

## **The Role of Donor Agencies in the Health Sector of Anambra State, 1991-2017**

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### **Abstract**

Healthcare system in Nigeria is poorly funded by the government. Similarly, in Anambra state, the government has been unable to sufficiently finance, develop and sustain an efficient healthcare system for its citizens. Partnership with donor agencies has been largely embraced to finance and drive development projects in the health sector for over twenty-six years of its existence. This study tried to examine some of the roles of donor agencies in Anambra state health sector from 1991-2017. It also tried to chronologically highlight some of the notable activities of donors such as the United Nations Children's Fund, World Health Organization, Family Health International, among others. Documentary and descriptive method of research consisting both primary and secondary sources of data was adopted. The study observed that the citizens of Anambra had significantly benefitted from the various development programmes on immunization, HIV/AIDS advocacy and treatment, child and maternal health, amongst others. It identified some of the challenges facing the activities of donors in the health sector of the state to include over relevance on donor funds; unsustainability of projects; inadequate work tools, logistics and manpower; corruption and absence of a strong institutional mechanism for coordination, monitoring and evaluating donor activities. To resolve some of these challenges and to build a vibrant healthcare system, strategic weaning from donor funds was suggested as well as leveraging on public private partnerships by the state government.

**Keywords:** *Donor Agencies, Foreign Aid, Anambra State, Nigeria, Health Sector, Development Partners.*

### **Introduction**

It is popularly agreed that health is wealth. In fact, there is empirical evidence that the health of a nation significantly enhances its economic development, and vice versa.<sup>1</sup> It has also been enunciated that, the pursuit of better health should not await an improved economy, rather measures to improve health will themselves contribute to economic growth.<sup>2</sup> Sadly, the government of Nigeria has remained challenged with the task of providing quality and efficient healthcare system for her citizens for decades. Health challenges such as maternal and infant mortality, under 5 mortality, poor sanitation and hygiene, HIV/AIDS, malaria, and tuberculosis plague the nation and undermined development efforts in the health sector. According to the World Health Organisation (WHO) workforce alliance case study, "the health indicators for Nigeria are among the worst in the world" as the country shoulders 10 percent of the global disease burden.<sup>3</sup> The manner in which a country finances its health care system is a key determinant of the overall quality of such system. Health care in Nigeria is financed by a combination of tax revenue, out-of-pocket payments, donor funding, and health insurance (social and community).<sup>4</sup> According to Isaac Adewole, the Nigerian immediate past Minister of Health, "[Nigeria has one of the lowest health budgets in Africa](#), spending less on health than some conflict-affected countries..."<sup>5</sup> In order to augment for its financial deficiencies, maintain a functional health care delivery system and to tackle inherent challenges, Nigeria have continued to engage in partnership with many

donor agencies over the years to boost its health sector. Donor agencies are international development partners that deliver foreign aid, funds and other required support to developing states at various levels and sectors. Foreign aid which is brought by donor agencies can be defined as both grants and concessional loans that have at least a 25% grant component.<sup>6</sup> Foreign aid are resources that one country voluntarily transfers to another to assist the socio-economic development of the recipient country. Aid can be economic, military, or emergency humanitarian (e.g., aid given following natural disasters).<sup>7</sup>

Since 1991, Anambra State just like Nigeria, has been in several partnerships with various donor agencies to boost the healthcare system in the state. Development partners such as the United Nations Children's Fund (UNICEF) and World Health Organisation (WHO) have been on the frontline, working with relevant state agencies to manage and mitigate infant and maternal mortality; morbidity or rate of disease dispersal especially HIV and AIDS, and other diseases.<sup>8</sup> The UNICEF in particular has had nearly an unbroken partnership with successive governments of Anambra state. Its intervention has been related but not limited to the promotion of primary healthcare and health education, advocacy and social mobilization, planning, monitoring and evaluation (PME), safe motherhood, early child care, immunization and reproductive health, among others.<sup>9</sup>

For over twenty-six years, Anambra state health sector has been a beneficiaries of many development programmes in the health sector ranging from advocacy to treatment of diseases and even supply of medical materials. However, till today the state health sector continues to be plagued significantly with some of the same issues that has been combating for over two decades. The case of HIV/AIDS is a clear example as Anambra state has remained high on its prevalence list in Nigeria. While Malaria, remain a threat despite been addressed in past and on-going projects. Over reliance on donor funding remain the order of the day in the health sector of the state. More so, availability, accessibility, affordability, effectiveness and efficiency of quality healthcare system remain a challenge despite the financing of primary health care centres over the years by the government and donor agencies.

This study tried to examine some of the notable activities of donor agencies in the health sector of Anambra state from 1991-2017. It also attempted to highlight some of the challenges to the development objectives of these agencies. It proffered some recommendations that may improve the health sector of the state. The study observed that numerous Anambra state citizens have benefitted immensely directly or indirectly in the over twenty-six years it has been a recipient of donor resources. It is therefore of little surprise the state has continued to solicit and welcome development partnership with various donor agencies in the health sector.

## **An Overview of the Anambra State Health Sector**

Anambra, is a south eastern state in Nigeria created on August 27, 1991 from a bifurcation from the old Anambra and Enugu state. The state has Awka as its capital with twenty-one local government areas. The Anambra state Ministry of Health is charged by the law to oversee, formulate, disseminate, promote, implement, monitor and evaluate health policies for the state. It is also tasked to ensure and promote quality health care system in the state through the regulations of services provided by both public and private health care institutions and to attract private sector participation. The ministry is headed by the Honourable Commissioner who also supervises other government agencies and partners jointly working to promote the sector.

The Anambra hospitals/ healthcare centres are categorized based on the complexity of the services they provide into: primary, secondary and tertiary hospitals. The primary healthcare centres are the first level of contact located mostly in rural areas. They deliver preventive, health promotion services and less complex curative services to patients. Secondary level hospitals provide more specialized and second level care, often handling cases needing more than primary care. While tertiary hospitals which include teaching and specialist hospitals provide the highest level of specialized care in the health system including training of doctors and other health workers. The primary and tertiary hospitals are typically public owned, funded and managed by the government primarily to provide health services to the populace. Whereas, the private hospitals are funded by individuals and organizations to provide health services as well as make a profit. All categories

of hospitals/healthcare benefit from donor agencies intervention with public hospitals benefitting the most. Tabulated below is the list of various categories of hospitals in the state as at 2019.

**Table 1.1: Categories of Hospitals in Anambra State as at 2019**

S/N	Categories of Hospitals	Nos of Hospitals
1	Federal Teaching Hospitals	1
2	Federal Medical Centres	0
3	Federal Specialty Hospitals	0
4	State Teaching Hospitals	1
5	General Hospitals & Clinics	36
6	State Specialty Hospitals	1
7	Primary Healthcare Centers (PHC) & Health Post	575
	<b>Sub-Total (Non-Private)</b>	<b>614</b>
8	Mission Hospitals	30
9	Private Hospitals & Clinics	156
	<b>Sub-Total (Private)</b>	<b>186</b>
	<b>Total</b>	<b>800</b>

Source: *Anambra State Ministry of Health*<sup>10</sup>

A cursory look at the table reveals that Anambra has a fair number of hospitals in all twenty-one local governments of the states serving its populace of 5,527,809 as at 2012 according to the National Bureau of Statistics.<sup>11</sup> However, the quality of health care services offered by the various hospitals are yet to be determined.

Anambra State HIV/AIDS profile poses a major public health challenge. It was the only State in the South East that had a prevalence of over 8% increase from the prevalence of 5.6% in 2008 to 8.7% in 2010 and one of the five states in the country that had prevalence of over 8% (Akwa Ibom 10.9%, Bayelsa 9.1%, Benue 12.7% and FCT 8.6%) while the urban/rural comparison of HIV prevalence rate in Anambra shows a wide variation of 10.1% urban against 4.7% rural prevalence.<sup>12</sup> Anambra recorded a projected HIV population of 52,992 with 1.2% HIV prevalence rate in 2012 and over the last 10 years since 2010, its prevalence has risen.<sup>13</sup> The main drivers of the epidemic include multiple concurrent sexual partners, low perception of risk and knowledge of HIV/AIDS, stigma, discrimination and superstitious beliefs about HIV/AIDS.

Anambra is one of the twelve states which contribute to the over 70% of Nigeria's HIV Mother-to-Child- Transmission (MTCT) burden. An assessment report carried out by Anambra State Ministry of Health and FHI 360 revealed that,

*Site specific and average HIV prevalence in the state as documented in the 2010 sentinel survey, suggest that about 20,328 pregnant women are infected with the virus. Approximately one-third of pregnancies in HIV infected women will culminate in HIV transmission to the baby without effective PMTCT interventions. The LGAs with highest maternal HIV rank burdens were Aguata, Ihiala and Anaocha.*<sup>14</sup>

Since then, the government has worked towards improving health facilities all over the state to combat MTCT menace. The Anambra State Agency for the Control of AIDS was set up to coordinate the multi-sectoral response to HIV/AIDS in addition to the state ministry of Health and donor agencies' efforts such as testing and counselling (HTC), provision of Anti-retrovirals, laboratory equipment and capacity building for government and health facility staff.

Other health indicators of the state, according to the National Bureau of Statistics revealed prevalence of infant mortality of 51 in every 1000 births and 75 under-five mortality in every 1000 births.<sup>15</sup> [Malaria](#) was also identified as a public health problem in sub-Saharan African countries such as Nigeria, where the disease's morbidity and mortality for children under 5 years of age, pregnant women and the old is very high. Malaria

however, more heavily affects people who are in poverty, as they have no means of paying for healthcare. In spite of many attempts to control it, Malaria remains one of the most common malaise, with very high morbidity and mortality in Anambra.<sup>16</sup>

### **The Role of Donor Agencies in the Anambra State Health Sector, 1991-2017**

As earlier mentioned, the Anambra health sector has received significant attention from donor agencies. Over the years, donor interventions have been recorded in the area of manpower development; building and equipping of health facilities; sensitization and awareness campaigns, and outright funding of selected health-related schemes. Some of the notable achievements of these interventions are highlighted below chronologically from 1991-2017.

#### **United Nations Children's Fund (UNICEF), 1991-1993**

As far back as 1990 in the old Anambra state, statistics revealed that Anambra state recorded high prevalence and growth chances of HIV/AIDS in the state at 18% growth rate second only to Lagos state at 20%.<sup>17</sup> To combat this, the state government partnered with the UNICEF and a non-governmental agency-Community Health Education and Development in Africa (Coheda) to implement an awareness project. In 1991, the sum of about one hundred and twenty thousand naira (N120,000) was released by UNICEF to the government and the project implementers to carry out intervention activities amongst the populace.<sup>18</sup> However, the project kicked off fully in 1993 due to internal administrative delays. The project recorded, training of police officers on HIV/AIDS prevention at Amawbia, production and distribution of about three thousand (3000) calendars featuring HIV/AIDS preventive measures and organising a HIV/AIDS enlightenment campaign, lecture and film show for about three hundred (300) women (300) representatives from across the state at Government Technical College, Awka.<sup>19</sup>

#### **Capacity Building Courses, 1994- 1996**

On May 12<sup>th</sup> -20<sup>th</sup> 1994, AFRICARE organized a capacity building workshop on prevention and management of HIV/AIDS/STDs (Sexually Transmitted Diseases) for healthcare practitioners in Anambra.<sup>20</sup> In 1996, the Family Health International (FHI) conducted a capacity building workshop on the Syndromic Management of STDs at Calabar. Healthcare practitioners in Anambra were invited and in attendance for this vital training. The importance of capacity building trainings such as these cannot be overemphasized as it is necessary to continuously equip workers with the skills needed to carry out their activities in line with best practices.

#### **United Nations Development Programme (UNDP), 1997**

In 1997, the UNDP in collaboration with the Anambra state government carried out a 14 days training for forty-two (42) Traditional Birth Attendants (TBA) in Orumba South Local Government Area of the state. The training which was the first of its kind for the beneficiaries and it dealt on: promotion of safe motherhood, child survival strategies, prevention of harmful traditional practices, prevention of HIV in the rural community and environmental protection and hygiene.<sup>21</sup>

Prior to these trainings, the benefitting TBAs, engaged in some ignorant and harmful practices such as birthing in unclean environment and the use of unsterilized/crude knives during birthing. Due to these, there were random cases of maternal and infant mortality, HIV risks and pelvic infections. The training however educated them on cleanliness during birthing, when to stop administering care to patients and refer them to hospital, drug dosages administration, among others.

#### **UNDP/Anambra State Government, 1999-2000**

In 1999, the UNDP partnered with the state government in the prevention and control of Schistosomiasis (Bilharzia). As a result, twenty-one (21) headmasters/headmistress were trained in Orumba South LGA and fifty-six (56) in Orumba North LGAs as opinion leaders for onward training of teachers and pupils on the prevention and control of schistosomiasis.<sup>22</sup> Public enlightenment on the prevention and control of HIV/AIDS/STDs particularly among high risk groups in the state was also carried. This was particularly

important at that time in 1999 when public understanding and appreciation of the threat of HIV/AIDS was low and transmission rate much higher. The enlightenment targeted young people aged 16-48 years through media. Specifically, the Anambra Broadcasting Service Radio and CoHEDA held a symposium with film shows on the “dawn of reality-AIDS in Nigeria”, shows were also held at Amawbia, Nnewi and Nnobi Markets. These enabled an audience of over twenty-eight thousand of all ages and sex to learn about the dangers of HIV/AIDS and STDs.<sup>23</sup>

#### **Family Health International (FHI), 2000**

In 2000, Family Health International (FHI) Nigeria, conducted a rapid assessment in the state as part of the process of redesigning its ongoing IMPACT (Implementing AIDS Prevention and Care) project funded by United States Agency for International Development (USAID). The overall goal of the redesign was the development of a comprehensive program in key risk areas for both prevention and care. The assessment was conducted in three LGAs-Onitsha North, Onitsha South and Awka South. The exercise revealed that: the state presented a massive risk setting for HIV/AIDS/STI programming. Onitsha due to high trade activities, resulted in a boom of both trucking and sex activities. It further revealed that the state government had made no funds available for HIV/AIDS/STI programming in the last five years and there was a dire need for a comprehensive prevention and care program in the state.<sup>24</sup> The results of this assessment facilitated future interventions in preceding years.

#### **FHI/ United States Agency for International Development (USAID), 2001-2004**

As part of IMPACT project for which an assessment was made in the previous year 2000 by the FHI, the HIV/AIDS/STI Intervention Project was launched for youths in tertiary institutions in Anambra State between June 2001 to June 2004 and was implemented by CoHEDA. The focus institutions were Nnamdi Azikiwe University, Awka, Federal Polytechnic Oko, Nwafor Orizu College of Education Nsugbe and Federal College of Education (Technical) Umunze. Throughout the life of the project the following was achieved amongst others: advocacy/sensitization visits to stakeholders, collaborations and linkages were formed with various NGOs for program implementation, training workshops were conducted for peer educator trainers. These peer educators were recorded to have over 94,500 cumulative reach by 2004...<sup>25</sup>

#### **FHI/ United States Agency for International Development (USAID), 2005-2006**

Following the success of the HIV/AIDS/STI Intervention project launched for youths in tertiary institutions in Anambra State between June 2001 to June 2004 and the need to sustain the momentum of the project, a similar project was sponsored by FHI/USAID from 2005-2006. The benefiting institutions however shifted to Anambra state University of Science and Technology (ASUTECH), Uli, College of Health Technology, Obosi and College of Agriculture, Igbariam. Some of their laudable achievements included: training of fifteen (15) peer educators, ensured peer education activities in all three institutions and the production and distribution of advocacy materials. The sum of three million, nine hundred and sixty-four thousand, seven hundred naira (N3,964,700.00) was received and expended for the project.<sup>26</sup>

#### **Society for Family Health (SFH), 2011**

Between February 10-26, 2011, the Society for Family Health (SFH) with its implementing partners, Centre for Sustained Coordination Against AIDS/STDs (CSCAASD), CoHEDA and Mother Esther Educational Foundation (MEEF) International launched a simultaneous programme on Roll Back Malaria in the state.<sup>27</sup> The three benefiting local governments were Orumba South, Dunukofia, Awka North/Ekwusigbo. The programme sought to educate citizens of the state on causes, prevention, treatment, symptoms and myths about malaria. Some successes recorded were: production and distribution of over two thousand (6000) copies of behavior change leaflets to educate the masses, motorized caravan talk show to public places such as Ukpoko town, Umunze market, Nawfija town, Mgbakwu market, Amunuke and Eke market Ozubulu among others to disseminate malaria prevention messages and sensitization visits to schools such as Community Primary School and Ifitedunu Primary School, Isulo.<sup>28</sup>

### **United Nations Children's Fund (UNICEF), 2014-2017**

UNICEF's intervention activities from 2014-2017 focused on health education, nutrition, safe motherhood and immunization programmes. To facilitate this, the sum of N290,609,773, N108,891,570, N27,671,000 was released by UNICEF in 2014, 2015 and 2016 respectively to sponsor all their activities in the state (part of which was spent on health programmes).<sup>29</sup> As a result, some of the notable activities recorded were: purchase and supply of all vaccines for the prevention of the childhood killer diseases in 2016, development and customization of the Anambra State DevInfo database, funding of immunization services, promotion of exclusive breastfeeding, promotion of the use of insecticide treated mosquito nets, promotion of antenatal attendance and delivery by trained personnel in health centre across the state. Supply and use of anti-shock garments, preventive treatment of malaria in pregnancy and administration of tetanus toxoid for pregnant women also recorded. 1,345,503 children were immunized during the measles vaccine campaign held from 28<sup>th</sup> Jan-1<sup>st</sup> Feb. 2016.<sup>30</sup> By 2017, joint integrated supportive supervision was conducted in the 21 LGAs and this helped facilitate resolution of bottlenecks in implementation of routine immunization services in the state. Noteworthy is that Anambra has remained polio free from 2009 to date.

### **Family Health International (FHI) 360, 2014-2017**

The FHI / USAID released the sum of N104,610,921, N 76,891,783.29 and N 82,000,000.00 in 2014, 2015 and 2016 respectively to facilitate their intervention programmes in the state's health sector.<sup>31</sup> With a strong focus on the HIV prevention and treatment, some of the many successes recorded in the state included: training of about four hundred and forty-three (443) health workers, HIV/AIDS testing and counseling of one hundred and ninety-five thousand, six hundred and ninety-five (195,695) persons, placing of two thousand, eight hundred and fifteen (2,815) pregnant women on prophylaxes and activation of one hundred and fifty-four (154) prevention of Mother to Child Transmission sites.<sup>32</sup> By 2017, an additional one hundred and thirty-one thousand, seven hundred and seventy (131,770) individuals received testing, counselling and test result as against one hundred and thirty-two thousand, four hundred and four (132,404) number targeted.<sup>33</sup> Twenty-five thousand, six hundred and fifty-seven (25,657) pregnant women were tested for HIV as against the targeted number of fifty-one thousand, five hundred and eighty-eight (51,588); while one thousand, two hundred and eight-five (1,285) HIV Positive pregnant women received antiretroviral to reduce the risk of mother to child transmission.<sup>34</sup>

### **Planned Parenthood Federation of Nigeria (PPFN), 2014 -2017**

To facilitate their intervention activities, the sums of N2,760,000, N13,271,000, N12,364,000.00 was released by PPFN in 2014, 2015 and 2016 respectively in Anambra state.<sup>35</sup> Their intervention activities recorded that:

- i. *A total of twenty thousand, four hundred and sixty-three (20, 463) persons aged fifteen (15) years and above were tested and counseled for HIV and AIDS and out of this number, (nine hundred and sixty (960) tested positive.*
- ii. *Ten thousand and two (10,002) pregnant women were tested for HIV and one hundred and twenty-one (121) of them tested positive.*
- iii. *Eighty-one (81) HIV positive mothers gave birth during the period and fifty-two (52) of their new born babies who received HIV test/ Polymerase Chain Reaction (PCR) test within two (2) months of birth were not infected.*
- iv. *Two thousand, nine hundred and three (2,903) persons received antiretroviral therapy during the period January to October, 2014. Of this number, three hundred and eighty-two (382) were newly initiated cases. However, fifty-two (52) of them died during the period of report.<sup>36</sup>*

### **World Health Organization, (WHO), 2015-2017**

Major areas of Intervention by WHO from 2014-2017 were: advocacy and social mobilization; polio eradication initiative; non-polio diseases; disease surveillance; disease control; routine immunization capacity building on routine immunization malaria, tuberculosis and leprosy control. By 2015, eight additional private

Health Facilities had signed MOU with State Ministry of Health for collaboration in immunization services and 134% and 137% coverage achieved for the first and second rounds of the National Immunizations Plus Days.<sup>37</sup> In 2016, WHO in collaboration with the state government implemented Measles vaccine campaign, conducted two rounds of immunizations in 21 LGAs, Supported successful switch from tOPV to bOPV, and donated posters and arch files on Diseases Case Definition for ease of reporting at all at local government and health facility.<sup>38</sup> In collaboration with UNICEF, WHO in 2017, supported two rounds of Immunization Plus Days (IPDs), conducted household enumeration for target population zero to five (0-5years) and the results recorded one million, three hundred and twenty-one thousand, seven hundred and ninety-one (1,321,791) children.<sup>39</sup>

### **European Union (EU-SIGN), 2016**

European Union-Support for Immunization Governance in Nigeria (EU-SIGN) Project is a continuation of EU support to the health sector in Nigeria - EU-PRIME, SRIK etc. Anambra State was among the 23 states plus Abuja that benefitted from the EU-SIGN Project. The global objective of the EU-SIGN project was "to contribute to the reduction of childhood morbidity and mortality in Nigeria due to vaccine preventable diseases." Some of the notable outcomes of the project in the state was the distribution and installation of 78 Direct Drive Solar Refrigerators (DDSRs) at the 21 LGA cold stores and 57 Health Facilities, training of 50 officers on Data Quality Use Supportive Supervision, construction of new cold store at Ayamelum LGA and renovation of Nkpologwu primary health care centre<sup>40</sup>

It is remarkable that donor agencies whose role are essentially interventionist and humanitarian have done this much in the health sector of Anambra state. These activities are very commendable since the state government had been unable to finance and undertake such programmes alone. The various project highlighted above from 1991-2017 demonstrate that donors have been active in the state and positively improving the Anambra health sector for a long time. Perhaps these efforts contribute to why Anambra state have not, during the period under review, had the need to declare an emergency in the health sector. This is because the state government funding of the sector has remained low and they have continued rely heavily on donors in the health sector of the state. It is clear from the above that Anambra has indeed benefitted from donor agencies intervention in the state. While the sector yet has some shortcomings, the above activities are laudable so far.

### **Challenges to the Role of Donor Agencies in Anambra Health Sector**

Some of the challenges to the activities of donors in the state include: unsustainability of projects; inadequate work tools, logistics and manpower; corruption; and absence of a strong institutional framework for coordination, monitoring and evaluation of donor activities.

The inability of the state government to sustain projects implemented by donor pose as a challenge to the development efforts of donors in the state. Health projects such as immunization, distribution of mosquito nets and supply of medical materials to health centres usually commence and terminate during the life of project and the state is unable to finance such projects in future until a similar donor project can occur in the state. Similarly, most interventions focus on single ailments or conditions, rather than on multi-condition such as malaria control. Such projects therefore benefit only a limited number of people for a limited number of time and results are not sustained after the project lifespan.

Inadequate work tools such as project vehicles to aid mobility and supervision by project staff, hospital equipment for health workers, logistics especially funds and manpower has also posed a challenge in the execution of many projects in the state. In most cases, project staff resort to "doing their best" approach while executing projects without being sufficiently motivated and such dispositions could impede the overall success of a project. Corruption also plague the donor's intervention as it is common place for project implementors to divert funds and some relief materials for their personal gains instead of public use as planned.

Worse is the absence of a strong institutional framework for coordinating, monitoring and evaluation of donor activities. During the maiden edition of the Anambra State Health Partners Forum in 2018, the immediate past state Commissioner for Health Dr Joe Akabuike noted that, "it is always disheartening seeing partners come into the state and go to health facilities or local government areas of preference to implement their interventions without due recourse to needs of the state."<sup>41</sup> Such practices have not only succeeded in

robbing the state of opportunities to tap into the technical capacity of each partner but also made it difficult to assess the financial contributions to health sector development. Likewise, regular joint sector reviews and planning were not institutionalized therefore posing challenges to efficient allocation and deployment of scarce resources. Worse is that donor funding cannot substantially close funding gaps in the sector exacerbated by the inefficiencies introduced by programme fragmentation, and weak resource leveraging. While opportunities to improve the operation of public health services and health facilities and to expand access to higher quality services have been under-utilized because of the weak system.

## Conclusion

From the discussion and findings so far, it is clear that Anambra state just like Nigeria has enjoyed and continues to enjoy development partnership with donor agencies. After all such partnerships enabled Anambra state to be awarded in 2018 as **the best in immunization and outstanding performance in health in Nigeria under the World Bank “Saving one Million Lives” initiative aimed at expanding primary healthcare to women and children**. Such an award further underscores an improved maternal, newborn and child health for under five children across the state. In fact, the state continues to shop for more donor partners to boost care delivery for its citizens in the future.

It is the opinion of this study that despite the benefits of partnering with donor agencies, there is the need for the state to curtail the heavy reliance on donors in the health sector since donor funding may not last forever. However, a sudden and drastic rejection of aid would not be the answer. Alternative measures should be adopted to gradually wean the state and nation of donor dependence. A workable and sustained economy needs to be developed; accompanied by trade reforms, policies promoting capital flows, technology transfers, security and environmental protection. Public Private Partnership is another veritable option that could be explored to engender sustainable measures in health care delivery and overall economy. The state government needs to implement a sound strategy and policy to develop and standardize its healthcare system to function efficiently independent of donor aid.

## Endnotes

1. R.A. Atun, S. Fitzpatrick, “Advancing Economic Growth: Investing in Health”. [http://www.chathamhouse.org.uk/files/3312\\_investthealth.pdf](http://www.chathamhouse.org.uk/files/3312_investthealth.pdf). Accessed on November 22, 2019.
2. M. Alsan, D. E. Bloom, D. Canning, “The Effect of Population Health on Foreign Direct Investment Inflows to Low- and Middle-Income Countries”, *World Development*, 34(4), 2006, 615
3. [Odiri Uchenunu-Ibeh](#), “Nigeria’s Health Sector Beyond Donor Funding”, *Leadership Newspaper*, September 20, 2018.
4. World Health Organization, *WHO Country Cooperation Strategy: Nigeria 2008-2013*, (Brazzaville: WHO Regional office for Africa, 2009), 9
5. Uchenunu-Ibeh, Nigeria’s Health Sector...
6. Alex Yaw Adom, “Analysis of The Role of Foreign Donor Aid in Ghana’s Economic Development And Poverty Alleviation”, (Ph.D Dissertation, Department of Development Studies, University of South Africa, 2015) 7.
7. Victoria Williams, “Foreign Aid”, [www.britannica.com/topic/foreign-aid](http://www.britannica.com/topic/foreign-aid). Accessed April 3, 2018.
8. Edet B. Akpakpan, *The Economy: Towards a New Type of Economics* (Port Harcourt: Balpot Publishers, 1999), 322.
9. UNICEF Annual Report, “Nigeria”, 2017, pp.1-2
10. Anambra State Ministry of Health, “Categories of hospitals in the state as at 2019”, *Letter written to the ANETT Office*, June 10, 2019.
11. National Bureau of Statistics, “Demographic Statistics Bulletin 2017”, [file:///C:/Users/User/Downloads/Demographic%20Statistics%20Bulletin%202017%20\(1\).pdf](file:///C:/Users/User/Downloads/Demographic%20Statistics%20Bulletin%202017%20(1).pdf). Accessed November 20, 2015.



12. C.D Umeokonkwo, P.NAniebue, C.A Onoka CA, et al, "Patients' satisfaction with HIV and AIDS care in Anambra State, Nigeria", *Plus One Journal*, 13(10), 2014, 3
13. Anambra State Ministry of Health and FHI 360, *Report of the Anambra State-Wide Rapid Health Facility Assessment: In Preparation for Elimination of Mother to Child Transmission of HIV*, (Awka: Government Printer, 2013) 5
14. Anambra State Ministry of Health and FHI 360, Report of the Anambra State-Wide...5
15. National Bureau of Statistics, Anambra Health Indicators in OluseunOnigbinde, Atiku Samuel, Ayomide Faleye, et al, "BudgIT: State of the States Factsheet2018"<https://yourbudgit.com/wp-content/uploads/2018/03/FACT-SHEET-2018.pdf>. Accessed November 21, 2019.
16. Paul C. Emeka, "The Impact of Malaria on the People of Anambra State Nigeria and their Response to the Disease, *Journal of Infectious Diseases & Therapy*", DOI: [10.4172/2332-0877.1000324](https://doi.org/10.4172/2332-0877.1000324)
17. Dr Clifford Okafor, c69 years, Medical Doctor and Project Manager, Community Health Education and Development in Africa (CoHEDA); Interviewed at Awka, August 20, 2019
18. Dr Clifford Okafor, Interview.
19. Dr Clifford Okafor, Interview
20. CoHEDA, "Summary on the Activities of CoHEDA-1991-1999", 1999,1.
21. Anambra State Government, "A Report on the Training of 14 Traditional Birth Attendant in Orumba South Local Government Area", 1997, 2.
22. CoHEDA, "Summary on the Activities ...2
23. Anambra State Government, "Health and Rehabilitation Implementation in Anambra State: Establishment of Effective Public Enlightenment in the Prevention and Control of HIV/AIDS/STD particularly among the HighRisk Groups in Anambra State of Nigeria" 1999, 3-6
24. Olufemi Oke et al, "Anambra State, Nigeria: Report of Rapid Assessment in Selected LGAs", November 2000, 1.
25. Dr Clifford I. Okafor, "Final Report for the Period of June 2001-June 2004 on HIV/AIDS/STI Intervention Among Youths in Tertiary Institutions in Anambra State", July 2004, 5-23
26. Monica Obi, "Report On HIV/AIDS/STI Intervention Among Youths in Tertiary Institutions of Anambra State", 2005-2006, 1-10.
27. Onyedika I. Okafor, "Report on Roll Back Malaria Project in Anambra State by SFH in Orumba South, Awka North/Ekwusigo and Dunukofia LGAs", 2011, 2
28. Okafor, "Report on Roll Back..."3
29. Anambra state government, "Summary of Financial Investments by Partners, 2014, 2015, 2016", *Internal Memo*, 2016, 1-3.
30. Ministry of Economic Planning and Budget, "2016 End of Year Report on Partnership Intervention in Anambra State", 16
31. Anambra state government, "Summary of Financial Investments by Partners, 2014...1-3
32. Ministry of Economic Planning and Budget, "2017 End of Year Report on Partnership Intervention in Anambra State", 2
33. Ministry of Economic Planning and Budget, 2017, 9
34. Ministry of Economic Planning and Budget, 2017, 9
35. Anambra state government, "Summary of Financial Investments by Partners, 2014...1-3
36. Ministry of Economic Planning and Budget, "2015 End of Year Report on Partnership Intervention in Anambra State", 2.
37. Ministry of Economic Planning and Budget, "2015 End of Year Report...",14
38. Ministry of Economic Planning and Budget, "2016 End of Year Report...17
39. Ministry of Economic Planning and Budget, 2017, 9
40. Anambra State Government, "2016 DaO Report," 8

41. WHO Africa, “Anambra State Launches Health Partners’ Forum for Enhanced Coordination”, <https://www.afro.who.int/news/%7Fanambra-state-launches-health-partners-forum-enhanced-coordination>. Accessed November 24, 2019.