

## 1    **Review of studies to identify common challenges militating against the** 2    **attainment of health-related Millennium Development Goals in rural Nigeria;**

### 3    **Abstract;**

4    **Aim** -To ascertain common challenges militating against the implementation/ actualization of United Nations`  
5    endorsed health related Millennium Development Goals in 2015 in the State and to make policy  
6    recommendations. **Method-** A systematic qualitative review of related studies aimed at identifying common  
7    challenges facing the implementation and actualization of health related Millennium Development Goals was  
8    carried out through electronic database, books, as well as primary data from relevant institutions in the State.  
9    Purposeful sampling was done due to the peculiarity of the subject matter. As such, relevant institutions/data  
10    were selected for the review. From the search, eighty (80) materials were accessed, but fifty (50) were selected  
11    for the review based on their relevance. A systematic qualitative thematic analysis was done. The documents  
12    accessed were read through, cod-able areas were highlighted, extracted and collated into themes in a coding  
13    template. After re-grouping, the units of analysis were identified. **Findings-** Six outstanding issues are seen as factors  
14    militating against the actualization of the health related millennium development goals as viz; leadership 33%, finance 16%,  
15    corruption 10%, crisis 6%, man-power, 8% and inaccessibility 6% amounting to 79% of the eleven identified themes. Out of  
16    these six, due to word limit, four are discussed. **Conclusion-**What seemingly militate against the  
17    implementation/actualization of millennium development goal in the state under review are leadership and its  
18    related variables.

19    **Keywords** Impediments, attainment, Millennium Development Goals, Nigeria

### 20    **Aims**

21    This article elicits common challenges confronting the effective implementation and  
22    actualization of health related Millennium Development Goals (MDGs). It also earmarks  
23    some contributions aimed to facilitate the attainment of MDGs and enhancement of the post  
24    2015 programme implementation and sustainability.

25    In order to be sequential, this review will have a brief introductory segment and a draw round  
26    of level of programmes achieved with special reference to disease eradication and  
27    improvement of maternal/child health and indicates the research method applied. Thereafter,  
28    the review will discourse on findings (challenges), identify the widespread themes from all  
29    the data and the most frequent themes that affect the state under review will be analysed.

30    The final segment focuses on making appropriate recommendations that will expedite  
31    implementers/policy makers ensure they execute the post 2015 health related plans with  
32    special attention to these seeming challenges and the implementation process is hitch free  
33    in all regions and states.

## 34     **Introduction**

35     Experience shows, implementation of well-meaning health initiatives are often times met with  
36     actual or potential challenges in the State, irrespective of who or what is involved. Of which  
37     the MDGs are not exception <sup>(1)</sup>. Oftentimes these challenges are promptly identified at the  
38     onset (planning stage) and at other times these obstacles are not apparent, but do manifest  
39     in the course of implementation or even at the tail end of the programme.

40     Irrespective of when these challenges present, the onus lie on the implementing agencies or  
41     government institutions or individual to embark on periodic review to identify the issues that  
42     affect the programme to enable concern group proffer suitable solutions to these constrains  
43     adequately to ensure positive programme outcome as well assist in future programmes.

44     As the 2015 dead line draws close, gladiators find it imperative to review some of the MDGs  
45     programmes with the sole aim of identifying factors that stand as barrier to the process.

46     Similar to other programmes, several articles and gray studies identified impediments to the  
47     realization of the MDGs in 2015 target in other settings<sup>(2), (3)</sup> but no review known specifically  
48     in respect to challenges faced by various States` chapter. The tendency to rely on general  
49     challenges affecting the process without due consideration to the impediments affecting the  
50     different States is viewed as a significant gap in research.

51     Irrespective, of the fact that, <sup>(4)</sup> quoted, Charles Koir the Deputy Director UN system for  
52     lauding Nigeria of her impressive performance, there are significant challenges. However, <sup>(4)</sup>  
53     argued that the successes achieved vary from state to state. Not only that, <sup>(5)</sup> corroborate  
54     this view and add that even within a region the progress and challenges towards the health  
55     related MDGs target vary. Consequently, this paper feels that gap by unravelling the  
56     identical barriers that stand against implementation and actualization of the 2015 target in  
57     the State.

Regardless of the fifteen year span prearranged for the implementation, following the MDGs` declaration way back in 2000 <sup>(6),(7)</sup> the implementation of these three health-related targets intend to benefit poor Member Countries are been confronted with some challenges everywhere. In which, Nigeria and the State in particular has its share of these problems <sup>(8)</sup>.

## **Some health related MDG programmes**

In supporting <sup>(8)</sup> assumption, <sup>(2)</sup> declares in the `performance appraisal of Nigeria's fourteenth year`s journey` to achieving the set MDGs as mixed, given the progress towards these health related MDGs programmes have been below average and less satisfactory due to challenges. Also in corroboration, <sup>(2)</sup> highlights the level of achievement of some programmes from his survey as follow;

Goal 4: aimed at reducing child mortality; <sup>(3)</sup> record shows average progress in under-five mortality rate from 301 deaths per 1,000 live births to 201 deaths per 1,000 live births. It also shows slight increased proportion of children immunized against measles from 31.4% to 41.1% and infant mortality dropped from 100 per 1,000 births to 85 deaths as at in 2008 survey. More needs to be done to actualize the goal, that is, intended reduction rate in child mortality.

As regards goal 5: To improve maternal health: According to <sup>(3)</sup> success in this goal has been slow. However, the maternal mortality rate dropped from 800 deaths per 100,000 birth in 2003 to 545 deaths per 100,000 birth in 2008, while there was only 4% improvement in reproductive health following attaching myths to the use of contraceptives. This area too still needs more attention to improve the maternal health.

Lastly, goal 6: aims at combating HIV/AIDS, malaria, and other diseases records average progress: evidenced in drop of prevalence of HIV/AIDS to 4% generally and amongst pregnant women aged 15-24 years to 4.2% in 2008. Another indicator is the increased proportion of the population accessing antiretroviral drugs increased to 34.4%. The

percentage of children sleeping under insecticide-treated mosquito net rose from 2.2% in 2003 to 5.5% in 2008. Despite the rise in the use of the nets, malaria infection rate remains steady and has account for average of 300,000 deaths each year. There is considerable progress against polio, credit to some international organization, like Rotary International. However, according to <sup>(2)</sup>, the progress made between 2008 and the present day, is quite insignificant. In other words, there are issues at stake that need to be address unequivocally to make progress.

In addition to the aforementioned health programmes, the State`s health related MDGs cover other areas such as portable water supply and environmental sanitation as in appendix—1 and in earlier years some housing projects in primary care centres and primary care practitioners training institutions. Concerted efforts are made to ensure the achievement of these goals. Most communities especially the rural localities in the State have benefitted and still to benefit from the various programmes and projects <sup>(9)</sup>.

In spite of these enormous programmes and benefits made, ibid states, the implementation of these projects are not without challenges. The challenges faced by the State under review are stated in table 2, at the coding template and appendix 2.

## **Methodology**

This qualitative review covers both primary and secondary data (mixed method). The former was through open-ended semi-structured exploratory guide with relevant stakeholders. Due to the specialized nature of the study the later included anecdotal discussions, write ups from wide range of sources through critical database search, from books, journal articles, gray literatures and the Open lectures organised by State Ministry of Health on related concepts were included to elicit challenges.

Some offline, while others online for instance from OECD site, from IDB, recorded online interview session held by stakeholders from the Presidency on MDGs was recorded with android phone and was transcribed. Others are US legal definitions websites-1,

109 Parliamentary briefing published in This Day -1 and the PM News papers 2, Nigeria's MDGs`  
110 score card 1, and textbooks.

111 Eighty (80) articles were accessed, out of these fifty (50) were selected due to their  
112 relevance to the theme of discussion

113 Given, the objective of the study is to draw out challenges, a purposeful sampling was  
114 employed. The participants eligible in this study are stakeholders in the MDGs` course for at  
115 least the previous two years in the State to ensure participants have adequate knowledge on  
116 subject matter. Units head intimated, anonymity maintained and participants re- assured.

## 117 **Analysis**

118 This study adopts <sup>(10), (11)</sup> six, but compressed to four successive steps by <sup>12</sup>Patton, (1990),  
119 presented below to make sense of the articles (organisation, reduction, categorization or  
120 development of themes and analysis).

121 The data were organized, read through repeatedly in step 1 then in step 2 data was reduced  
122 to code able features highlighted/extracted, the extracted features were grouped to develop  
123 categories or themes in step 3 and the frequently emerging themes were then analysed in  
124 step 4. Before the analysis, a second reviewer crosschecked to determine consistency of the  
125 themes.

126 Table 1.

127 Four steps of thematic analysis <sup>12,11,13</sup>

| 128 | <u>Phase</u>                 | <u>Description of the process</u>                                                      |
|-----|------------------------------|----------------------------------------------------------------------------------------|
| 129 | 1 Familiarized with the data | Reading and re-reading the materials as well as listening to the audio tape and noting |
| 130 |                              | down Initial ideas                                                                     |
| 131 | 2 Initial codes generated    | Systematically collating the code-able features of the data                            |
| 132 | 3 Searching for themes &     | Collating code into themes & generate definitions and names for each theme             |
| 133 | naming of themes             |                                                                                        |

134     4 Producing the report                      Final analysis of selected themes

135     In line with <sup>(13), (14)</sup> view on phenomenological epistemology, this study seeks to understand  
 136     experiences of MDGs` policy makers and programme implementers as well as  
 137     understanding process challenges. Its strength lies on its potentials for building on previous  
 138     articles and making qualitative contributions <sup>(15)</sup>.

139     In line with these steps, coding template was created as seen in Appendix-2

140     In step 2, one can figure out similar words and phrases from the extracted texts.

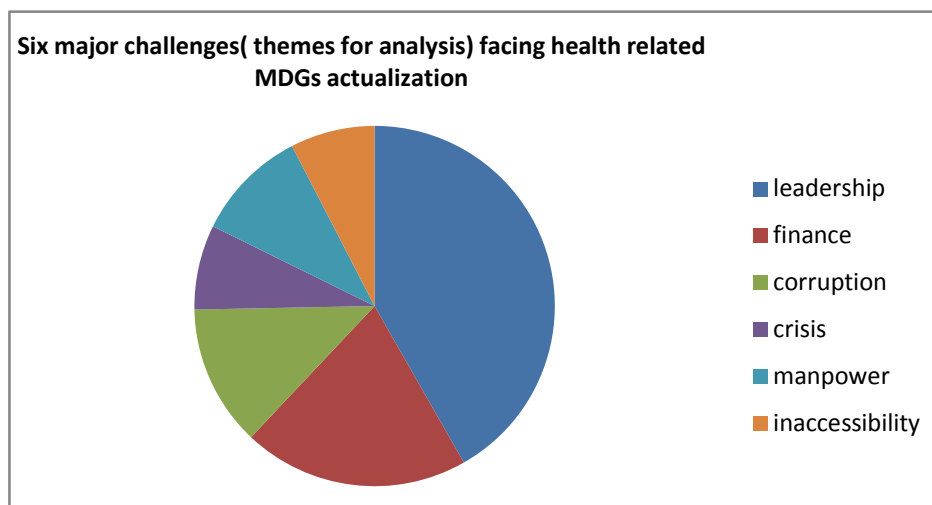
141     See table 3 Step 3 for reduced/extracted data to development of themes in groups as in the  
 142     appendices. The themes are re- grouped with colours for easy identification of themes of  
 143     analysis.

## 144     **Findings and discussions**

145     Sequel to the above, it is apparent eleven (11) major issues identified seemingly confront the  
 146     implementation and the realization of health-related MDGs in 2015. Out of the 11, some  
 147     themes are outstanding in terms of frequency of the number, whereas others are atypical of  
 148     the state under review. The breakdown is thus; Out of the 50 articles, sixteen (16) that is,  
 149     33% of the articles attribute leadership issues as impediment, financial issues 8-16%,  
 150     corruption 5-10%, crisis 3-6%, policy issues 4-8%, man power, issues also have 4- 8%.  
 151     Others are partnership/ cooperation had 3 with a score 6%, awareness issues 2- 4%, socio  
 152     economic, religious and political atmosphere had, 1-2% inaccessibility of facilities and drugs  
 153     3-6% and discrimination had 1-2% as inimical to the realization of health related MDGs in  
 154     2015.

155     This study focuses on the outstanding issues to serve as the units of analysis as viz;  
 156     leadership 33%, finance 16%, corruption 10%, crisis 6%, man-power, 8% and inaccessibility  
 157     6%. These selected six themes amount to 79% of the initial eleven identified themes.

158 For the purpose of word limit. Four of the themes will be discussed. Leadership, corruption,  
 159 crisis and inaccessibility that are atypical of the state. However, this does not render the rest  
 160 themes inconsequential. Figure 1



161

## 162 Leadership

163 “.....,because some officials take the control of the country resources”“Many governments lack credible and resource  
 164 backed strategies for the prevention, treatment, and control of communicable diseases.

165 “Too little effort is devoted to surveillance, monitoring and evaluation”

166 Evidently, as shown from these quotes, leadership stands a very strong impediment in  
 167 implementation and actualization of health related MDGs in the state. About 33% of the  
 168 materials available point at least to an issue that relate to leadership actions or inactions  
 169 towards the implementation.

170 What is leadership and what role can a leader play in this context? Literarily, online  
 171 dictionary, describes leadership as one who has the capacity to lead a group of people.  
 172 Whereas <sup>(16)</sup> views leadership as an act of one who can influence others to carry out an  
 173 assigned task.

174 In the light of the above definitions, the leaders (be it political, community or any other  
 175 leader) have the mandate to influence others irrespective of the level in order to effectively  
 176 execute the health related MDG programmes. Again, the leaders have power to ensure that  
 177 efforts are directed on special portions of the task <sup>(17)</sup>. Meaning, the leader, after taking the

178 mantle of leadership also assumes responsibility, as such, he should aspire to successfully  
179 harness the efforts of all members of the team and ensure the common objective of the UN  
180 are pursued with vigour. This is on the premise that, the leader has an indispensable role to  
181 play in this course.

182 Viewing leadership as a leading challenge that militates the actualization in 2015, implies,  
183 there are all round leadership lapses in the implementation, including the leaders hijacking  
184 the country's resources. Not only that, in one of the documents, it reports that the political  
185 leaders are guilty of politicizing these health related programme's contracts by awarding  
186 these contracts to suite their yearnings and aspirations to the detriment of the intended  
187 beneficiaries. The instance below gives a documented evidence of some of our leaders  
188 perpetrated antecedence that limit smooth implementation of the health related programmes  
189 as thus;

190 *"Some contractors called to execute health related MDG jobs do not necessarily qualify in the bidding*  
191 *process, but were merely called to serve as part of efforts to compensate political friends and allies.*  
192 *Such contracts more often than not are abandoned. Again, there is the atmosphere of culture of*  
193 *impunity amongst these crop of contractors"* <sup>(9)</sup>

194 This example gives a clue that, some implementers abandon projects with `impunity` as the  
195 leaders mandated to ensure the effective implementation of the project are found wanting. In  
196 order words, the evil was perpetrated with the leader's consent. As a consequent of the  
197 leader's involvement, such leaders develop cold fit when it comes to imposition of sanction  
198 on defaulters and enforcement of laws guiding the process. Again, the above statement  
199 could also mean some leaders do award contracts to them self, but merely sublet to the  
200 people seen at the site and at other times, these people are only mandated to play a  
201 supervisory role. As such, the leader ignores programme executed below expectations or  
202 abandoned. It also implies that those at the helm of affairs lack the skills or the technical  
203 expertise to execute health related MDGs projects and are not willing to partner with others  
204 who have the requisite knowledge, skills, wherewithal. Little wonder in one of the articles the  
205 writer commented.

206 *“There is minimal public private partnership in terms of resources (human and material) allocation into*  
 207 *health programmes implementation” “There is a huge challenge for our Group requiring intensifying*  
 208 *efforts to raise funds, leveraging partnerships with development partners and the private sector and*  
 209 *perhaps,,,,,,,, (9)*

210 *“Synergy or its lack of faith amongst the various tiers of government” (2)*

211 The above comment also meant, there is less effort by the leadership in the state towards  
 212 partnership. Again probably, that explains why others commented below;

213 *“Africa is her own enemy in terms of the health related MDGs. With the kind of leadership we see in*  
 214 *Africa- the rate of corruption and waiting for other people to chart the course of our well being is our*  
 215 *downfall,,,,,,,,,,,,, (18).*

216 Ibid further buttressed his point of seeing leadership as a challenge to the successful  
 217 implementation of health related MDGs in 2015 by continuing with the statement below;

218 *“Bad leadership with no focus for the people,,,,,,,,, self fish”*

219 *“Many governments lack credible and resource backed strategies for the prevention, treatment and*  
 220 *control of communicable diseases”.*

221 *“Too little effort is devoted to surveillance, monitoring, evaluation and learning the lessons of such*  
 222 *exercises” (18)*

223

224 However, from all indications, not in all leadership issues that pose challenge to the MDG  
 225 course. Instances from (19) proves that, as synonymous with Africa, incessant power changes  
 226 have negative impact on the leaders performance, given, leaders are forced to quit offices  
 227 unceremoniously without previous warning. As a result, ongoing programmes embarked  
 228 upon by previous administration are often time ignored as soon as the leaders who initiate  
 229 the programme live office. The fact that the incoming leader would rather than to build on the  
 230 existing programmes, would want things done his own way as such, abandons the ongoing  
 231 programmes of his predecessor. The statement below, attests to this assertion.

232 *“Lastly, political instability and programme discontinuity results to frequent changes in the leadership.*  
 233 *The successive governments oftentimes formulate its new policies and programmes rather than to*  
 234 *continue and build upon existing ones embarked upon by their predecessors. In serious cases, the*  
 235 *old programmes are abandoned for the new ones. Although, the state have only encountered few*  
 236 *cases from the previous administration” (19)*

237 In linking leadership to the remaining themes selected for this discussion. If a leader acts  
238 contrary to the responsibility vested on him, he might influence members of the team  
239 (donors, implementers, policy makers and beneficiaries) contrarily to effectively participate or  
240 contribute towards the successful execution of programmes. The leader`s influence could  
241 negatively impact in a way that leadership will pose a huge challenge to the implementation  
242 of health programme significantly as opined by many.

243 It is true that leadership stands as a huge challenge given majority (33%) of the findings  
244 assent to leadership issues as an impediment to the implementation and realization of the  
245 health related MDGs in 2015. On the premise that, other variables identified are all issues  
246 effective leadership could handle. Performing and incorruptible leader hardly perpetrate or  
247 encourage any form of corrupt practices as stated. Rather he could influence other team  
248 players positively to advocate for fund, promote peaceful co existence amongst warring  
249 factions, solicit for government intervention to provide drugs and other infrastructures in  
250 health facilities and work out modalities on how the difficult terrain issue be addressed. The  
251 leader could also encourage manpower sourcing, work force development and building the  
252 capacity of implementers will address the issue of man power lack. He could ensure  
253 effective policy implementation, periodically monitor and assess progress and standards of  
254 programmes and activities to ensure compliance. Most importantly the leader could embark  
255 on research programmes that are capable of improving and update standards.

256 In same vein, the leader can motivate his workforce for effective health related MDGs  
257 programme implementation and realization. Motivating the workforce is by creating the  
258 enabling environment to influence response and to influence government policies <sup>(16)</sup> that will  
259 mitigate the impact of these ailments (childhood diseases and maternal problems).

260 According to ibid, motivation entails promoting good social network, support and reciprocate  
261 good gesture, support team spirit, up skill team through training, appreciation/recognition,  
262 show them ideals, coach them one on one, give them leverage, promote workplace freedom

263 as was done by <sup>(20)</sup>. Still the leader could encourage participatory management, openness  
264 that will promote effective health related programme implementation to meet the 2015 target  
265 and beyond.

## 266 **Corruption**

267 Another theme identified that seemingly limit the actualization of the MDGs in 2015 in the  
268 state is corruption. At least 10% of the articles attested to this factor.

269 *"You would see that one of the major problems in our country today is corruption and mismanagement of public resources".*

270 *"Basically, it ends with corruption and greed not only by the ruling class, but also the business society and individuals".*

271 <sup>(21)</sup> in his examining the costs and benefits of corruption in developing countries publication,  
272 views corruption as a phenomenon that public good uses for private gain by both public and  
273 private sectors. Ibid re- emphasised further that, the phenomenon is wide- spread  
274 predominantly in developing countries in which the state under review is part. This statement  
275 gives credence and relates to <sup>(2)</sup> assumption at the Joint Parliamentary committee briefing  
276 states that

277 *"Nigeria may not achieve the health related MDGs in 2015 due to corruption and other issues".*

278 Africa is her own enemy in terms of the MDG's. With the kind of leadership we see in Africa-the rate of corruption and  
279 is our downfall.

280 Bearing in mind Nigeria is a nation with 36 States and a federal capital territory within the  
281 African continent- a developing country. It also implies that, like a state in every other region  
282 within the Sub-Sahara, corruption and its attendant consequences obviously thrive and  
283 affect implementation of the MDGs in the light of the above statement(s) quoted. Authors  
284 summarized forms corruption is perpetrated in the state as thus;

285 <sup>(22)</sup>, said in transparency International, that although, it is a good practice to give aid, but in  
286 the face of corruption in the state. Giving aid is describe as "wastes" Because, there are  
287 perceptible overpayments of goods and services by stakeholders, yet planned programmes  
288 are not effectively executed, given, proposed beneficiaries (maternal health and children) are  
289 not affected and resources are scarce despite acclaimed funding of such programmes.

290 Implementation processes are still questionable. Notable of such overpayments they claimed  
291 are on health care facilities, drugs and work force.

292 Regrettably, often, these facilities and drugs are substandard as evident thus

293 *“With corruption you see unqualified public servants” “the slow pace on achieving this goal is as a result of poor medical*  
294 *facilities and half baked doctors and nurses”* and inadequate labour recruited and other essentials such  
295 as transportations are not provided as stated;

296 *“To combat HIV/AIDS, malaria, and other diseases,,,,,,,,,,,,,The proportion of the population accessing antiretroviral drugs*  
297 *increased to 34.% though still very costly, basically for the elite”<sup>(3)</sup>.*

298 It is most pertinent to note that, oftentimes, funds meant for remuneration of implementers  
299 are slashed and these monies are used illicitly for personal gain, as such, some materials  
300 are insufficient and workers are left with little and in some instances finds it even difficult  
301 getting to intended destinations <sup>(22)</sup>.

302 From all indications, the corruption in the state escalates the poverty level, which supports  
303 <sup>(21)</sup> presumption. According to him “corruption increases poverty, social and economic  
304 disparity” which characterizes the state. <sup>(2)</sup> corroborate this in his comment

305 *“We’ve had increase in unemployment and this definitely would directly affect abilities of families to have decent standard of*  
306 *living”*

307 This shows the state has corrupt politicians who monopolize and misappropriate public  
308 funds, which created extensive poverty and sickness especially at the rural settlements that  
309 need health related MDGs programme intervention. Little wonder, <sup>(2)</sup>still added his voice by  
310 saying

311 *“ achieving these three goals is a mirage,,,,,,,,” “Another biggest problems and why we have not been able to achieve as much*  
312 *as we should have in the MDGs is the corruption and leakage in the system. A corrupt system remains a big drain on our*  
313 *natural resources and a lot of that are traceable to lack of enforcement of law and order”*

314 However, in some contexts, <sup>(21)</sup>, reported benefits from corruption. He gave example of  
315 benefit of corruption, as an act that can facilitate programme implementation by having what  
316 you have paid for in a very short time without difficulty. But, at this instance, there is no

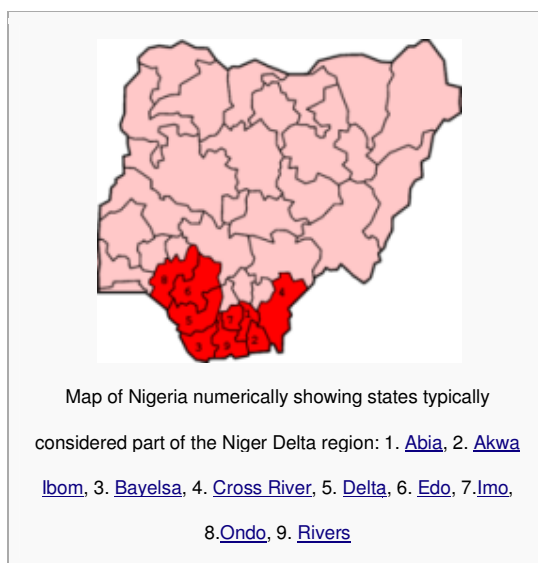
benefit of corruption recorded on health related MDGs implementation in the state. Rather what is apparent is backwardness, abandoned and half way completed or poorly completed structures in numerous communities. However, this is not to say that other variables are not vital, considering <sup>(2)</sup>assertion, that there are other unspecified reasons why Nigeria might not achieve the 2015, health related MD goals.

## **Crisis**

<sup>23</sup> a psychology expert, while giving her different definitions of crisis quoted <sup>24</sup>. She describes crisis as obstacles to life goals that result in hopelessness, sadness, confusion, panic and disorganisation. These conditions probably occur in crisis for the fact that, those affected sometimes develop what some authors refer to as tunnel vision meaning inability to see options and possibilities<sup>(24)</sup>.

Incessant crisis in the Niger Delta area is a bizarre phenomenon that has created huge negative impact on its residence(s) for over a decade <sup>25</sup>. Which in this context, have stood as an obstacle to the inhabitant`s health goals (MDGs) actualization in 2015.

In the State under review, which is at the heart of Niger Delta shown in the map below, these crisis metamorphosed from minor inter and intra communal conflicts to region wide resource control struggle even before the wake of MDGs. However, the struggle was not targeted at individuals, but at multi- national oil companies and the Federal government that these companies collaborate with in their oil exploration activities.



338 An excerpt from wikipedia.org/file

339 Although this struggle for resource control started long ago, it resurfaced in recent times  
 340 (2004) and has taken different dimensions, which range from vandalization of government  
 341 owned facilities, insurgency, piracy that results in insecurity to its inhabitants and disruption  
 342 of well-meaning initiatives including programmes such as health related MDGs. This  
 343 ascertains <sup>(19)</sup> statement as below;

344  
 345 "Rather than getting involved as partners so as to take ownership of the provision, they rather sabotage the job by way of  
 346 vandalizing the water boreholes installed at the various health centres".<sup>(19)</sup>  
 347  
 348 "Another challenge we face while rendering these services in these areas in conflict is coming in contact with thieves (sea  
 349 pirate). In such circumstance, all we had on the boat were destroyed by the miscreants".<sup>(19)</sup>

350 From the second paragraph, it is obvious there is apparent fear and discouragement in  
 351 embarking on these services in these areas of the state due to the insurgency and  
 352 government retaliation to safeguard the lives and property of the inhabitants to curb the  
 353 terrorism. Consequently, the inhabitants are unable to access these health services. Again,  
 354 crisis as an impediment to the implementation and actualization of MDGs is not doubtful,  
 355 given, these crises have been recurrent and has increased hostility of the people even to the  
 356 detriment of their well being. Any stranger approaching their territory is assumed an enemy,  
 357 irrespective of the services the visitor intends to render to better their life.

Rather than viewing these implementers as their assistance, they are often time kidnapped for ransom and at other times, destroy or disrupt vital programmes and services (vaccines, mosquito nets and health care facilities and other equipments).

“Another challenge we face while rendering these services in these areas in conflict is coming in contact with thieves (sea pirate). In such circumstance, all we had on the boat were destroyed by the miscreants” <sup>(19)</sup>

Like a prototype of Indonesia <sup>(26)</sup>. The protracted crisis especially at the rural communities in the state have led to a substantial reduction in health services utilization, giving, individuals living in communities that need these services have fled their home, leaving their aged and the handicap. Who in the real sense are unable to carry themselves to the health facilities for health care without the assistance of their capable children, caregivers or even grand children.

According to unidentified source, some of the communities, these militants numbering up to 300 able bodied youths at the prime of their life stationed in these areas as insurgents.

Same source also accounted that these communities have lost over hundreds of youths with a casualty figure of not less than 500 persons <sup>(27)</sup>.

However, the crisis is not limited to only the state under review. It cuts across every region in Nigeria, the difference is the resurgence at every little provocation. Presently the north-eastern part of the country has the Boko-haram to contend with <sup>(27)</sup>.

Analysts believe the country`s leadership has not taking a decisive step against the insurgency to assist these communities that need help. Not only that, as earlier stated, the complication is that, the insurgency has created huge fear and sense of insecurity amongst volunteers and other health professionals who are working assiduously to ensure successful implementation of the MDGs in these areas. In other words, the fear and general sense of insecurity as a result of the crisis invariably stand as an impediment by making the actualization of the goals at the stipulated 2015 target very blink in the state.

### Inaccessibility

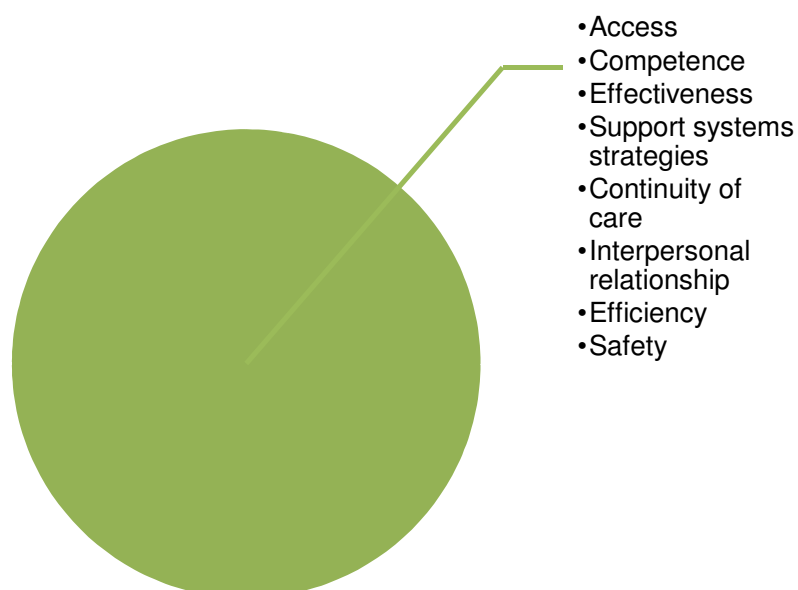
The last theme of analysis is inaccessibility. Literarily inaccessibility means out of reach or unattainable. The un attainability has given a clearer meaning of the challenge it poses to the implementation process and the intended realization of the health related 2015 MD goals.

The terrain of the State under review, being the heart of the Niger Delta has a known peculiar topography which consists of mangrove, narrow creeks, the persistent high sea waves and of course the sea pirates as well as the hostile military presence due to the insurgency. Others are; unavailability of easy means of transportation and lack of fund, a derivative of poor financing of health services and programmes as well as corruption causing misappropriation are some of the causes of inaccessibility to the health care facilities of both workers and those who need these services in the state.

“ inaccessibility to antiretroviral drugs and other facilities due to difficult terrain”

Access to health care facility and services are viewed by <sup>(28)</sup> as key dimension of quality to effective service delivery as indicated in the framework below.

Figure 2. Dimensions of Quality health service as shown by <sup>(28)</sup>



403 To ensure fairness and equity of health related MDGs to all especially for services directed  
404 at the vulnerable group such as women of reproductive age and under- five children access  
405 to health services are incontestable. The accessibility should entail both geographical and  
406 social accessibility as proposed by <sup>(28)</sup>.

407 The geographical accessibility ibid said requires all health related MDG services to be as  
408 near to the people (reaching the hard to reach population with services) as possible  
409 especially into remote areas, while the social accessibility ensures that the health related  
410 MDGs services are easily accessible to all irrespective of their socio economical and cultural  
411 status.

412 The fact that inaccessibility is one challenge to the realization of 2015 target of the health  
413 related MDGs calls for an urgent attention to address the issue, given inaccessibility  
414 degrades the quality of life by mopping up the low income group income, inaccessibility  
415 could promote inequality as the group concern might not have the means to get these  
416 services.

## 417 **Recommendations**

418 In the light of the above challenges confronting the State`s health related MDGs` services  
419 implementation process and the likelihood of these challenges affecting the realization of the  
420 2015 target. This article resolutely makes the following recommendations to assist in  
421 achieving both the intended goals and any other health related post MDG programmes.

422 Firstly, both MDGs policy makers and programme implementers can treat these discussed  
423 challenges symptomatically, meaning addressing each as it presents in its peculiar form and  
424 feature. Given, the United Nations have armful opportunities to treat these health related  
425 programmes holistically in the midst of these challenges confronting the process. Notable of  
426 such opportunities are regular seminars, workshops to train and retrain practitioners and  
427 volunteers, annual or biennial conferences, and other professional and series of personal  
428 development programmes.

429 Facilitate these training through constant collaboration with relevant agencies and other  
 430 designated institutions that have competence in knowledge acquisition and build persons on  
 431 areas like performance management process and behaviour modification in order to carry  
 432 the UN core values guiding the process. It will also be essential to encourage inter  
 433 knowledge transfer; Inter knowledge transfer is a process by which one organisation or  
 434 institution makes his knowledge stock to other firms to assist in job training to achieve  
 435 maximum output. The MDGs programme implementation needs collaboration to ensure that  
 436 the 2015 target is actualized and ensure the continuity and sustainability of the post MDG  
 437 health related programmes.

438 Another strength and opportunity the UN have to contain these challenges which this paper  
 439 recommends is its ability to resolutely review the existing laws, expunge the obsolete ones  
 440 that could no longer stand the test of time and update such ones adequately on health  
 441 related programme implementation. The review should be back by an enabling legislation by  
 442 an act of parliament to guide all health related activities in every region or country. Ensure  
 443 strict compliance of these policies by all parties involve and to accordingly sanction any  
 444 herring country, state or individual volunteers. These laws should cover areas such as  
 445 recruitment, selection and orientation of stakeholders, implementation and monitoring  
 446 process which <sup>(29)</sup>, <sup>(30)</sup> in their separate writings recommended that should conform to UN  
 447 global practices. Besides that, promotion of laws, enabling policies and regulations will  
 448 enable the state under review to embark upon sustainability and risk management  
 449 programmes that will protect both human and material resources.

450 Not only that, the implementation of the health related MDGs and the post MDG  
 451 programmes should be devoid of any form of corrupt practices through committed leadership  
 452 and effective monitoring of proposed programmes.

453 As regards the crisis endemic in the region, this article suggests to relevant authorities that  
454 crisis intervention involves establishing specific goals regarding specific behaviours. But  
455 that, prompt intervention will promote these expected specific goals within a short timeframe.  
456 Secondly, stakeholders should be alert to ensure early detection of impending crisis  
457 irrespective of the fact <sup>(31)</sup> believes the `trademark of crisis is its unpredictability, he  
458 buttressed this fact by adding that crisis and the extent to which it affect a people are all  
459 unpredictable. However, ibid further said attending to looming crisis promptly potentially  
460 prevents crisis from developing into serious protracted problems in any context, so much as  
461 to disrupt well meaning health related MDG programmes of this magnitude in the state under  
462 review.

463 In similar vein, this article recommends to relevant authorities to make frantic effort to create  
464 awareness on effects of crises before its occurrence in all regions, especially where  
465 important programmes such as the MDGs and other health initiatives yet unborn intend to be  
466 sited.

467 Again, <sup>(32)</sup> believes awareness will motivate administrators who will intervene and invite crisis  
468 responders to areas these programmes are targeted on a more regular basis to avoid  
469 disruption of programmes, considering the fact that, <sup>(33)</sup> see crisis intervention as not process-  
470 oriented, but an action-oriented and situation focused.

471 This paper also suggests, if stakeholders have the tenacious hope of achieving the MDGs  
472 target, there should be delivery of simple tools like drugs, water in effective and sustainable  
473 ways.

474 This article also recommends that new steps be design to improve the efficiency of public  
475 expenditures and procurement, re-strategize and improve on immunization services and  
476 community-based nutrition activities as well as villages and districts in the poorer states,  
477 where health and nutrition indicators are below the acceptable levels.

The state under review should embark upon sustainability and risk management programmes that will protect both human and material resources through promotion of laws, enabling policies and regulations.

Still on policy, the governments at all level need to redefine and improve very broadly on their target of health spending, but even though they need to improve their policies and the institutions of the health sector.

The government should make known her financial commitments to health related MDGs publicly for easy understanding to enable interest groups to track funds from being misappropriated. This the public can do through scrutiny of resources provided for health programmes and demand accountability of such resources. Government should ensure the establishment of efficient price control mechanisms.

The state government and other developmental partners should endeavour adequately to pay health professionals, contractors and voluntary workers on MDGs` promptly and regularly to avert laxity and embezzlement. It will make these workers less susceptible to corruption. Health related MDG programme designers should also partner with other relevant agencies such as National Agency for Food and Agricultural committee (NAFDAC) and other quality control group to avoid counterfeit.

Above all, stakeholders need participate actively in planning and implementation, transparent procurement and monitoring of all health related programmes.

The success of actualizing the 2015 health related targets depend on partnership between Federal, State Governments, communities and other developmental partners where each brings their competitive advantage to the table, especially as regards funding.

**In conclusion**, taking into consideration, the 2015 MDGs target is getting to an end there is need to review some of the programmes/activities hitherto implemented.

As postulated in this article, that all the identified themes are closely related and has to do with effective governance and leadership. The leadership constraints will decrease minimally if the government at all levels stands up to its responsibility. Secondly, if the policy makers

tackle the financial challenges lucidly, it will invariably promote proper accountability and transparency in execution of planned programmes to achieve the proposed 2015 target.

Likewise, the endemic corruption will be a thing of the past if, the state or the MDGs leadership takes a decisive step to reprimand bribery givers, takers, those who misappropriate funds and those who contract MDGs projects to unqualified contractors. This step will serve as deterrent to others there by containing the trend of corruption as earlier noted. Other corruption challenges need be looked at and perpetrators questioned without fear or favour and those found wanting be sanctioned or in extreme cases, they should be given timeframe to pay such monies back to the MDGs coffers.

Not only that, effective leadership is capable of resolving the protracted conflicts in the region by bringing all aggrieved parties to air their grievances to allow peaceful coexistence. Given, it is only in an atmosphere devoid of rancho and acrimony will promote socio, economic, cultural and physical development to a people. This is possible as more local and international programmes such as the MDGs will be implemented in such areas. To achieve these health related MDGs in 2015 (reduce child mortality rates, improve maternal health and fighting epidemic diseases such as malaria, AIDS and others) the leadership should endeavour to compliment the programme in order that the intended beneficiaries will access all available facilities. There should be equitable distribution of these facilities to the grass root.

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## 588 **Appendices-**

### 589 Appendix 2

590 From the main organized texts, these highlights are extracted and collated cod-able features are segmented.

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| S<br>/<br>n<br>o | Mat<br>erial | From the main organized texts, these highlights are extracted and collated<br><br>cod-able features are segmented.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Further reduced to sub-categories                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 1                |              | <p>Informant; Some contractors called to execute job do not necessarily qualify in the process, but were merely called to serve as part of efforts to compensate political friends and allies. Such contacts more often than not are abandoned.</p> <p>There is the atmosphere of culture of impunity amongst these crop of contractors.</p> <p>There is problem of inter wrangling amongst communities members over project location. Some youth bodies and community members refuse contractors to take materials to their site unless some monetary compensations were paid to them.</p> <p>There is also problem of terrorism that causes panic, fear and anxiety and creates deep impression in the minds of the contractor to abandon project.</p> <p>Lack of purposeful and efficient baseline studies carried out to assess the needs of the communities before projects are carried to such location.</p> <p>There is the challenge of sustainability of projects located in localities and ineffective monitoring system.</p> <p>.</p> <p>Differences in rules, procedures and expectations from each partners leading to non compliance to counterpart funding</p> <p>Inadequate coordination of countries and partners involved</p> <p>Lack of foothold due to one party undermines the plans and processes of other implementers</p> <p>Risk increased aid dependency and lack of sustainability by recipients</p> <p>Over publicity of programmes with no commiserate effort</p> <p>Failure of some LGAs to fully understand the implications of not knowing that health is placed as the heart of development by UN</p> <p>Inefficient in equitable revenue allocation</p> <p>Weak mechanisms for coordinating health programmes</p> <p>Minimal political commitment, uncommitted implementers/workforce, absence of social safety net</p> <p>Poor budgetary allocation- despite AOU summit declaration of 15% national yearly budgetary allocation for health programmes</p> <p>Poor risk management system and insecurity</p> <p>Minimal public private partnership in terms of resources allocation in health programmes implementation</p> <p>Inadequate remuneration</p> <p>Synergy or its lack of faith amongst the various tiers of government</p> <p>Lack of policies directed at the rural communities. (Secretary national planning commission)</p> | <p>Financial issues</p> <p>Lack of partnership</p> <p>Lack of sustainability</p> <p>Lack of commitment</p> <p>Lack of awareness</p> <p>Poor revenue allocation system</p> <p>Inadequate political involvement</p> <p>Insufficient budget to programme allocated</p> <p>Poor risk management system</p> <p>Lack of efficient baseline studies</p> <p>Lack of cooperation</p> <p>Leadership commitment</p> <p>Untrained personnel or lack of trained personnel being use as implementers</p> <p>Unskilled personnel and <b>inadequate health services</b> compare to the population in need</p> <p>Financial constrains lead to <b>inaccessibility to antiretroviral drugs</b> and facility due to <b>difficult terrain</b></p> <p><b>Stigma and discrimination</b></p> <p>Poor resources management</p> <p>Effective policy formulation and <b>financial accountability, transparency, accountability, law enforcement, zeal and commitment</b></p> <p><b>Infrastructural constrains</b></p> <p>Poor leadership, <b>corruption</b> and</p> |

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| <p>Population explosion and prolonged poverty</p> <p>Wide variation in programme coverage</p> <p>Ingenuity of some donor agencies.</p> <p>Problem of financial barrier that hinder access to healthcare services for pregnant women and under five children</p> <p>Amadi, (2014) in his publication by Joint Parliamentary committee briefing states that <i>"Nigeria may not achieve the health related MDGs in 2015 due to corruption and other issues"</i>.</p> <p>Secondly ibid believes, the achieving the three goals is a mirage since the goals were arbitrarily formulated</p> <p><i>" considering the fact that the present goals were levelled up without any parliamentary input"</i></p> <p>Still in that same session Amadi, (2014) asserts "despite the ,,,,,, "We've had increase in unemployment and this definitely would directly affect abilities of families to have decent standard of living"</p> <p><i>" I think, most importantly, and that is one issue we have been pushing at the Pan African Parliament, as we begin to formulate the post-2015 health related goals agenda we have to talk about the issue of governance, with the issues properly tabled. Can we begin to see how transparency and accountability in the use of public resources will affect the implementation of the MDGs? You would see that one of the major problems in our country today is corruption and mismanagement of public resources. That is a governance issue and that must be tackled."</i></p> <p><i>"Another biggest problems and why we have not been able to achieve as much as we should have in the MDGs is the corruption and leakage in the system. A corrupt system remains a big drain on our natural resources and a lot of that are traceable to the core enforcement of law and order. There are not enough deterrents, no adequate punishment for crimes and these issues help to encourage corruption"</i>.</p> <p>The Joint parliamentary committee viewed lack of penalties and ineffective implementation of existing ones, in which the committee describes as <i>"lack of deterrents"</i></p> <p>"Rwanda would rise from the ashes of genocide to be able to make meaningful progress even in terms of the MDGs, not just the government, it is collective".</p> <p>That is why we think that the Nigerian current process of partisan politics does not allow us to see anything good in any other person who is from any other political party and I think that is very wrong.</p> <p>It has to be a collective thing. All Nigerian citizens, civil society, private sector, political class, we all need to come together for the benefit of our people</p> <p>In a similar setting Ajiboye (2014) believes in Nigeria, we have seen some level of commitment starting from the Obasanjo-led administration to the MDGs, which has commenced in some states of the federation, a critical look at the implementation of the MDGs in Nigeria shows that much needs to be done especially now that 2015 is fast approaching</p> <p>The performance appraisal of Nigeria's fourteenth year's journey to achieving the set MDGs is mixed. Progress towards five MDGs has been below average but progress has been less satisfactory towards the three other MDGs:</p> <p>Improve maternal health. Slow progress: Success in this goal has been slow and poses greater challenge to women's survival. However, maternal mortality fell from 800 deaths per 100,000 births in 2003 to 545 deaths per 100,000 births in 2008. Reproductive health through the use of contraceptive is at the rate of 4%. The slow pace on achieving this goal is as a result of poor medical facilities and half baked doctors and nurses.</p> <p>Maternal mortality as far as Nigeria is concerned is yet to receive any boost. World Health Organisation's report says "more than 500,000 women die in pregnancy or childbirth each year, mainly because of lack of access to skilled care." Many women</p> | <p>lack of commitment</p> <p>Country's past history and prolonged injustices</p> <p>setting where the implementation is taking place</p> <p>Poor policy implementation</p> <p>The socio economic, religious and political atmosphere,</p> <p>Corruption and greed</p> <p>Corruption, unqualified public servants, inappropriate policies adopted</p> <p>Bad leadership, selfishness</p> <p>Financial barriers</p> <p>Lack of credibility and poor prevention, treatment and control strategies, poor surveillance, monitoring and evaluation efforts</p> <p>Cost of disease eradication</p> <p>Ambitious and unrealistic goals</p> <p>Crisis</p> <p>Unemployment</p> <p>Poor awareness creation</p> <p>Benefitting communities not involved and not owning programme</p> <p>Lack of skilled manpower and lack of commitment,</p> <p>conflict and sea pirates-insecurity due to insurgency</p> <p>Political instability, non sustainability, lack of succession planning</p> <p>Programme abandonment.</p> |
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| <p>in Nigeria today lose their lives during childbirth particularly those in rural areas because of unavailability of adequate healthcare delivery system especially in the areas of ante-natal and post natal care.</p> <p>Combat HIV/AIDS, malaria, and other diseases. Average progress: The prevalence of HIV/AIDS dropped to 4% in 2008. HIV prevalence in pregnant women aged 15-24 years also dropped to 4.2% in 2008. The proportion of the population accessing antiretroviral drugs increased to 34.4% though still very costly, basically for the elite. The percentage of children sleeping under insecticide-treated mosquito net rose from 2.2% in 2003 to 5.5% in 2008. Malaria infection rate remains steady, and has accounted for average of 300,000 deaths each year. There is considerable progress against polio and credit goes to an international organization like Rotary International.</p> <p>However, if we must reverse the spread of HIV/AIDS and other diseases the fight has to be intensified and those living with the disease must be helped, and all forms of discrimination against them must be stopped</p> <p>With wise management, the country can still be Africa's largest economy, and also play a significant role in the global economy.</p> <p>Be that as it may, the present administration of President Goodluck Jonathan should re-position the economy of the country through the formulation of effective policies and programmes to steer Nigeria to greater height. The principle of accountability, transparency and respect for the rule of law should be upheld and most importantly enforced. It should be able to pursue the health related MDGs with utmost zeal and seriousness.</p> <p>In another article, Chidiebere (2008) believes the greatest challenge to the achievement of the MDG'S are basically infrastructure constraints. We all need to add our voice to push Governments, individuals and especially corporate organisations to contribute by providing infrastructure</p> <p>Africa is her own enemy in terms of the MDG's. With the kind of leadership we see in Africa-the rate of corruption and waiting for other people to chart the course of our wellbeing is our downfall.</p> <p>We need to understand the issues that are affecting us and prescribe the right medicine. Its amazing that Africa has 80%of the resources in the world yet we are the poorest continent.</p> <p>We need to answer the question why are we poor? the issue of history come into play. The issue of economic injustice has to be analysed well. Africa has a debt where did it come from?</p> <p>We are the richest continent just look at the modern day scramble for Africa. So how can we achieve the MDG's considering all these, which are against us? remember our economies were prescribed with a Harvard university student's thesis called ESAP and where did that took us? its high time we start to look for and implement home grown solutions then we might achieve the MDG"s. i rest my case.</p> <p>Have also seen the problem of non implementation of policies as a stumbling block to our achieving the MDG's..We have so many brilliant policies and ideas gathering dust in the offices our governments. These just need implementation.</p> <p>basically it ends with corruption and greed not only by the ruling class, but also the business society and individuals.</p> <p>With corruption you see unqualified public servants who are the policy makers, business people who oil the hands of state officials to get lucrative tenders then do a shoddy job etc. another problem could be the policies that African governments have adopted, for a business to be up and running in some countries, you need more than 5 licenses and application for these licenses require money and at least 3 weeks for each license to be processed. i need not to talk about access to credit since it is a nightmare.</p> <p>bad leadership with no focus for the people.....selfish interest</p> <p>by addressing the critical problem of financial barrier that hinder access to healthcare services for pregnant women and under five children</p> <p>Many governments lack credible and resource backed strategies for the prevention, treatment, and</p> |  |
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| <p>control of communicable diseases.</p> <ul style="list-style-type: none"> <li>• Too little effort is devoted to surveillance, monitoring and evaluation, learning the lessons of such exercises,</li> </ul> <p>If the lack of interventions is not holding countries back from achieving the goals, what is?</p> <p>lack of government health spending is only part of the story of low coverage rates. (World, Bank &amp; Wagstaff and Cleanton , 2004)</p> <p>The cost of eradicating this is a huge challenge for IDB Group requiring intensifying efforts to raise funds, leveraging partnerships with development partners and the private sector and perhaps,,,,,,,,,</p> <p><b>MDG targets are ambitious and unrealistic (IDB, 2007 )</b></p> <p>“without access to safe drinking water” (World Bank, 2010). Based on global scenarios, the World Bank (2010) also compared the pre- and post-crisis outlook of health in developing countries. It observed that the impact of the crisis on health was severe.</p> <p>Before we turn to assess the impact of the crisis on MDGs in member countries,</p> <p>Impact of the Crisis</p> <p>The UK's Department of International Development (DFID) estimates the total number of newly poor at 90 million following a 4.5% deceleration in GDP growth in developing countries using the World Bank's estimate of 1% less growth = 20 million more poor people (DFID, 2009)</p> <p>The World Bank revised its estimates of the actual number of newly poor since the crisis from 53 to 65 million, based on the \$2 a day poverty line, and from 46 to 53 million based on the \$1.25 a day poverty line (World Bank, 2008)</p> <p>The UN Educational, Scientific and Cultural Organization (UNESCO) estimates a 20%,</p> <p>or \$46, drop in per capita income for the 390 million poor people in sub-Saharan Africa</p> <p>(UNESCO, 2009)</p> <p>The International Labour Organization (ILO) estimates a rise in global unemployment from 18 million to 51 million (ILO, 2009)</p> <p>The World Bank predicts that the crisis could result in 200,000–400,000 extra infant deaths per year. A 1% fall in GDP growth will lead, on average, to the deaths of an additional 1.5 boys and 7.4 girls per 1000 live births (World Bank, 2009)</p> <p>Source: <a href="http://www.thebrokeronline.eu/en/Magazine/articles/Beyond-2015/Poverty-impacts-of-theglobal-financial-crisis">http://www.thebrokeronline.eu/en/Magazine/articles/Beyond-2015/Poverty-impacts-of-theglobal-financial-crisis</a></p> <p>Informant from the State under review said, the MDGs covers health, water and sanitation</p> <p>Awareness is not there (on the part of the rural dwellers) where most of the projects are sited.</p> <p>Rather than getting involved as partners so as to take ownership of the provision, they rather sabotage the job by way of vandalizing the water boreholes installed at the various health centres.</p> <p>In some instances, because of the difficult terrain, it takes days to get to the designated health centres to either deliver drugs, medical equipment or hospital furniture.</p> <p>At times, even when the delivery team gets to the health centre to deliver drugs, there may be no health worker present on ground to receive the drugs. Where we insist and even drop the drugs the drugs might be on the floor onto expiration.</p> <p>Another challenge we face while rendering these services in the area coming in conflict with thieves (sea pirate). In such circumstance, all we hard on the boat will be destroyed by the miscreants.</p> <p>Lastly political in stability and programme discontinuity. As a result of frequent changes in the leadership, the successive governments oftentimes formulate its new</p> |  |
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|  | <p>policies and programmes rather than to continue and build upon existing ones embarked upon by their predecessors. In serious cases, the old programmes are abandoned for the new ones. Although that factor has not been prominent with the State MDGs. We only encountered few cases from the previous administration. Still in the state under review, the MDGs covers health</p> |  |
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593 Step 3

594 In step 2, one can figure out similar words and phrases from the extracted texts.

595 Table 3 Step 3 further reduced the extracts to development of themes in groups as below. The themes are re-

596 grouped with colours for easy identification and creation of major themes for analysis.

| Collated sub-themes                                                                                                                                                                                                                                                                                       | Main themes for analysis                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <p><b><u>Financial issues identified</u></b></p> <p>Poor revenue allocation system<br/> Insufficient budget to programme allocated<br/> Financial constrains<br/> Poor resources management<br/> financial accountability,<br/> Financial barriers<br/> Cost of disease eradication<br/> Unemployment</p> | <p>1 Financial issues</p> <p>2 Leadership issues</p> |

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| <p><b><u>Leadership issues;</u></b><br/> Lack of sustainability<br/> Lack of commitment<br/> Inadequate political involvement<br/> Poor risk management system<br/> Leadership commitment<br/> zeal and commitment<br/> Poor leadership, lack of commitment<br/> Country's past history and prolonged injustices<br/> inappropriate policies adopted<br/> Bad leadership, selfishness<br/> Lack of credibility and poor prevention, treatment and control<br/> strategies, poor surveillance, monitoring and evaluation efforts<br/> Ambitious and unrealistic goals<br/> Benefitting communities not involved and not owning<br/> programme<br/> lack of commitment,<br/> Political instability, non sustainability, lack of succession<br/> planning<br/> Programme abandonment.</p> | <p>3 Corruption issues</p> <p>4 Crisis</p> <p>5 Policy issues</p> <p>6 Manpower issues</p> <p>7 Lack of partnership</p> <p>8 Awareness issues ;</p> <p>9 The socio economic, religious and<br/> political atmosphere,<br/> 10 to inaccessibility to antiretroviral drugs<br/> and other facilities due to difficult terrain<br/> Infrastructural constrains<br/> 11 Stigma and discrimination</p> |
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| <p><b><u>Corruption issues</u></b><br/> transparency,<br/> corruption<br/> Corruption and greed<br/> Corruption, compensations</p> <p><b><u>Crisis</u></b><br/> conflict and sea pirates- insecurity due to insurgency,<br/> terrorism</p> <p><b><u>Policy issues</u></b><br/> setting where the implementation is taking place<br/> Poor policy implementation<br/> inappropriate policies adopted law enforcement</p> <p><b><u>Manpower issues</u></b><br/> unqualified public servants<br/> Lack of skilled manpower<br/> Untrained personnel or lack of trained personnel being use as<br/> implementers<br/> Unskilled personnel, incompetence</p> <p><b><u>Lack of partnership</u></b><br/> Cooperation</p> <p><b><u>Awareness issues</u></b> ;<br/> lack of awareness<br/> Poor awareness creation</p> <p>The socio economic, religious and political atmosphere,</p> <p><u>to inaccessibility to antiretroviral drugs</u><br/> Infrastructural constrains</p> <p>Stigma and discrimination</p> |  |
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