the UN system has a normative outlook, as such, actors in international relations are challenged with normative questions such as, what in any given situation is the right thing to do. This thesis is built on the assumption that cooperation or partnership is a normative-ethical decision by different actors who come together to address development challenges.

McQuiad (2000:13) states that there are five dimensions for analysing partnerships, these include, 'purpose'- what the partnership seeks to do; 'who' is involved; 'when' -timing of the partnership process and activities over time; 'where'- the spatial dimension- geographical area of the partnership; and 'how'- implementation mechanism of the partnership (see discussion in chapter one). Consequently, the analysis in this thesis are centred around four of these partnership dimensions: the 'what'-purpose of the partnership (malaria intervention in NC/NW Nigeria); 'who'- the different actors in the partnership (State, NGOs and donor agencies) 'how'- the partnership mechanism (malaria

intervention strategies); and 'when'- time frame for malaria intervention in Nigeria (which is dependent on when the disease is eliminated in the country- currently, the target for malaria elimination in Nigeria is year 2030).

In this concluding chapter, a synopsis of this research will be discussed in the context of four dimensions to partnership- 'what', 'who', 'how', and 'when'. The discussion will include a reflection on the conceptual and theoretical framework in the thesis. In addition, some key challenges to malaria interventions and intervention sustainability in Nigeria will be presented. The chapter will conclude with recommendations to policymakers and stakeholders in PPPs for health interventions in Nigeria.

9.1.1 'What' – Purpose of the Partnership

This research focus was on partnership for malaria interventions. This study recognised that malaria is one of the disease burden in Nigeria. As discussed in chapter one, it is on record that an estimated 97 percent of Nigerians are at risk of malaria, especially pregnant women, and children under five (NDHS 2013). Accordingly, from this research findings, household respondents had indicated that before receiving malaria prevention support from case studies NGOs they had experienced significant frequency of malaria annually (see chapter six). As discussed in chapter one, malaria is endemic in Nigeria, with all year transmission (National Population Commission and ICF International 2013). For emphasis, malaria is said to be caused by plasmodium parasites transmitted to humans when bitten by infected female anopheles' mosquitoes. These anopheles' mosquitoes prefer aquatic habitation where they lay their eggs in the water which hatch into larvae and emerge as adult mosquitoes (WHO 2018). This information is important in this study to support the argument that the three dimensions of SD are

interconnected. Environmental conditions are linked to malaria transmission. Several studies have shown that climate conditions usually affect the number and survival rate of mosquitoes, for example, rainfall patterns and temperature (WHO 2018). There is also the socio-economic burden on the society. As mentioned in this thesis, Nigeria is faced with many socio-economic challenges, such as, unemployment, poverty, and diseases (malaria being one of them). To this end, this thesis has identified the burden of malaria in Nigeria as the purpose for malaria intervention partnership between the State, NGOs, and other stakeholders.

9.1.2 'Who'- Actors in the Intervention Partnership

As stated in chapter one, globalisation has created the avenue for multi-stakeholder partnerships for development across national boundaries. This thesis is grounded on a normative idea of individuals making important ethical decisions. As noted by Frost (1996), actors in the realm of international relations are often faced with normative question, such as, what, given the specific situation, would be the right thing to do? According to Frost, the task of decision-making is not only placed on governments, and not all actors in world politics are governments, private citizens can equally be actors in world politics in one capacity or another (see discussion in chapter three). To this end, this thesis is anchored on the idea that the State, in partnership with NGOs, and other stakeholders took a normative-ethical decision to deal with a social issue, i.e., malaria prevention in NC/NW Nigeria. The actors in malaria intervention partnerships as referred to in this thesis are, NGOS, the State, and donor agencies.

Furthermore, the partnership for development concept in this thesis was drawn from the SDGs framework which calls on multi-stakeholder partnership to achieve

the Global Goals. Chapter seven includes discussions on the SDGs in Nigeria and NGOs' engagement in the implementation of the Goals, specifically, SDG 3- the health Goal (with a focus on malaria intervention partnerships). Among the actors in the global multi-stakeholder partnerships for development are NGOs, the sector which has received much scrutiny from scholars and policymakers alike. As discussed in chapter two, questions about the legitimacy of NGOs have been raised, including their role in the field of development (Mitchell and Stroup 2017; Ebrahim, 2003). This sector was used in this research as case study to analyse partnerships between the private sector and the State for malaria intervention projects in NC/NW Nigeria. The malaria intervention projects by these case study NGOs are discussed in chapters five and six.

9.1.3 'How'- Intervention Strategies

As mentioned in chapter one, the Nigerian government's core intervention strategies are, universal access to LLITNs, Indoor Residual Spraying (IRS) and provision of Intermittent Preventive Treatment of malaria in pregnancy (IPTp) (Maduka 2018). Accordingly, the WHO (2018) states that the most effective way to prevent and reduce malaria is through *vector control*, and there are two forms of vector control, namely: *the use of Long-Lasting Insecticide Treated Nets (LLITNs) and Indoor Residual Spraying (IRS)*. Consequently, this research findings shows that, the Nigerian government, both at the federal and state levels are implementing these programs in partnership with a variety of agencies, this include, the case study NGOs and donor agencies, such as, Global Fund, USAID and DFID. As discussed in chapter five, this research case study organisations in partnership with the State implemented malaria projects in line with Nigeria's main intervention strategies in study sites. For instance, ARFH engaged in the distribution and training of health workers on diagnosis and treatment of malaria

in Niger state; CA engaged in distribution of nets and health awareness campaigns in Plateau, Benue, Kaduna and FCT; also, IHVN engaged in nets distribution and training of health workers on diagnosis and treatment of malaria.

Furthermore, in view of the fact that the use of LLITNs is considered the most cost-effective method of malaria prevention in Nigeria, this research findings also shows that both public and private sector agencies in Nigeria are engaged in the free distribution of LLITNs across the country. In terms of the application of IRS to control malaria transmission in Nigeria, the federal government through its national malaria agency has set a target to increase IRS coverage in the country to at least 80 per cent of the population by the year 2020 (Federal Ministry of Health, Nigeria. 2018). In addition, as discussed in chapter eight, this research findings indicates that the SMOH in study locations are engaged in IRS projects in different communities across study sites as part of their malaria intervention sustainability strategy.

9.1.4 **'When'- Timeframe for the Intervention**

The question of 'by when' or how long should an intervention last involve the time or duration of an intervention. As discussed in chapter eight the timing of a health intervention should be aligned to how long it will take for a disease burden to be significantly reduced or to the point of elimination. If the Cambridge dictionary definition is applied, which states *sustainability is the quality of being able to continue for a long time*, then sustainability of malaria interventions should continue for a long time, that is, until malaria is eliminated in Nigeria. In addition, some scholars assert that the continuity of interventions over-time will bring change (Chambers, Glasgow and Stange 2013; Walugembe. Et al. 2019; Iwelunmor. Et al. 2015). Accordingly, this research finding shows that the State

Ministries of Health across study locations claim that they have a malaria intervention mechanism in place to ensure continuity of intervention to achieve the Federal Government of Nigeria's target of malaria elimination by year 2030 (see discussion in chapter six and eight).

9.2 Challenges to Malaria Interventions in Nigeria

The central theme in this study has been malaria interventions in Nigeria through partnerships involving NGOs, the State and other stakeholders. The increasing advocacy for multi-stakeholder partnerships, including a guide to effective partnership were discussed in chapter one. While the processes and intervention sustainability were presented in chapters seven and eight respectively. Also, the challenges to malaria interventions in Nigeria were discussed in chapters seven and eight. Several studies on health interventions, including those on malaria have identified major obstacles to health intervention projects in Nigeria. This concluding chapter discusses two main challenges to health interventions in Nigeria which are echoed across several literature drawn on in this thesis. These factors are, 'weak health systems' and 'inefficient governance for health'. This section will reflect on these two factors.

9.2.1 'Weak Health System'

Diseases burden is a 'double-burden' for many developing countries (Nweke and Sanders 2009). This is especially the case in many SSA countries with weak health systems. Uneke. Et al. (2010) claims that weak health systems are an impediment to the successful implementation of health intervention projects. Binns, and others (2012), also argue that despite decades of investments and reforms targeted at the health sectors of many SSA countries, health facilities in the region are under-resourced. Benneth Et al. (2004) note that advocating for more international

funding is not enough to achieve the Development Goals for health in settings characterised by weak health systems. Accordingly, Nigeria is faced with this challenge of weak health system (Ademiluyi and Aluko-Arowolo 2009; Akinwale 2010). Several scholars assert that PHC centres across Nigeria are the closest to a large percentage of the country's population, yet these health centres are poorly funded (Abdulraheem, Olapipo and Amodu 2012). Most of these PHC centres are characterised by poor infrastructure, inadequate manpower and medicines needed to serve their communities (Akinwale 2010). The inadequacy of health facilities and health personnel are particularly common in local communities, despite several policies targeted at developing the country's health sector. It is argued that the sector has shown minimal improvement, especially in the state and local government levels (Welcome 2011). In addition, as discussed in chapter seven, the shortage of qualified medical professionals is on the increase, as many health professionals, such as doctors and nurses are increasingly embarking on labour migration to countries in Europe and North America for better enumeration, this situation has further weakened the health system of Nigeria (Omonijo 2011); (Nwaopara 2015). In terms of malaria interventions, empirical evidence has shown that many malaria interventions implemented by NGOs (including the case studies for this research) and other private or international donors are not sustained because the PHC centres who are meant to continue implementing the intervention do not have the capacity in terms of financial resources to sustain these projects over time (Ajayi, Jegede and Falade 2010). Consequently, if interventions are not sustained due to the challenge of weak health systems in Nigeria, there may be an increased prevalence of malaria in those communities that had recorded a reduction of malaria cases.

9.2.2 'Inefficient Governance for Health'

Governance for health is discussed in chapter two. This thesis argues that one of the major challenges to good health outcomes in Nigeria is 'health governance inefficiency' which translates into weak health system and hampers effective health interventions. There is an assertion that good governance in the health sector ensures effective healthcare delivery (Lewis and Patton. 2009). However, one of the obstacles to successful health interventions in SSA as mentioned in this thesis is poor procurement systems associated with mismanagement and corrupt practices in the health sector (Mooketsane and Phirinyare 2015). In the context of Nigeria, as discussed in chapter seven, Nigeria's public health sector operates a decentralised system run by the Federal Ministry of Health, States Ministries of Health, and Local Government Health Departments. However, the FMOH is in-charge of formulating national health policies, it is responsible for the coordination and supervision of the activities by the other agencies (Federal Ministry of Health, Nigeria 2018); (Olakunde 2012). The inefficiency of health governance in the country cuts across these three tiers of government mentioned. In Nigeria, health infrastructure, personnel and medical equipment's are scarce, this is particularly common in local communities. Despite several policies targeted at developing the country's health system, the sector is yet to achieve tangible improvement, especially across the states and Local Government levels (Welcome 2011). Kirigia and Barry (2008), assert that the features of inefficient governance for health (which this thesis argues is applicable in the Nigerian context), include, fragile public health leadership and management, also see, Brinkerhoff and Bossert (2008); inadequate health-related legislations or the enforcement of existing health policies; limited community participation in the planning, management and monitoring of healthcare services; horizontal and vertical inequalities in health

systems- relating to equity in healthcare delivery, also see, McIntyre and Mooney (2007); inefficiency in resource allocation and use, also see, Kirigia. Et al. (2007); poor national information and research systems needed for diagnosing and monitoring of health system performance, also see, Kirigia and Wambebe (2006); and mismanagement of funds meant for the procurement of medical supplies, also see, (WHO 2007). In addition, weak health system in Nigeria is linked to poor political leadership, as decisions, such as financial commitment to the health sector is first and foremost the responsibility of the political leadership of the country. Poor funding by the Nigerian government and the mismanagement of the already limited funds by the leadership of the health sector is responsible for the weak health system in the country (Umukoro 2012; Eno 2008). Thus, this thesis argues that an effective management practice is essential in the health sector of Nigeria to strengthen the health system, this will consequently, translate to efficient health intervention outcomes, this includes malaria interventions.

9.3 Challenges to Sustainability of Malaria Interventions

Sustainability is essential for health interventions. Despite its importance, sustainability is not adequately incorporated in most health intervention programmes in Nigeria. It is argued that the major challenge to the sustainability of health interventions in SSA is inadequate funding. Iwelunmor. Et al. (2015) note that there should be continuity in donor funds if the growing burden of diseases in SSA is to be reduced. Accordingly, Ibrahim & Wan-Puteh (2018) in a study on civil societies and health intervention sustainability in Bauchi State (North-East Nigeria), assert that funding is a major obstacle to the sustainability of health partnerships. Similarly, this research findings showed that the malaria intervention projects implemented by case study NGOs in partnership with the State had a time frame which was based on the availability of funds for the

intervention. Typically, the time frame for most interventions is between 3 to 5 years. These research findings have shown that, often, at the end of donor funding phase (usually international donors) NGOs who implement these intervention projects exit the local communities back to their stations while awaiting funding for another programme, often in a different location. As discussed in this thesis, despite the relative success of the health intervention projects by the case study NGOs in partnership with the State, it is argued that the State is responsible for health interventions. Several authors assert that malaria elimination in Nigeria is possible with a sustained effort from stakeholders, however, more emphasis is placed on the role of the national government (Ajayi, Jegede and Falade 2010; Okoli and Solomon 2014; Singh. Et al. 2014). Against this background, this research findings have shown that the SMoH in study sites claim to have a sustainability mechanism in place for the continuity of malaria interventions (see discussion in chapter eight). Nevertheless, as discussed in chapter eight, the weak health systems in Nigeria is a challenge for the sustainability of health interventions (including malaria interventions) (Ademiluyi and Aluko-Arowolo 2009; Akinwale 2010).

9.4 Policy Recommendations

This thesis is a contribution to the partnership for development discourse. The research findings can be of significance to policy makers and a broad range of stakeholders in Nigeria's health sector as it highlights the implication of health intervention partnerships. The recommendations presented in this study are however directed to the State-government. The reason being that the State is the coordinator of all health interventions and responsible for mobilising partnerships for these interventions. To this end, the following recommendations are highlighted as follows:

- The Nigerian government needs to create poverty alleviation programmes to ensure job creation and the empowerment of women. This will help prevent malaria mortality in children and reduce morbidity due to the inability to afford the finance needed for treating the disease.
- In drafting health intervention programmes, plans for sustainability of interventions should be included. Also, the State needs to take on the responsibility of ensuring that interventions continuity is long-term even after external funding runs out, that is until malaria is eliminated.
- Although there is a level of partnership between NGOs and the State, the State can leverage on this relationship with the NGOs and other private sector organisations to ensure the continuity of malaria intervention projects, especially in rural communities where most of these interventions are implemented.
- Nigeria already has a well-drafted health policy document, including that of malaria as discussed in this thesis. However, the State-government needs to show more political commitment in ensuring the implementation of these policies. For instance, the NMSP framework for malaria elimination should be adequately implemented if the country is to meet the target for malaria elimination by year 2030.
- Finally, and of great importance, is the issue of 'governance for health'. Good health governance practices are imperative for all Ministries of Health in the three tiers of government- national, state and local governments who are responsible for coordinating the implementation of all health interventions across the country, this will ensure that health systems are strengthened, and consequently, efficient delivery of health interventions in Nigeria, including malaria interventions.

9.5 Limitations of the Study

The key limitation of this study was the sample size of research participants in relation to the number of household respondents. As discussed in the methodology section, covering an entire area under study may not be possible, hence, the decision to make use of the sampling technique which allows a researcher to study a small proportion of a target population, and yet, be able to get the data that can represent a population (Sarantakos 2013). Hence, the use of purposive sampling, which involved purposely selecting respondents while attempting to get a wide representation. It was not feasible to get many household respondents across the four study sites. This research was only able to get a limited number due to some factors discussed in the methodology chapter. The main factors which hindered the coverage of a large portion of the population in the study sites, are the large size of the area under study which made it impossible for the researcher working alone with limited funds to cover and the safety of the researcher, which was a priority during the field study. As mentioned in the methodology section, safety considerations limited the scope of the research, thus, only 81 questionnaires were distributed across four study sites (with 73 valid responses). Admittedly, coverage of the entire population would have been ideal to make a full evaluation of how the entire population in these study sites were impacted by the malaria intervention projects implemented by the case study NGOs in partnership with the State, but this would require extra manpower and funding. However, it is my belief that this study has laid a foundation for further research on the impact of health intervention partnerships in Nigeria.

APPENDICES

APPENDIX 1: DEFINITIONS OF KEY TERMS AS USED IN THE STUDY

Partnership: “partnerships are a voluntary and collaborative relationship between various parties, both public and non-public, in which all participants agree to work together to achieve a common purpose of undertaking a specific task and, as mutually agreed, to share risks and responsibilities, resources, and benefits” <https://sustainabledevelopment.un.org>.

Development: “Development is a comprehensive economic, social, cultural and political process, which aims at the constant improvement of the well-being of the entire population and of all individuals on the basis of their active, free and meaningful participation in development and in the fair distribution of benefits resulting therefrom”(UN General Assembly 1986).

Sustainable Development: “development that meets the needs of the present without compromising the ability of future generations to meet their own needs” (Brundtland 1987).

Social Development: “the purposeful effort to foster economic prosperity and increase in standards of living” (James Midgley 2013).

Sustainability: “the quality of being able to continue over a period of time”(Cambridge Dictionary 2019).

Social Sustainability: “a life-enhancing condition within communities and a process within communities that can achieve that condition” (McKenzie 2004).

Health Intervention: “an act performed for, with or on behalf of a person or population whose purpose is to assess, improve, maintain, promote or modify health, functioning or health conditions” (WHO, 2019).

Public-Private Partnership for Health: “initiative that establishes a contract between a public agency and a private entity (for-profit or not-for-profit) for the provision of services, facilities and/ or equipment (<http://siteresources.worldbank.org>).

Malaria: “a disease caused by Plasmodium parasites that are transmitted to people through bites of infected female Anopheles mosquitoes” (WHO, 2019).

Malaria Vector Control: “measures of any kind against malaria-transmitting mosquitoes, intended to limit their ability to transmit the disease. Vector control interventions include tools, technologies and approaches” (WHO 2019).

Health Systems: “the method by which healthcare is financed, organised, and delivered to a population. It includes issues of access (for whom and to which services), expenditures, and resources (healthcare workers and facilities) (Encyclopedia.com, 2004).

Fragile States: “countries which broadly lacked the capacity to discharge the functions expected of them, which will, in turn, bring development successes” (Osaghae 2010).

Good Governance: “the sum of the many ways individuals and institutions, public and private, manage their common affairs. It is a continuing process through which conflicting or diverse interests may be accommodated and co-operative actions may be taken. It includes formal institutions and regimes empowered to enforce compliance, as well as informal arrangements that people and institutions either have agreed to or perceive to be in their interests” (Commission on Global Governance 1995).

Health Governance: “a broad range of guiding and rule-making related functions undertaken by governments, or decision-making agencies as they seek to achieve health policy objectives that are conducive to universal health coverage” (WHO, 2019).

Universal Health Coverage: “ all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care” (WHO 2019).

APPENDIX 2: ETHICAL APPROVAL LETTER

Duniya, Ruth 2006 (PGR)
Smith, Roy
Sent Items

From: Dossor, Sarah
Sent: 29 June 2016 11:45:26
To: Duniya, Ruth 2006 (PGR)
Subject: RE: Ethical Approval

Dear Ruth

I am delighted to confirm that your application for ethical approval for 'Partnership for Development : Are Non-Governmental Organisations (NGOs) complementing State effort to improve healthcare delivery within local communities in North -Central Nigeria?' has been approved and signed off by the Chair of the Joint Inter College Ethics Committee following receipt of the revised risk assessment form. On behalf of the Committee I would like to wish you every success in your research.

Best Regards,

Sarah Dossor
Research Office Team Leader
Arkwright 204
College of Art, Design and Built Environment
Nottingham Trent University
Burton Street
Nottingham NG1 4BU
Tel: 0115 848 2393
Fax: 0115 848 4298
Email: sarah.dossor@ntu.ac.uk
www.ntu.ac.uk

APPENDIX 3: LETTER OF CONSENT TO USE DHS HOUSEHOLD QUESTIONNAIRE FORMAT

Request to use questionnaire format

From: Wellington, Bridgette (Bridgette.Wellington@icfi.com)

To: alema_alema@yahoo.com

Date: Thursday, 14 April 2016, 14:56 BST

Dear Ruth,

Our questionnaires are in the public domain and are not copyrighted, so you are welcome to use them. However, we would appreciate if you acknowledged us as the source.

Best regards,

Bridgette Wellington | Data Archivist | 301.572.0851 | bridgette.wellington@icfi.com

[The Demographic and Health Surveys \(DHS\) Program](#)

[ICF INTERNATIONAL](#) | 530 Gaither Road, Suite 500, Rockville MD 20850 USA

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From: aletadiwu[mailto:alema_alema@yahoo.com]

Sent: Thursday, April 14, 2016, 3:55AM

To: reports@measuredhs.com

Subject: Request to use questionnaire format

Hello,

I am a Post Graduate research student in Nottingham Trent University, United Kingdom. I am requesting your permission to use the MEASURE DHS household questionnaire format for my research work titled '**Partnership for Development: Are Non-Governmental Organisations (NGOs) complementing State effort to improve healthcare delivery within local communities in North - Central Nigeria?**' I have selected three NGOs as case study who have malaria programs. My fieldwork will include visiting the locations where this NGOs are operating, and hand out questionnaires to households, to establish if this NGOs have been distributing Insecticide Treated Nets (ITNs) as they have stated. This is to review the effectiveness of NGOs' participation in Development in the area of malaria prevention and control.

Thank you for your anticipated consideration.

Ruth Alet Duniya

School of Arts and Humanities,

Nottingham Trent University.

APPENDIX 4: CONSENT LETTER FOR CASE STUDY NGOs

Dear

REQUEST FOR APPROVAL TO INCLUDE YOUR ORGANISATION AS CASE STUDY FOR RESEARCH WORK

I am a PhD student in Nottingham Trent University, United Kingdom. I am seeking your consideration to include your organisation as case study in my research work titled '**Partnership for Development: are Non-Governmental Organizations (NGOs) complementing State efforts to improve healthcare delivery within communities in North-Central Nigeria?**

Thank you for your anticipated consideration

Ruth Alet Duniya

Email: ruth.duniya2006@my.ntu.ac.uk; alema_alema@yahoo.com

School of Arts and Humanities

Nottingham Trent Humanities

NG11 4BU

APPENDIX 5: CASE STUDY QUESTIONNAIRE

Postgraduate Research student	
Student ID:	N0159293
Student Name in full:	RUTH ALET DUNIYA
Email address:	ruth.duniya2006@my.ntu.ac.uk

1. Name of NGO

2. Organisation's main office Address

3. Main contact person

4. Is it an International or an indigenous (Nigerian) Organisation?

5. How long has the Organisation been operating in Nigeria?

6. In which states is the Organisation operating?

7. What health projects is the Organisation engaged in?

8. Has the Organisation done any project on malaria prevention, control & treatment?

9. Has this organisation done/ or is doing any malaria prevention, control & treatment project in any state within North-Central Nigeria? If yes, please mention the states.

10. Please give a summary of the malaria projects done in North-Central Nigeria.

11. Does this organization relate with the Nigerian government on malaria prevention, control & treatment projects? Please mention the area of engagement/cooperation.

APPENDIX 6: HOUSEHOLD QUESTIONNAIRE

LOCATION

DATE

INTRODUCTION/ CONSENT:

This questionnaire is for a field work being conducted by a Postgraduate research student of Nottingham Trent University, Nottingham United Kingdom.

Questions will be asked about the NGOs that have done a programme on malaria in your community. The questionnaire should take about 10 minutes to complete. You do not have to participate, but I hope you will agree as the information you give will help this research work establish the impact of partnership between NGOs and the State towards malaria prevention, control and treatment in North-Central Nigeria.

Please let the researcher know if you do not wish to answer any of the below questions

1. Community name:

2. Gender of head of household MALE FEMALE

3. Total No. of persons in house

4. Has this household received support for malaria prevention, control & treatment from **Christian Aid Nigeria/ IHVN?**
YES NO

5. If yes, please state the type of support received from **Christian Aid/ IHVN.**

6. Did this household receive Long Lasting Insecticide Treated Nets (LLITNs) from **Christian Aid/IHVN?**
YES NO

7. How often were the members of this household getting malaria before using LLITNs?

WEEKLY FORTNIGHTLY MONTHLY OTHERS

8. Has the usage of LLITNs reduced the frequency of malaria in this household?

YES NO

1. Questionnaire completed. YES NO
2. No competent respondent at time of visit. YES NO
3. Entire household absent for extended period of time. YES NO
4. Householder refused to participate. YES NO
5. Others [specify]

Contact email of researcher: ruth.duniya2006@my.ntu.ac.uk

APPENDIX 7: STATE MINISTRY OF HEALTH QUESTIONNAIRE

LOCATION

DATE

INTRODUCTION/ CONSENT:

This questionnaire is for a field work being conducted by a Postgraduate research student of Nottingham Trent University, Nottingham United Kingdom.

Questions will be asked about this State Agency's partnership with **Christian Aid (CA)/ Institute for Human Virology Nigeria (IHVN)/ Association for Reproductive and Family Health (ARFH)** on malaria prevention, control and treatment programme. The questionnaire should take about 10 minutes to complete. You do not have to participate, but I hope you will oblige as the information you give will help this research work examine the impact of malaria intervention partnerships between the State and NGOs in NC/NW Nigeria.

Please let the researcher know if you do not wish to answer any of the below questions:

1. Name of State Health Agency/ Health

2. Has this agency done any malaria programme in partnership with **Christian Aid/ IHVN/ ARFH?** Yes/ No.

3. If yes, please indicate duration (date)

4. Please give a summary of the malaria programme, include the communities where this programme was carried out in your State.

5. What is the State doing to sustain these interventions?

Contact email of researcher: ruth.duniya2006@my.ntu.ac.uk

APPENDIX 8: TRANSCRIPT OF NATIONAL MALARIA AGENCY QUESTIONNAIRE

QUESTIONNAIRE FOR STATE AGENCY ON HEALTH

Postgraduate Research student record	
1. Student ID:	N0159293
2. Student Name in full:	RUTH ALET DUNIYA
3. Email address:	ruth.duniya2006@my.ntu.ac.uk
4. Date of Registration:	07/09/2015
5. Mode of Study:	FULL TIME
6. Title of Research Programme:	Partnership for Development: Are Non-Governmental Organisations (NGOs) complementing State effort to improve healthcare delivery within communities in North-Central, Nigeria?
7. Registered for (please tick):	MPhil-PhD
8. Latest Possible Submission Date:	06/09/2019

1. Name of Government Agency

NATIONAL MALARIA ELIMINATION PROGRAMME, FEDERAL MINISTRY OF HEALTH

2. Agency's office Address

FIRST FLOOR ABIA HOUSE, CENTRAL AREA DISTRICT, ABUJA

Handwritten notes in blue ink:
① questionnaire for
② the state agency
③ the state agency
④ the state agency

3. Main contact person

FESTUS OKOH

4. Is this a Federal or State government agency?

FEDERAL GOVERNMENT AGENCY

5. What malaria projects has the government been working on in the last 5-10 years?

PREVENTION AND CONTROL OF MALARIA THROUGH THE FOLLOWING INTERVENTIONS/STRATEGIES:

- USE OF LONG LASTING INSECTICIDAL NETS (LLINs)
- INDOOR RESIDUAL SPRAYING (IRS)
- DIAGNOSIS AND TREATMENT OF MALARIA
- ADVOCACY, COMMUNICATION & SOCIAL MOBILIZATION
- PROCUREMENT OF POTENT ANTIMALARIAL COMMODITIES
- ENVIRONMENTAL MANAGEMENT

6. Which organizations has the government partnered with on malaria projects? Please mention, if any, donors/ fund recipients.

- GLOBAL FUND TO FIGHT HIV/ AIDS, TUBERCULOSIS & MALARIA (GFATM)

- PMI/USAID

- WHO

- DFID

- UNICEF

- SOCIETY FOR FAMILY HEALTH (SFH)

- CHRISTIAN RELIEF SERVICE (CRS)

- ASSOCIATION FOR REPRODUCTIVE & FAMILY HEALTH (ARFH)

- AFRICARE

- JHPIEGO (an affiliate of Johns Hopkins University) ^{int}

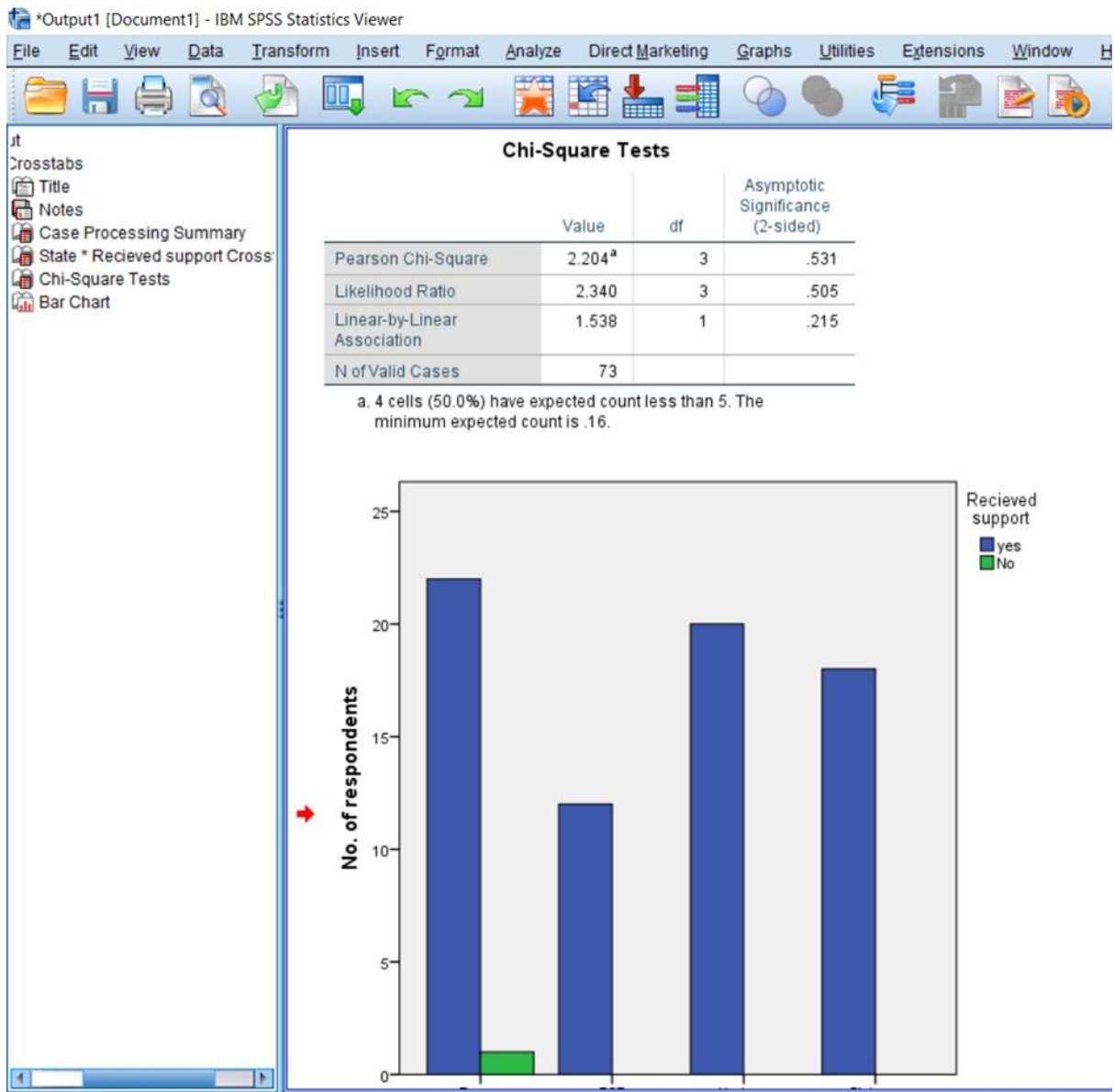
- INSTITUTE OF HUMAN VIROLOGY, NIGERIA

- ① Christian Aid
- ② CRS
- ③ JHPIEGO
- ④ Malaria Consortium

* NMEP's criteria for selecting an NGO to partner with in implementing a malaria project is:

- ①. The NGO must have human & infrastructural capacity to implement the project.
- ②. Years of experience in implementing malaria project or any health project.
- ③. Have wide spread offices in the project area for implementation.
- ④. Have sound fiduciary management.
- ⑤. Have good proposal, including ~~the~~ a budget on how the project will be implemented.
- ⑥. All listed criteria will be evaluated before the project is approved.

APPENDIX 9: SCREENSHOT OF SPSS ANALYSIS



APPENDIX 10: INTERVIEW TRANSCRIPT FOR MALARIA AGENCY

Donors:

DFID, UNICEF, PMI,

= Global Fund & NMCP are partners

= GF provides grants while NMCP (Govt of Nigeria) finds counterpart funds to do malaria projects.

= ARFH ~~was~~ and other NGOs were sub-recipients to the funds.

* ARFH was contracted by NMCP as a sub-recipient to GF malaria

Dr Issa Kauru (NMCP)

Meeting Date 22/01/2018

APPENDIX 11: SAMPLE TRANSCRIPT OF CASE STUDY QUESTIONNAIRE

SAMPLE QUESTIONNAIRE FOR CASE STUDY NGO

Postgraduate Research student record	
1. Student ID:	N0159293
2. Student Name in full:	RUTH ALET DUNIYA
3. Email address:	ruth.duniya2006@my.ntu.ac.uk
4. Date of Registration:	07/09/2015
5. Mode of Study:	FULL TIME
6. Title of Research Programme:	Partnership for Development: Are Non-Governmental Organisations (NGOs) complementing State effort to improve healthcare delivery within local communities in North- Central, Nigeria?
7. Registered for (please tick):	PhD
8. Latest Possible Submission Date:	06/09/2019

1. Name of NGO

Institute of Human Virology Nigeria

2. Organisation's main office Address

Institute of Human Virology, Nigeria
 Pent House, Maina Court, Plot 252, Herbert Macaulay Way
 Central Business District
 P.O. Box 9396, Garki, Abuja. NIGERIA.

3. Main contact person

Dr. Patrick Dakum

4. Is it an International or an indigenous (Nigerian) Organisation?

Indigenous

5. How long has the Organisation been operating in Nigeria?

14 years

6. In which states is the Organisation operating?

IHVN implemented in **11 States- Nasarawa, Kano, Katsina, Delta, Ondo, Ogun, Osun, Benue, Nasarawa and Ekiti states including the Federal Capital Territory** with funding from the President's Emergency Plan for AIDS Relief (PEPFAR) through the Centres for Disease Control

Currently the Achieve Grant is implemented in four States-**FCT, Nasarawa, Kano and Katsina**

IHVN also implements grants supported by the Global Fund as follows;

Drug Resistant-TB diagnosis and treatment - **Nationwide.**

Global Fund TB/HIV grant in 10 States: **FCT, Nasarawa, Kano, Ogun, Benue, Taraba, Adamawa, Yobe, Plateau and Bauchi**

7. What health projects is the Organisation engaged in?

TB/HIV prevention and treatment programs: The HIV program of the Institute focuses on anti-retroviral treatment for adult and children (including pregnant women), laboratory diagnosis and tracking of patient's status, care and support, prevention of mother-to-child transmission of HIV services, HIV counselling and testing, support to orphans and vulnerable children, training and research.

Diagnosis and Treatment of Tuberculosis/Drug Resistant TB: IHVN supports TB treatment. More than 45,142 people living with HIV have been provided with TB treatment. With funding from the Global Fund to Fight AIDs, Tuberculosis and Malaria, the Institute has bacteriologically confirmed 6,194 people and enrolled 4,176 people who have drug-resistant tuberculosis. Over 1,800 service providers also received training on DR-TB management from inception till March 2017. The Institute has built a Bio-Safety Level 3 laboratory in the National TB Leprosy Training Center in Zaria, Nigeria, one of the first of its kind in Africa.

Malaria Prevention, control and treatment: IHVN implemented the Global Fund Malaria program, as a Sub-Recipient to the National Malaria Elimination Program (NMEP). Over the past 7 years, the institute has supported the components of malaria control interventions through selected public health facilities in 13 States- Katsina, Ogun, Kwara, Gombe, Akwa-Ibom, Kano, Kaduna, Borno, Kebbi, Plateau, Kogi, Benue and Jigawa States. Facilities were supported with free commodities to provide malaria diagnosis and treatment in their various communities.

Cancer Registration/Research: IHVN in collaboration with the Nigerian Federal Ministry of Health (FMOH) and the International Agency for Research on Cancer (IARC) has organized trainings in cancer registration for 28 institutions in Nigeria. The Institute has taken a lead in coordinating cancer registration in Nigeria. It currently hosts the National System of Cancer Registries (NSCR). The main objective of this program is to provide data from Nigerian cancer registries on the most common cancers, cancer incidence and cancer mortality statistics

Training: The Institute has trained health care workers to on ante-retroviral treatment, strategic information, care and support, prevention, laboratory services and equipment maintenance, blood safety, HIV counselling and testing, Pharmacovigilance, and malaria and cancer prevention, management and control. Over 36,000 people have been trained to provide quality services. IHVN also has accreditation to offer Continuing Professional Development Program for medical doctors to acquire credits for the annual renewal of their license.

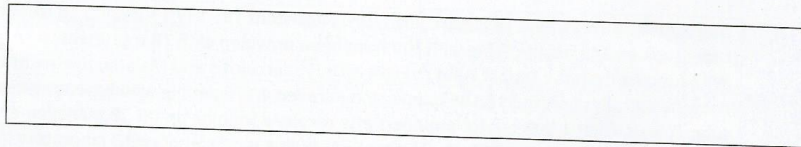
Researches: IHVN conducts biomedical research focusing on HIV/AIDS, tuberculosis, cancer and other non-communicable diseases. The Institute has also been a contributor to scientific literature by publishing in several international peer review journals. For more information on the major research projects the Institute is implementing

1. Has the Organisation done any project on malaria prevention, control & treatment?

Yes

2. Has this organisation done/ or is doing any malaria prevention, control & treatment project in any state within North-Central Nigeria? If yes, please mention the states.

IHVN implemented the malaria prevention, control and treatment program from 2013 to 2017 in Kogi and Benue State



3. Please give a summary of the malaria projects done in North-Central Nigeria.

The Institute of Human Virology Nigeria commenced the implementation of Global Fund Malaria Grants in October 2009 as a sub-recipient to the National Malaria Elimination Program (NMEP) till March 2017. The projects implemented in North central areas are as follows;

GLOBAL FUND MALARIA ROUND 8 PHASE 2: 2013 -2015

GLOBAL FUND MALARIA NEW FUNDING MODEL (NFM) GRANT: 2015-2017

Priority interventions supported in both include;

- Capacity building of Health care providers and other relevant staffs of the State Ministry of Health and LGA Department of Health.
- Provision of drugs and commodities through the National Malaria Program to selected public health facilities to support free and accessible malaria prevention, diagnosis and treatment program as follows:
 - Prevention using Long Lasting Insecticide Treated Nets distributed through ANC and routine immunization clinics targeted at pregnant women and children under 5 years. Continuous distribution to general population through community and school distribution channels
 - Diagnosis and Treatment through provision of malaria Rapid Diagnostic Test kits (mRDTs) and Artemisinin-based Combination drugs for free diagnosis and treatment of malaria according to recommended treatment guidelines
 - Provision of Sulphadoxine/Pyrimethamine for Intermittent Prevention of Malaria in Pregnancy (IPTp)
- Technical support for health systems strengthening activities e.g. Program coordination and Technical working group meetings
- Support for Logistics management information systems (LMIS) for malaria commodities
- Routine data monitoring and evaluation, including supportive supervision and

On-the-Job trainings (OJT)

11. Does this organization relate with the Nigerian government on malaria prevention, control & treatment projects? Please mention the area of engagement/cooperation.

The Institute implemented the Global Fund Malaria as a sub-recipient to the National Malaria Elimination Program (NMEP), Federal Ministry of Health(FMOH)

IHVN has been a contributor in development of National strategic plans for malaria prevention, control and treatment in Nigeria, National guidelines and training materials for capacity building of healthcare workers.

IHVN in collaboration with the Nigerian Federal Ministry of Health (FMOH) has organized trainings on malaria prevention, control and treatment. The institute also facilitates at National level trainings for the FMOH on case management and data use.

IHVN has participated in National surveys funded by FMOH through the NMEP for better understanding of the disease demographics and impact of interventions in Nigerian States. e.g. Malaria Indicator Survey and Rapid Impact assessment

The institute is actively involved in technical working group (TWG) meetings at the National and State level.

APPENDIX 12: SAMPLE TRANSCRIPT OF HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD QUESTIONNAIRE FOR FIELD WORK

LOCATION KWANDE (Ichor) Benue State

DATE 19/06/2018

INTRODUCTION/ CONSENT:

This questionnaire is for a field work being conducted by a Postgraduate research student of Nottingham Trent University, Nottingham United Kingdom.

Questions will be asked about the NGOs that have done a programme on malaria in your community. The questionnaire should take about 10 minutes to complete. You do not have to participate, but I hope you will agree as the information you give will help this research work establish the impact of partnership between NGOs and the State towards malaria prevention, control and treatment in North-Central Nigeria.

Please let the researcher know if you do not wish to answer any of the below questions

1. Community name

ICHOR

2. Gender of head of household MALE FEMALE

3. Total No. of persons in household

7

4. Has this household received support for malaria prevention, control & treatment from Christian Aid Nigeria?

YES NO

5. If yes, please state the type of support received from Christian Aid.

Anti-malaria drug and treated mosquito net.

6. Did this household receive Long Lasting Insecticide Treated Nets (LLITNs) from Christian Aid?

YES NO

7. How often were the members of this household getting malaria before using LLITNs?

WEEKLY FORTNIGHTLY MONTHLY OTHERS

8. Has the usage of LLITNs reduced the frequency of malaria in this household?

YES NO

1. Questionnaire completed. YES NO

2. No competent respondent at time of visit. YES NO

3. Entire household absent for extended period of time. YES NO

4. Householder refused to participate. YES NO

5. Others [specify]

Contact email of researcher: ruth.duniya2006@my.ntu.ac.uk

APPENDIX 13: SAMPLE WRITTEN DOCUMENT RECIEVED FROM CHRISTIAN AID

Partnership for Improved Child Health (PICH)

ongoing project

Project Brief

Country: Nigeria

Donor: UKaid

Project Duration:
3 Years

Project State:
Benue State

LGAs:
Konshisha, Kwande, Okpokwu, and Obi.

Partners:
Ohonyeta Care Givers (OCAG)
Jireh Doo Foundation (JDF)

Project Aim: The Partnership for Improved Child Health project will increase knowledge of, access to and uptake of quality services for pneumonia, malaria and diarrhoea in 4 Local Government Areas (LGAs) in Benue State. It will build upon existing community-based health interventions and expand access through an innovative, evidenced based and cost effective Integrated Community Case Management (ICCM) strategy to address childhood illnesses.

Project Outline: The project is a partnership between Christian Aid and the Benue State Government implemented in partnership with Ohonyeta Care Givers (OCAG) and Jireh Doo Foundation (JDF) with funding from the UK Department for International Development.

The project will harness local resources and strengthen existing community structures to expand access to basic healthcare in hard to reach communities. Trained volunteers (CORPs) and community health workers will be supported to provide child health services and make referrals to health facilities. The capacity of community groups will be enhanced to address inequitable social norms,

power dynamics and promote iCCM services in the communities. **Community Development Committees (CDCs) will promote social dialogue between citizens and service providers, with the aim of removing barriers to access of iCCM services, as well as instilling ownership and sustainability.**

In all, the project will reach 198,966 children under five, 399,682 women of reproductive age, 2,052 community members who will act as change agents (CDCs & Faith Leaders), 260 frontline health workers, and 994 volunteers (CORPs).

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