EFFECT OF PUBLIC -PRIVATE PARTNERSHIP ON HEALTHCARE SERVICE DELIVERY IN WAMAKKO AND SOKOTO SOUTH LOCAL GOVERNMENT AREAS OF SOKOTO STATE, NIGERIA. (2016-2020)

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OCTORBER, 2021

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A DISSERTATION SUBMITTED TO THE SCHOOL OF POSTGRADUATE STUDIES, AHMADU BELLO UNIVERSITY, ZARIA, IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF MASTER OF SCIENCE DEGREE IN PUBLIC ADMINSTRATION.

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OCTOBER, 2021

Declaration

I declare that the work in this dissertation entitled "**Effect of Public Private Partnership on Healthcare Service Delivery in Wamakko and Sokoto South Local Government Areas of Sokoto State"** has been carried out by me in the Department of Public Administration. The information derived from the literature has been duly acknowledged in the text and a list of references provided. No part of this Dissertation was previously presented for another Degree or Diploma either at this University or any other institution.

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Name of Student	Signature	Date

Certification

This dissertation entitled **EFFECT OF PUBLIC-PRIVATE PARTNERSHIP ON HEALTHCARE SERVICE DELIVERY IN WAMAKKO AND SOKOTO SOUTH LOCAL GOVERNMENT AREAS OF SOKOTO STATE** by Abubakar Mode NAMAKKA meets the regulations governing the award of Master of Science Degree (MSc) in Public Administration of the Ahmadu Bello University, Zaria and is approved for its contribution to knowledge and literary presentation.

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Dedication

This dissertation is dedicated first and foremost to Almighty Allah (S.W.T), His beloved Prophet Muhammad (S.A.W) and Ahlul-baithi Wa sahaba.

Acknowledgments

In the first place, my gratitude goes to Almighty Allah who guided and protected me all through my study. My profound appreciation goes to my supervisory committee chaired by Dr. Musa Idris and Dr. Tijjani Aliyu Adamu for their overwhelming inspiration, encouragement and motivation towards the successful completion of this study. Thank you all, for the necessary support given to me. Further, I will not hesitate to thank Mubasshir Salisu Mohammed for his overwhelming moral boost and academic support that yielded the successful completion of this work. I am also indebted to the contribution and support of my reviewers, especially Prof. A.B Suku (Department of Public Administration) and Prof. Usman Abubakar (Local Government and Developmental Studies) colleagues and entire lecturers in the Department of Public Administration Ahmadu Bello University, Zaria, for the service rendered in one way or the other which makes the research valuable.

Special regard goes to my beloved family members, particularly my parents for their untiring care, and to my fiancee Nana Asma'u for her prayers. Sincere appreciations to Political and academic mentors especially His Excellency, Ahmad Aliyu Sokoto (Executive Secretary Police Trust Fund), His Excellency Aliyu Magatakarda Wamakko (Distinguish Senator, Sokoto Central), Mal, Nura Dakingari (Registrar UDUSOK), Hon, Yusuf Magaji, as well as friends especially Nasiru Bello (Npower), Hassan Wakkala, Zayyanu Aliyu Namama, Mustapha Badamasi and Rabilu Dahiru for their support and encouragement to see that this research is carried out successfully. Thanks for your immense contributions.

The support given to me by the staff of the Ministry of Health, Sokoto State Coordinators of Selected Private Sector Organizations and Director Planning Research and Statistics, Director, Primary Healthcare Centres of Wamakko and Sokoto South Local Government Areas of Sokoto State enabled me source invaluable data. I really acknowledged and appreciate your efforts.

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Abstract

There has been a movement towards involvement of the private sector in the provision of public infrastructures, healthcare service delivery is not an exception and other services through the use of Public Private Partnership. Healthcare provision is the responsibility of the three tiers of government as contained in section 17, sub-section 3(d) of the constitution of the Federal Republic of Nigeria 1999 as amended which explain that "the state shall direct its policy toward ensuring that there are adequate medical and health facilities for all persons". However, Sokoto state is still facing healthcare challenges. The major objective of the study is to examine the effect of Public Private Partnership (PPP) on healthcare service delivery with the specific objective is to determine the effect of PPP on provision of Primary healthcare facilities. Survey research design was adopted, data were generated from both primary and secondary sources. Simple linear regression was used to analyse data with the aid of Statistical Packages for Social Sciences (SPSS Version 20). The findings of the study revealed that; despite the inadequacies in regulatory framework, PPP reduced the distance of healthcare, saved time, cost of services and ensures the provision of cold stores and vaccines for immunization while the other finding shows that the collaboration assist in terms of building the capacity of healthcare personnel through continuing training programmes in Wamakko and Sokoto South Local Government Areas. It is therefore, recommended that states that are yet to embrace private sector collaboration in the healthcare delivery should speed it up with utmost sense of sincerity, this would at a great length enhance the lives of the populace in the state.

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List of Abbreviations

AICL ---------- Abuja Investment Company Limited

BOOT --------- Build-Operate-Own-Transfer

BOT -------- Build-Own-Transfer

CBO --------- Community Base Organizations

DBFO --------- Design-Build-Finance-Own

DPT ---------- Diphtheria Pertusis Tetanus

ECB ------- Enhancement of Capacity Building

HIV -------- Human Immuno Deficiency Virus

ICRC ---------- Infrastructure Concession Regulatory Commission

MOU ---------- Memorandum of Understanding

NGO --------- Non-Governmental Organizations

NPM ------- New Public Management

OMC ------- Operation-Maintenance-Contract

PED ------- Provision of Essential Drugs

PFI --------- Public Finance Initiative

PPP --------- Public Private Partnership

SMOH --------- State Ministry of Health

VFM -------- Value for Money

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

It is the responsibility of government at all levels to provide certain public goods and services aimed at ensuring welfare and wellbeing of the populace, such goods and services include healthcare, education, defense, electricity, water resources and roads to mention but a few, while the provision of health is widely recognized as the responsibility of government as encapsulated in section 17 subsection 3 (d) of Constitution of the Federal Republic of Nigeria 1999 as amended which states that "the state shall direct its policy toward ensuring that there are adequate medical health facilities for all persons" being healthcare provision as the responsibility of the three tiers of government. The National Health Act (2014) part 18(2) state that "Federal, State Ministry and Local Government or any public health establishment may enter into an agreement with Private practitioner, Private healthcare establishments, Non-Governmental Organizations in the provision of healthcare services". However, following the trend to increase private participation in the public service provision typically rendered by the government with a view of bringing private resources and efficiency in to government business. Thus, governments are now turning to Public Private Partnership as a means of providing public services and meeting the investment challenges that they face, they historically worked together on a wide range of issues including setting regulatory frameworks, implementation of developmental programmes and other policy decisions that affect economy and society at large.

Public Private Partnership (PPP) in Nigeria is not a new terminology or ideology as it is practiced in different sectors of the economy such as Education, Energy, Construction, Agriculture, Water resources and Healthcare, it has become a common issue of discourse among individuals, groups and governments in recent years. All tiers of government are now

becoming more and more convinced about the benefits of private sector management and efficiency in which Sokoto state is not an exception. The Government began to explore alternatives for accessing private sector resources in the delivery and operation of Public facilities, the collaboration is seen as a sustained and long term partnering relationship between public(government) and private sectors including Community Based Organizations (CBO's), Non-governmental Organizations (NGO's) to provide goods and services. This is the reason why the government of Sokoto state engage the service of the private sector through co-operation between government, Non-Governmental Organizations (NGO's), Community Based Organizations (CBO's) with a view to ensure effective healthcare service delivery to its populace (Alti, 2013).

Public Private Partnership in Sokoto state have started by developing three main structures that were set up to ensure effective running of the programme which include opening of dedicated account by the partners, setting up of working groups and development of fully costed work plan, the relationship between actors are carried out within these structures in which the Government of Sokoto State, Bill and Melinda Gates, Dangote foundation has been used to finance healthcare service delivery in the state, whereby actors involved agree to contribute financially under a basket funding mechanism while Path finder set to contribute technically, the relationships are carried out within the context of the guideline for Public Private Partnership revised 2014 which dwelled more on partnership not for profit and is targeted at achieving a sustainable rate of 80% immunization coverage and strengthen Primary healthcare activities by the end of MoU period in 2021.

1.2 Statement of the Problem

Public Private Partnership has been used to finance healthcare in the state for many years, the Government of Sokoto state in the year 2007 committed over N 1 billion to the health sector since inception of Wamakko's administration, thus taking healthcare delivery to the nooks

and crannies of the state. For instance, over 30 Mobile, no fewer than 17 Peugeot ambulances and six utility vehicles have been distributed to government hospitals for effective delivery of healthcare services. Counterpart funding for World Bank and United Nation programmes such as Sokoto Health System Development Project II, Eye Care Support, Roll Back Malaria Project and Reproductive Health Project has been promptly released by the government (DPRS, 2008).

Despite the tremendous effort made by the government toward improving health sector, report by Multi Indicator Clusters (MICs) and National Indicator Clusters (NICs) a global survey (2016). Identified immunization performance in six MoU states of which Sokoto specifically had 3% routine immunization performance respectively, challenges remain in the state including absence of financial accountability mechanism for program expenditure, poor record keeping for vaccine stock and utilization which causes poor accountability of vaccines, poor community engagement which results in low demand for immunization services, management and harmonization need improvement and health workers skills need urgent updating. In addition, the issue of Primary healthcare facilities has become worrisome whereby one single facility meant to attend the population of the entire ward, it is observed that only 29% of wards had at least one functional cold chain equipment's.

Furthermore, World Health Organization (2016), had ranked Sokoto state as one of the states with low rate of under age children i.e from the age of 18 down ward, approximately 680 children died from measles and malaria in 2016 mostly children under the age of 5years. Why the problems in Sokoto state specifically, Wamakko and Sokoto South Local Government Areas? It is on this basis that Sokoto state government saw a deplorable condition of healthcare services in the state and decide to sign Memoranda of Understanding with Aliko Dangote Foundation, Bill and Melinda Gates as well as Pathfinder consequently, enter in to a

partnership agreement with Sokoto state government focused Memoranda of Understanding (MoU) to improve and strengthen the immunization system, keeping healthcare personnel up to date by building their capacity and ultimately enhances primary healthcare. This is what make the research stand to investigate on the Effect of Public Private Partnership on Healthcare Service Delivery in the sampled Local Government Areas of Sokoto State.

1.3 Research Questions

Base on the problem highlighted the following questions are to guide the study;

i. How has Public Private Partnership affected the provision of Primary healthcare facilities in Wamakko and Sokoto South Local Government Areas of Sokoto State?
ii. How has Public Private Partnership affected the provision of immunization in Wamakko and Sokoto South Local Government Areas of Sokoto State?
iii. How has Public Private Partnership affected capacity building of health personnel in Wamakko and Sokoto South Local Government Areas of Sokoto State?

1.4 Objectives of the Study

The central objective of this research is to examine the effect of Public Private Partnership on Healthcare Service Delivery in Wamakko and Sokoto South Local Government Areas of Sokoto state. The specific objectives of this study are to:

i. Determine the effect of Public Private Partnership on the Provision of Primary healthcare facilities in Wamakko and Sokoto South Local Government Areas of Sokoto state.
ii. Examine the effect of Public Private Partnership on the provision of immunization in Wamakko and Sokoto South Local Government Areas of Sokoto state.
iii. Ascertain the effect of Public Private Partnership on capacity building of health personnel in Wamakko and Sokoto South Local Government Areas of Sokoto state.

1.5 Hypotheses of the Study

H_{01} Public Private Partnership has no significant effect on provision of Primary healthcare facilities in Wamakko and Sokoto South Local Government Areas of Sokoto state.

H_{02} Public Private Partnership has no significant effect on provision of immunization in Wamakko and Sokoto South Local Government Areas of Sokoto state.

H_{03} Public Private Partnership has no significant effect on capacity building of health personnel in Wamakko and Sokoto South Local Government Areas of Sokoto state.

1.6 Significance of the Study

This study is set to Examine the Effect of Public Private Partnership on Healthcare Service Delivery in Wamakko and Sokoto South Local Government Areas of Sokoto state. In this case, Ndukwe (2015), conducted a research on Public Private Partnership for effective and efficient service delivery, Study of Ebonyi State Health sector. However, his work was limited to expenditure on healthcare centers and effectiveness of the project concerned. Moreover, Olufemi (2011). Conducted a research on Public Private Partnership and service delivery system in Lagos State. His work encompasses many sectors of service delivery in Nigeria without due specification to one sector. In addition, Umar (2014). Conducted a research on "Evaluation of the efficacy of Public Private Partnership on infrastructural development, a study of Federal Capital Territory Abuja, the work centered on provision of road and drainages.

The defect of their work is that, researchers did not capture the area of Healthcare service delivery with specific reference to provision of Primary healthcare facilities, immunization as well as capacity building of health personnel. Therefore, the significance of this research work is to fill in the gap left by the above mentioned scholars thereby focusing on the effect of Public Private Partnership on Healthcare Service Delivery in Wamakko and Sokoto South

Local Government Areas of Sokoto State. However, these make the research work to be unique as it touch areas that has not covered by the previous works on the subject matter.

Furthermore, this research work is also seen to be significant to the following areas:

The research will help the Ministry of Health Sokoto state to strengthen the use of collaboration with Private organizations so as to ensure effective healthcare service delivery. Particularly in the area of implementation of government policies and programs related to health care services.

The research will also be significant to the Sokoto state legislatures more especially in the area of law making, identification of priorities on related health matters and in making legislation this will help the state government to partner with the private organizations in the delivery of healthcare.

The research will also be significant to the general society of Sokoto state specifically, Wamakko and Sokoto South Local Government Areas of Sokoto state in enlighten the public about the importance of collaboration between Government and Private sectors.

The work will also be beneficial to those who wish to undertake a research especially in similar area.

1.7 Scope and Limitations of the Study

In terms of substance, the study focused on the Effect of Public Private Partnership on Healthcare Service Delivery in Wamakko and Sokoto South Local Government Areas of Sokoto state. It also covers a period of five years from 2016 to 2020, the reason for choosing this time frame is that, it was during this period that State Government have spent huge amount of resources in the provision of Healthcare Service Delivery in the state. Also, the reason for choosing these Local Government is the fact that most of the PPP projects are cited within the selected Local Governments. The study captures Bill and Melinda Gates

Foundation, Dangote Foundation, Pathfinder, Medical Personnel of selected Primary healthcare Facilities. Specifically, with reference to provision of immunizations as well as capacity building of healthcare personnel in Wamakko and Sokoto South Local Government Areas of Sokoto state.

However, like many other studies, the research has certain limitations including inability of the researcher to obtain some important information on finance under MoU i.e the amount of resources incurring annually under the partnership. In order to ameliorate the adverse effect of these limitations the research focused on the Provision of Primary Healthcare facilities, Immunizations as well as Capacity building of Medical personnel. It is against this backdrop this research was set to carried out in the (2) two selected Local Governments out of (23) twenty-three Local Government Areas of Sokoto State.

1.8 Definitions of Key Concepts

i. **Public Private Partnership (PPP):** Is a contractual agreement between private party and public-sector authority, in which the private party provides a Public service or project and assumes substantial financial, technical and operational risk in the project. Public Private Partnership as used in this research means contractual agreement between the Government of Sokoto State, Bill and Melinda Gates, Dangote Foundation as well as Pathfinder to deliver healthcare service delivery to the teeming population of Wamakko and Sokoto South Local Government Areas of Sokoto State.

ii. **Healthcare Service Delivery:** Entails provision and making Healthcare services available to the population. Healthcare delivery as used in this research refers to the extent to which Primary healthcare facilities, immunizations and capacity building of Medical personnel are delivered to the teeming population of Sokoto state and specifically, Wamakko and Sokoto South Local Governments of Sokoto State.

iii. **Primary Healthcare Facilities:** Refers to the first contact facilities constructed or renovated at different places to provide healthcare services. Primary Healthcare facilities as used in this research means health facilities at different places be it a Clinic, Out-patient care constructed, renovated and rehabilitated purposely for treatment, diagnosis and prescriptions of patients specifically, in Wamakko and Sokoto South Local Government Areas of Sokoto State.

iv. **Immunization:** is the process where by a person is made immune or resistant to an infectious disease, typically by injection and administration of vaccines. Immunization as used in this research means any kind of treatment given to the peoples purposely for prevention, curative of minor and or major illness, this may be through injection, administration of vaccines or Penta 3.

v. **Capacity Building:** Is the process by which individuals and organizations obtain, improve, and retain the skills, knowledge, tools, equipment and other resources needed to do their jobs competently or to a greater capacity (larger scale, larger audience, larger impact, etc). Capacity building as used in this research means any kind of training be it a seminar, workshops and conferences, short or long-term training given to the healthcare personnel of Wamakko and Sokoto South local Government Areas of Sokoto state in collaboration with Private sectors.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter dwelled on the review of related materials and text written by scholars which involve looking into write ups including periodicals and dailies of related issues and updating such to justify the Effect of Public Private Partnership on Healthcare Service Delivery in Wamakko and Sokoto South Local Government Areas of Sokoto State and to avail ourselves the opportunity to add to the knowledge in are as discovered. This Chapter attempt to review relevant literatures and theoretical framework which comprises conceptual exploration of Healthcare service delivery, Primary healthcare facilities, immunization as well as Capacity building. It also involves conceptual exploration of PPP, nature of PPP, importance of PPP, PPP characteristics, Forms of PPP, benefits of PPP as well as Memorandum of Understanding (MoU) were reviewed for the purpose of gaining greater understanding of various concepts used in the study. Finally, the study adopts New Public Management theory as its theoretical Framework.

2.2 Review of Literature

Concept of Healthcare Service Delivery

Global I.G (2018) sees healthcare service delivery as the provision and method of making healthcare services available to the population. The ability of patients to obtain healthcare services in a timely and appropriate manner. However, I.G Global added that a well-functioning healthcare delivery is a system working in harmony and built on having trained and motivated health workers, a well-maintained infrastructure and reliable supply of medicines and technologies, backed by adequate funding, strong health plans and evidence base policies. In addition, adequate infrastructure is required by any healthcare system to enhance delivery of services in an efficient, effective and timely manner, such infrastructure

defines the quality of services provided based on their relatively adjudged qualitative and quantitative characteristics (Erinosho, 2006 & Aluko, 2009). Beside the physical attractiveness of health infrastructure, their overall acceptability would be perceived from the notion of workability of the complementary technological and human resources, functionality of the road networks, water supply systems, electricity connectivity, e-readiness of the system and flexibility to adjust and be reintegrated with other future changes as more complex technological innovations unfold, among others (WHO, 2010).

WHO (2016) Healthcare service delivery is the provision of health via prevention, diagnosis, and treatment of disease, illness, injury, and other physical, mental impairments in human beings. Healthcare is delivered by health professionals (providers or practitioners) in allied health fields, Physicians and associates are a part of these health professionals. Dentistry, midwifery, nursing, medicine, optometry, audiology, pharmacy, psychology, and other Health professions are all part of Healthcare. It includes work done in providing primary care, secondary care, and tertiary care, WHO encompasses every services rendered by health care personnel and went ahead to includes health professionals and neglect the angle of materials requiring in providing some healthcare services to the teeming populations and went ahead to includes many sections healthcare service provision. Heinz (2014) posited that healthcare service delivery in other words may also referred to as healthcare system and healthcare system is the organization of people, institutions, and material resources that deliver healthcare services to the populations in need. This definition is contrary to i.g global by looking at healthcare service delivery as the entire health system and institutions itself he noted that healthcare service delivery may only be provided through the existence of institutions and went ahead by adding that it is only when the institutions are available and equipped with the raw materials necessary for the purpose of the service provision.

According to Transparency International (2016) healthcare Service delivery is the part of a health system where patients receive the treatment and supplies they are entitled to, this treatment is according to the need of the patients and supplies is according to their prescribed needs. This shows that the treatment given differs from patient to patient defending on the nature of sickness and prescription given to the patients.

Looking at the submission of various scholars healthcare service delivery could be conceived as the extent to which peoples receives health services at a time and affordable price level.

2.2.1 Primary Healthcare Facilities

Primary Healthcare facilities is a grass-root approach meant to address the main health problems in the community, by providing preventive, curative and rehabilitative services (Gofin, 2005& Olise, 2012). Primary Healthcare facilities is defined by Alma Ata declaration as essential care base on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation, and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination (WHO, 2012). It went ahead to maintain and made mention the principles of Primary Healthcare Facilities that underscore the great value of the approach and the principles have been said to include essential healthcare, community participation, equity, intersectoral collaboration, and use of appropriate technology are the driving forces of behind the efficiency of primary healthcare as the hope of achieving universal health coverage. This means that primary healthcare facilities meant to provide services to the majority of the people based on their needs without geographical, social or financial barriers through the involvement of planning, implementation and evaluation of health programmes and implies

drawing resources from within and outside the health sector and utilizing technologies on the basis of suitability (WHO, 2010).

Primary Healthcare Facilities succinctly is a whole of society approach to health and wellbeing centered on the needs and preferences of individuals, families and communities. It addresses the broader determinants of health and focuses on the comprehensive and interrelated aspects of physical, mental and social health and wellbeing WHO, (2019). Primary Healthcare Facilities provides whole person care for health needs throughout the life span, not just for specific diseases and ensures people receive comprehensive care as close ranging from promotion and prevention to treatment, rehabilitation and palliative care as close as feasible to people's everyday environment.

Looking at the submission of the various scholars they failed to take the requirement of standard Primary healthcare facilities in to consideration which include structure, management, human resources, service provision and essential drugs, it is expected that these standards would be use to guide the operation of primary healthcare services throughout Nigeria. It is believed that these standards serve as a tool for effective management of Primary healthcare with a view to strive to achieve the highest quality of care possible using the resources available.

2.2.2 Immunization

According to WHO, (2020). Immunization is the process where by a person is made immune or resistant to an infectious disease, typically by the administration of vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease. Immunization is a proven tool for controlling and eliminating life threatening infectious diseases and is estimated to avert between 2 and 3 million deaths each year. Immunization is regarded as one of the most cost-effective health investments, with proven

strategies that make it accessible to even the most hard-to-reach and vulnerable populations. It has clearly defined target groups, it can be delivered effectively through outreach activities and vaccination does not require any major life style change (WHO, 2020). Immunization against childhood diseases such as diphtheria, pertussis, tetanus, polio and measles are one of the most important means of preventing childhood morbidity and mortality. Achieving and maintaining high levels of immunization coverage must therefore be a priority for all health systems, in order to monitor progress in achieving this objective, immunization coverage data can serve as an indicator of a health system's capacity to deliver essential services to the most vulnerable segment of a population (Edward, 2015).

Immunization and vaccination are two of the most important public health interventions and constitute a cost-effective strategy to reduce both the morbidity and mortality associated with infectious diseases. Over two million deaths are delayed through immunization each year worldwide (Odusanya, 2008). However, Vaccine-preventable diseases remain the most common cause of childhood mortality within an estimated three million deaths each year Centre for Global Development (2005). In recent times, vaccination has had a major impact on measles deaths. From 2000 to 2005, more than 360 million children globally received measles vaccine through supplementary immunization over this period. In addition, According to Federal Ministry of Health definition, a child is considered fully vaccinated if he or she has received Bacilli Calmette Gruen (BCG) vaccination against tuberculosis, three doses of Diphtheria pertussis tetanus (DPT) to prevent diphtheria, pertussis (whooping cough), and tetanus, at least three doses of polio vaccine and one dose of measles vaccine. All these vaccinations should be received during the first year of life, over the course of five visits including the doses delivered at birth. According to this schedule, Children aged 12-23 months would have completed their immunizations and be fully immunized. To keep track of

the delivery of these immunizations, Nigeria also provides parents or guardians with a health card on which each dose is recorded.

Henry et al, (2011) showed only immunizations completed for children aged 12-23 months, the usual age group for reporting immunization rates are one-fourth of all children aged 12-23 months had received three recommended doses of polio but many missed the corresponding third dose of DPT 3 which was received by only 5.1% of one- year old.

From the foregoing submission of various scholars, Immunization can be conceived as a process of making peoples immune and resistant to infectious diseases and this may be through the administration of vaccines or injection purposely for prevention, curative of minor or major illness.

2.2.3 Capacity Building

According to UNDP (1994) capacity building is the creation of an enabling environment with appropriate policy and legal frame-works, institutional development, including community participation (of women in particular), human resource development and strengthening of managerial system. The UNDP recognizes that capacity building is a long term, continuing process, in which all stake holders (ministries, local authorities, non-governmental organizations and water user groups, professional associations, academics) and others participate. Capacity building involves human resource development of nations and promoting the emergence of an overall policy environment conducive to the generation of appropriate responses to emerging needs. The UNDP further states that human capacity building refers to the process of changing attitudes and behaviors imparting knowledge and developing skills while maximizing the benefits of participation, knowledge exchange and ownership (UNDP, 2005).

However, World Customs Organization (WCO) (2010) define capacity building as activities which involve strengthen the knowledge, abilities, skills and behavior of individuals and improve institutional structures and processes such that the organization can efficiently its mission and goals in a sustainable way. Capacity building can also be seen as the process of developing and strengthening the skills, instincts, abilities, processes and resources that organizations and communities need to survive, adapt and thrive in the past changing world (Philbin, 1996). As a step further to adding impetus to capacity building, the United Nations Development Programme (UNDP 2003- 2005) defines capacity building as the process through which individuals, organizations, societies obtain, strengthen and maintain the capabilities to set and achieve their own objectives overtime. OECD, (2006). Capacity is much more than training but a process of change, hence, it is about managing transformations, people capacities, and add that it relates almost to any aspect of workforce in the areas of improved governance, leadership, mission and strategy, administration programme development and implementation, fund raising and income generation, diversity, partnership collaboration, evaluation, advocacy and policy change marketing, positioning, planning etc. while individuals, capacity building relates to leadership development skills, advocacy, training/ speaking abilities, technical skills, organizing skills and other areas of personal and professional development.

Looking at the submissions of various authorities Capacity building could be conceived as anything intended to bring changes on how to carried out the responsibilities assigned by the organization be it a long term or short term and targeted to improve the organizational performance.

2.3 Concept of Public Private Partnership

The term Public Private Partnership (PPP) has been in general use since 1990's. However, there is no widely agreed single definition on model of PPP. The term PPP covers a range of different structure where the private sector delivers or provide public projects or service.

Public Private Partnership gained lots of attention and continued to appear in literature and policy environments, it is an arrangement between governments and private sector entities for the purpose of providing public infrastructure, community facilities and related services. Such partnerships are characterized by the sharing of investment, risk, responsibility and reward between the partners, (Okorie, 2006; Adeola, 2009, & Colverson; 2011). According to them, projects can be executed under PPP arrangement if there is a contractual arrangement between a public and private entity, the delivery of infrastructure or services is in the public interest by this the public partners focus principally on the output and allow the private partner to determine the input and better value for money can be demonstrated than public provision.

In the same vein, Colverson (2011). believes that PPP can be said to include; long term contracts, agreements or relationships in the following way; private funding component and provision of services or infrastructure through the private sector in which the significant transfer of risk to the private sector, such as investment, design, construction or operational risks Complex contractual responsibilities and deliverables that vary over the contract period as the project moves through its phases, such as from finance to construction and operation.

The return of infrastructure or services to the control of the state at the end of the contract term hence the provision of services by the private sector on behalf of the state following the fulfillment of design and build responsibilities. However, Okpara (2012). Agreed with the foregoing when he said that PPP refers quite generally to private sector investment in public

projects, whereby investors receive a return on their investment within a specific legal framework. In contrary to Okpara, the World Economic Forum defines PPP as a voluntary alliance between several of about equal actors from different sectors whereby they agree to work together to reach a common goal or fulfill a specific need that involves share risks, responsibilities, means and competencies. This means that PPP are contractual agreement between a public sector (Federal, State or Local) and a private sector entity. Through this agreement, the skills and assets of each sector (public and private) are shared in delivering a service or facility for the use of the general public. In addition to the sharing of resources, each party shares in the risks and rewards potential in the delivery of the service and or facility. Egboh and Chukwuemeka (2012) opined that PPP involves a contract between public-sector authority and a private party in which the private party provides a public service or project and assumes substantial financial, technical and operational risk in the project.

Looking at the submission of the various scholars, Public Private Partnership could be conceived as an agreement between public and private party in which private sector deliver infrastructure or services on behalf of the Government, through this agreement the skills and asset of each sectors are shared in delivering a services or facility for the use of the general public.

2.3.1 Nature of Public Private Partnership

Afolabi (2011). Public Private Partnership is said to be a contractual relationship in which government services or a private business is funded and operated through a partnership between the government and one of it agencies and one or more private sector companies. Basically, Public Private Partnership is a long-term commitment to make available new or renovate old and non- functioning infrastructure with which the commitment or its agencies deliver essential services to the public. The use of Public Private Partnerships PPP in production and distribution of some goods and services is inevitable for attainment of sustainable development, there is the

need to forge and promote strong, efficient, effective, sustainable, dynamic and vibrant PPP so that private sector can produce and deliver some goods and services hitherto (and now in most parts of Africa) produced and delivered by the public sector. Public sector has been the main actor in the development process of most countries in Africa and beyond until the mid-1980's. public sector was the main actor in production and distribution of goods and services in most economies, especially those that embraced centrally planned economic policies like Tanzania, the commanding heights of these economies were directly owned and managed by the public sector from the following, the winds of change in the form of many and far-reaching social, political and economic reforms, Afolabi added that the role of public sector in the development process have substantially changed in many countries. Its role now is mainly that of a facilitator for the private sector-led economic development and growth. The role of private sector in bringing about sustainable development in most economies has increasingly been recognized and acknowledged.

Given the changing roles of the public and private sector in the bid to bring about sustainable development in most countries, it is no longer sustainable for the public sector to continue to own, manage and operate the commanding heights of the economy. Efficient and effective production and distribution of good and services is and should increasingly be left to the private sector, private sector led economic growth and development is generally more efficient (both productive and allocative efficiencies) and effective. The sector is more dynamic, resilient, creative, innovative and vibrant than the public. However, this sector is purely profit -oriented as embraces the concept of free interplay of the market forces of supply and demand in the production and distribution of goods and services. There is therefore, likely to be some market failures in the production and or distribution of some good and services. These services therefore will not be available or if available will only be accessible by the rich who can pay for them. The use of PPP in production and distribution of

some goods and services is inevitable for the attainment of sustainable development. There is a need therefore, to forge and promote strong, efficient, effective, sustainable, dynamic and vibrant PPP's so that the private sector can produce and deliver some goods and services (Afolabi, 2011). PPP can also involve in the provision of infrastructure and given the right to use all public utility or assets conferred by the operator including responsibility that is what about concessions (Afolabi, 2010).

2.3.2 Importance of Public Private Partnership

The development of infrastructure is arguably the most important factor of economic development as infrastructural facilities are the wheels on which any economy runs and it provide enabling environment for sustained economic growth and wealth. In Nigeria, it is unarguable that the country suffers from a huge deficit of infrastructure which is available and not satisfactorily utilized. During late president Umaru Musa Yar'adua announced that, the country needs more $5.9 trillion to provide the needed adequate infrastructure in Nigeria and the aggregate estimate for federation account receipts for the year 2009 was N4.529 trillion which is approximately US$3 billion and Nigeria's annual GDP of approximately US$300 billion is less than 2% of this figure.

The foreign rescues which rose to an all-time high of about US$62 billion in 2008 and is now less than US$50 billion is approximately in significant. The world bank recommends that 7-9 percent of the GDP of developing countries like Nigeria should be invested in infrastructure while the exact figure invested in infrastructure annually though not accurate, it is unlikely that Nigeria has ever attained the recommended percentage and this is especially so considering the fact that 7-9 percent of the Nigeria's is almost equivalent to the gross annual revenues of government from which recurrent and other non-infrastructure related capital expenditure is incurred. In the light of the above, it is evident that the government alone even at the best of times can't afford to provide infrastructural requirements which is needed for

the economic development of a country, thus there is the call for intervention of the private set. Therefore, Public Private Partnership is necessary and important instrument for the attainment of sustainable economic development.

In most countries, the rational to undertake projects e.g. e-government and ICT are compelling, all levels of government require modernization, new technologies, better efficiency, and improved service for citizens and customers. However, many of the upgrades and mode million required is not only capital intensive and expensive but is also complex to manage and outside of the scope and skill-set of most government agencies. By having the private sector perform an e-government or ICT service, on behalf of the government, a potential "win-win" solution can be realized where the private sector finance and operates a system, the government is in better position to ensure effective delivery of the service, and the customer or citizens is receiving a higher quality service and is engaged more constructively in customer interfaces with the public sector.

However, in Nigeria and other developing countries, sustainable access to healthcare, socio-economic services and products can be accomplished through Public Private Partnerships, where the government delivers the minimum standard of services, products and or care, the private sector bring skills and core competencies, while donors bring funding and other resources required. Such collaborations will be especially products in promoting poverty alleviation through micro-finance, enhancing health through partnerships as has been, the case with polio eradication and other child immunization efforts. The contribution of PPP in the society cannot be under estimated as it is useful in almost all aspects of life, for example, PPP can be useful in projects as it helps in accelerating the implementation of these projects for which the administrations have a backup funds, also is the fact that PPP encourages provision of service at less expensive. PPP is also encompassing as it is even useful in

economic solutions because it helps boost economic growth through investment of the private sector (Afolabi, 2011).

2.3.3 Characteristics of Public Private Partnership

PFI (2010), shows that one of the major characteristics of PPP include risk sharing between Public and Private sectors, long term relationships between parties, public service and ultimate regulatory responsibility remains in public sector, however, different types of PPP tend to share some common characteristics. This includes: contracting between public and private sectors for the delivery of services, often involving infrastructure development and management. Risks and rewards are shared between the parties, which is best able to manage resources, i.e. reduce their impact and consequences, appropriate risk should therefore minimize the cost. Payments under PPPs tend to be based on out-put, often for the availability of services or infrastructure. There may be contractual annual payments from governments to support inadequate revenues on projects involving direct user charging, such as road tools or rail fees. Funding structures of PPP combines private and public funds. Also, PPP involve clearly defined projects, which will be jointly handled by the private and public sector, the public partner concentrates on defining the objectives to be attained. According to PFI (2011). The private sector takes the responsibility for the quality of design and constructions it undertakes and for long-term maintenance on assets, so that value for money is achieved.

2.3.4 Forms of Public Private Partnership

There are various forms of PPP, however, the widely used and or practice all over the world are: as identified by Afolabi (2011).

i. DBFO (Design-Build-Finance-Own)
ii. PFI (Private-Finance-initiative)

iii. OMC (Operation-Maintenance-Contract)

iv. DBOM (Design-Build-Operate-maintain)

v. BOT (Build-Own-Transfer)

vi. BOOT (Build- Operate-Transfer)

a) BOOT (Build- Operate-Own-Transfer): Under this model the client does not have intention of using it and allows the developer to own it for a period of time. Example is the construction of Murtala Muhammad II by Bicourtney Aviation management.

b) DBFO (Design-Build-Finance-Own): This is a public finance initiative (PFI) in which a private organization conceived a development idea, design, construct and operate it in perpetuity. For example, millennium park, Maitama, design and developed by Salami Construction Company Limited.

c) PFI (Private-Finance-Initiative): Here, Private sector (Financial Services Company) funds a new or rehabilitation of existing projects using various finance options on a long-term basis.

d) OMC (Operation-Maintenance-Contract): The private sector (Under Contract) operates a publicly owned asset for a specified term, while ownership of the asset remains with the public sector, etc.

e) BOT (Build-Own-Transfer): Under this contractor who may be a developer (financier) and not necessarily the builder, build and own the property which will be used by the client with the arrangement that the client will possess the property in the future. This arrangement is usually used for specialized facilities like hospitals, schools, social housing and markets.

2.3.5 Benefits of Public-Private Partnership

According to Colverson (2011:18) the following benefits can be derived from PPP initiative.

1. **Value for money**: Utilizing private sector skills and technology to deliver projects in a more efficient manner, resulting in either lower costs or a superior service for the same investment.
2. **Optimization of design and operation**: Using outputs-based specification allows room for and promotes innovative solutions from the private sector on the design, operation and maintenance aspects of the project, with the intention of improving effectiveness while reducing costs over the whole life cycle of the project.
3. **Quicker delivery of project:** Private sector capacity and flexibility are seen to be superior to the public sector and PPPs therefore allow projects to be finished more quickly and on schedule than those attributed to public sector provision. With PPP, the bureaucratic tendencies are reduce thereby making projects to be completed on time.
4. **Risk transfer:** Project risks (finance, time frame, planning permits, community consultations) are transferred to the party best equipped to deal with it, both in terms of expertise and costs, to the stability and benefit of the project.
5. **Increased investment:** In public infrastructure, governments are able to implement projects more frequently and on a large scale because the private sector finance element reduces its need to raise or budget additional funds, as is the case in standard procurement.
6. **Increased budget/financing certainty:** The transfer of responsibility (and risk) to the private sector for some of the project elements shields government from unforeseen financial liabilities following cost overruns, delays or operational difficulties that

would otherwise impact upon the budget bottom line project finances are secured for the length of the contract and not subject to cyclical political budget adjustments, allowing for greater investment planning and efficiencies throughout the management, operation and maintenance phases of the projects.

7. **Improved services delivery:** PPP allows both sectors to operate with their sphere of expertise, the government in policy and governance, the private sector in the technical aspects of design, construction, operation and management. Payments that are linked to performance targets or requirements provide an incentive to perform that is too often in public provision of services.

8. **Access to additional capital/off balance sheet financing:** Because all or a large percentage of finance in PPP is provided by the private sector, the government is not responsible for raising funds from within its own coffers of adjusting budgets to allow for large infrastructure spending. This particularly advantageous during times of fiscal crisis where the government is already short of funds or where the government may have a poor credit rating and is not able to raise the necessary finance. International and National Accounting Standards do provide some guidance as to what and how PPPs are recorded balance sheets, but the issue is far from secure.

2.3.6 Success Factors in PPP Initiative

In terms of increasing competitive global environment, public sectors around the world are focusing on new ways to finance projects, build infrastructure and delivery services. PPPs are becoming a common tool to bring together the strengths of both sectors. In addition to maximizing efficiencies and innovations of private enterprise, PPP can provide much needed capital to finance public programs and projects, thereby freeing public funds for core economic and social programs, (Okorie, 2006). PPP evolved due to the capital restrains on the side of government in supplying and providing the needed services with the objectives of

achieving better efficiency in the management and procurement of these needs, access to new sources of capital, accelerated development of infrastructure assets, risk sharing opportunities, maintenance or improvement of service levels, access to skills in planning, management and service delivery, realization of the value of under–utilized assets and greater value from economic development opportunities, (Babalakin, 2005; Narain, 2005& Adeola, 2009). Also, Adeola, 2009, Omotala, 2009, and David-West, 2005, identified the following as the advantages of PPP initiatives:

1. **Effective procurement:** The components under this group includes, transparency in the procurement process, competitive procurement process, good governance, well organized and committed public agency, social support shared authority between public and private sectors, true and realistic assessment of the cost and benefits.
2. **Project implementation:** This comprises government involvement by providing a guarantee, multi benefit objectives and political support, and the private sector's managerial and technical know-how.
3. **Legal framework:** This includes favorable legal framework, project technical feasibility, appropriate risk allocation and risk sharing, commitment and responsibility of public and private sectors and strong and good private consortium.
4. **Favorable economic conditions:** This includes stable macroeconomic conditions and sound economic policy.
5. **Available financial market:** This includes availability of suitable and adequate financial market.

2.4 Build Transfer Operate Model (BTO)

The private partner builds a facility to the specification agreed by the government, operates the facility for a specified period under a contract agreement with the government and then

transfer the facility to the public at the specified period of time, under this agreement private partner will provide some or all of the financing for the facility, the length of the contract must be sufficient and at the end of the franchise period the public partner can assume operating responsibility.

However, Sokoto State Government used Build transfer operate model in construction or renovating Primary healthcare Facilities, in this regard the Arkilla Primary health facility was renovated and equipped with cold store by Dangote and Bill Gate Foundations under the agreement specified in Memoranda of Understanding, after the expiration of MoU period in 2021 the facility will then be transferred to the Public wholly.

2.5. Memorandum of Understanding (MoU)

The Ri memorandum of understanding was signed to increase funding, leadership, coordination and management of routine immunization and other activities, the MoU was setup as an innovative government led funding mechanism to finance Ri and ultimately improve PHC. The fundamental principles of these partnership include; State ownership, accountability, transparency and sustainability within the context of PHCUOR (Mics, 2016).

Basket fund participants	**2016**	**2017**	**2018**	**2019**	**2020**
State Government	30%	50%	70%	70%	70%
Dangote Foundation	35%	25%	15%	15 %	15%
Bill& Melinda Gates	35%	25%	15%	15 %	15%
Pathfinder international	Provides Technical Assistance.				

Source: Office of the Manager, Sericc team analysis (2016).

The initial MoU is said to have started in 2016 to 2018, it was extended and targeted to end by the expiration of contract under MoU. The MoU signed between Aliko Dangote, Bill and Melinda Gate Foundations, Pathfinder and Sokoto state Government both are contributing significant proportion with the aim of achieving program objective of reaching a sustainable rate of 80% immunization coverage and improve Primary health facilities before the end of MoU period.

2.6. Review of Related Empirical Studies

In examining the effect of Public Private Partnership on Health Care Service Delivery in Wamakko and Sokoto South Local Government Areas of Sokoto State, some authors have some related studies in regard to this;

Public Private Partnership and Provision of Primary Healthcare Facilities

Asogwa and Odoziobodo (2016) carried out research on Public Private Partnership in the Provision of Primary Health Care Facilities Services for the Millennium Development Goals in Enugu. The research design used for the study was a survey method. The study a purposive sampling technique and a total of 550 questionnaires were distributed and 325 were returned. Frequency and simple percentage method was used to analyze and interpret data while statistical package for social science (SPSS) was used to test hypotheses. The findings demonstrated that PPP is being implemented in Enugu central, yet there exist issue of equipment availability and insufficient medical personnel which make the MDGs target difficult to achieve. Recommendations were made to improve on the resource availability so as to provide adequate equipment and health related personnels to achieve MDGs and now SDGs target. The research is limited in the sense that it failed to capture the opinions of health-related committees in Local Governments which may give a different view.

Ndukwe and Nwuzor,(2015), conducted a research on Public-Private-Partnership for Effective and Efficient Service Delivery in Nigeria a study of 2007 to 2015, Ebonyi state in their research work, they administered 375 questionnaires out of them, only 270 were duly completed by the respondents, part of their finding shows that sound and institutional framework of Public-Private-Partnership will ensure effective infrastructural development in Nigeria and Ebonyi state in particular. , part of their findings revealed that many of the affected hospitals were either over or under staffed and a lot of residents in the hinterland are not even aware of the services of the six missionary hospitals, part of their recommendation their paper recommends that Nigerian government should ensure the extension of the operations of the Infrastructure Concession Regulatory Commission (ICRC) beyond the national level to the state and other establishments as well as creation of access to credit securities for Public-Private-Partnership operators. The defect of their work is that, their work is limited to construction of hospitals alone, they have not captured the areas of construction of health care facilities, provision of essential drugs, as well as capacity building of medical personnel.

Holt, (2010) researched on "Evaluation of the Public Private Partnership alliance programme for Capacity building in Infrastructure Development and Provision of Basic Services" A study of Asia. The study was set to cover a period of 2006-2009 and is emphasize on the staff of various divisions of ESCAP, ECE and ECE who involve in the Project. The research adopted both primary and secondary sources, frequency and simple percentage was use to analyze and interpret the data while statistical package for social science (SPSS) was used to test the hypotheses. The study conclude that workshops and conferences held to support PPP in collaboration with relevant academic institutions and these have been well received and added value for participants by improving their professional performance. The study therefore, recommends among others that the commissions should continue to support PPP

capacity building through knowledge sharing, advisory services and training. The study situate in Asia and the current study is carried out in Nigeria with specific reference to Wamakko and Sokoto South Local Government Areas of Sokoto state and this is the gap that the current research stand to fill.

Shrayan, (2009) researched on 'Public Private Partnership and Primary healthcare' an Indian perspective. The design used for the study was retrospective study design. The research uses a literature search for data sources through an extensive search in indexed literature and website-based population survey reports. Outcome variables were success of PPP in PHC implementation. The finding reveals that PPP in India pool the best features of the two merging authorities of Government and Private sector in their potential. The study therefore, recommends that PPP have shown accountability to the people in India. The research is limited in the sense that it emphasizes on Primary Health care Center without capturing the immunization and capacity building of Medical personnel which this research promises to capture.

Public Private Partnership and Immunization

Oluoha, (2014) conducted a research on "Assessing the contributions of Private health facilities in a pioneer Public Private Partnership in childhood immunization in Nigeria" A study of Abia State. The research is a retrospective study of the 2011 Abia State. The research relies heavily on monthly immunization data. The finding reveals that in the four Local Government operating PPP 45% of health facilities that offered immunization services in 2011 were private health facilities and 55% were public facilities. The study therefore recommends that effort should be made to expand PPP in immunization nationally to improve immunization services in Nigeria. The study is a retrospective study and did not

employ any statistical tool used in analyzing data, this is the gap left which the current research promise to fill.

Agampodi, (2008) carried out a research on 'Public private partnership in immunization service provision in Sri Lanka'. The research design use for the research was the descriptive research. Methods a community based cross sectional descriptive study was conducted using pre-tested interviewer administered structured questionnaire. A cluster methodology was used. The total number of households in the sample was 553. Result out of 553 households studied, 104(19%) used private sector exclusively for childhood immunization and 99(17.9%) received shared care from private public sectors. The finding reveals that the capitol of Sri Lanka where the private sector contribution to childhood immunization is believed to be the highest. The research recommended that People who are using private sector for immunization services are deprived of some of the other essential services provided by field health workers. The study captures immunization alone without emphasizing on the other variables adopted by the current research and this is the gap that the current research stand to fill.

The research by Josephat, and Mwageni (2006) on "The Benefits of Public Private Partnership in Health Service Delivery" Evidence from Selected Cases in Tanzania. The study was a survey research and made use of descriptive analysis such mean and interview to collect. The variables used in the study are; Distance to the health service provision centre, Service access costs, Service access time, Service reliability, capacity to deliver services, profits, information sharing and service reliability. The findings reveal that despite inadequacies in regulatory framework, the emerging evidence shows that PPP in health service provision is the right policy choice because of several deliverables. It significantly reduces distance to the health centre, service time, and service costs. Furthermore, it increases capacity to deliver services, profits, information sharing and service reliability. This study

was carried out in Tanzania with different variables of concentration therefore, the result may differ in Nigeria if studied. So, there is the need to replicate the same study in another African country like Nigeria.

Chukwuemeka (2016) carried out a research on improving outcomes in the Nigeria healthcare sector through Public- Private Partnership. Using a qualitative research methodology that focuses on descriptive analysis, the study reviews health system performance in Nigeria in line with the achievement of United Nations health-related Millennium Development Goals (MDG's) and targets. The study recommends for institutionalization of the Public-Private Partnership (PPP) model in the Country's healthcare sector. Public - Private Interaction offers opportunity of leveraging private sector investment in the sector and further enhances improvements in service delivery as well as increases access to quality. The study focused on budgetary allocation to the health in Nigeria, while our study focuses on specific areas like PPP and immunization in Wamakko and Sokoto South Local Governments of Sokoto State.

Public Private Partnership and Capacity Building

Kelly, (2017) carried out a study on 'public private partnership to build human capacity in low income Countries; finding from the Pfizer Program, the research set to cover between 2003 and 2005. The research design used for the study was the Survey research. The study administered a Survey to 60 Fellows and 48 Pfizer supervisors. In addition, the team conducted over 100 interviews with partner organization staff and other key informants during site visits in Uganda, Kenya, Ghana, South Africa and India. Frequency and simple percentage method was used to analyze and interpret the data while statistical package for the social science (SPSS) was used to test the hypotheses. The finding reveals that over three quarter appear to have imparted skills or enhanced operations of NGOs in Hiv/aids and other

health programs. The study therefore recommends that, public expectations have grown regarding the role of corporations should play in improving health systems in developing countries. The study is limited because it did not capture the area of capacity building of medical personnel which is a welcome development.

Espigares, and Torres (nd) conducted a research on Public private partnership as a new way to deliver healthcare services. The methodology centered on literature review and a detail description of private finance initiative in the United Kingdom as a case study. The findings collaborate a clear predominance of healthcare services provided in recent years through PPP schemes in the UK and in most other European countries as well. The study did not look at the area of service delivery therefore, our study stands to be unique in this area.

Ranganadhan, (2018) studied Public-Private Partnership in health sector - opportunities for better Health Care delivery in India. Descriptive analysis such as Mean was used to analysed the study. The paper revealed that several health facilities have started functioning under Public-Private Partnership (PPP) model in different states in India. Government India's initiative of Digital India has ample opportunities for digital innovations in health care. With increased digital awareness there is a wide scope for developing Electronic Health Record (EHR) services which not only help individuals but also, Government for planning at national level. Few big hospitals have EHR service for internal convenience. Government of India has also, come up with norms and regulations for EHR services. The paper present various options and opportunities for PPP in health. The study recommended that development of EHR service for effective planning at national level is possible through Public-Private Partnership. Private sector being a big source of professionals can play a crucial role in managing EHR related services. The paper did not look at the area of capacity building of the healthcare personnel therefore, make our work stand to be unique.

2.7. Theoretical Framework

The theoretical framework for this study is New Public Management by Osborn, Gaebler and Christopher Hood (1991). It was used by Christopher Hood in the study titled 'Public Administration for all seasons' published in public administration journal (Vol. 69, Issue1)

The theory states that if the elements are utilized it will reduce the scope of governmental activities, the elements are: Management, Decentralization, Competition, cost reduction as well as involvement of non-profit organization and private sector in rending services.

2.7.1 Relevance of Theory to the Study

In relation to this study the following elements are applied to the study;

a. Involvement of non-profit organizations (Civil Society Organization) and Private Sectors in health care service delivery; - This element of new public management is relevant to Public Private Partnership operating in Sokoto state. However, the Government of Sokoto state in collaboration with private sector organizations i.e Bill and Melinda Gates Foundation, Dangote Foundation as well as Pathfinder signed a multi-year routine immunization focused memoranda of understanding (MoU) the goal of this partnership is to attain highest standard of health for all individuals, communities by preventing diseases and the partnership aimed at reaching a sustainable rate of 80% immunization coverage by the end of MoU period thereby combat the menace of diseases to improve coverage and strengthening immunization system and improve primary healthcare facilities.

b. Cost reduction: It is the responsibility of Government to finance healthcare and other related activities, in order to achieve efficiency, the partners agreed on contributing significant proportions as to reduce the burden of healthcare to Government and achieve efficiency. The health partners agree on contributing technically and materially. Technically delivers capacity building to healthcare personnel i.e continuing training, seminar and

conferences sponsored by private sectors on how to carryout routine immunizations as well as acquaint them with new techniques of delivering services. Materially mean direct founding of basket mechanism to a significant proportion toward delivery of immunizations, and enhancement of primary healthcare facilities in the state specifically, Wamakko and Sokoto South Local Government Areas of South State.

c. **Management**: New public management allow the participation of non-profit organization i.e. Civil Society Organization (CSOs), Non- government organizations, and private sectors than the use of conventional ministries of government. It is on this basis that service department was established chaired by manager and his thematic working groups who are in-charge of coordinating the activities under the partnership and allow participation of the private sectors through their representations by coordinators of Aliko Dangote Bill and Melinda Gates foundations and community Base organization in the delivery of healthcare services to the teaming populations of Sokoto State specifically, Wamakko and Sokoto South local government area.

d. Criticisms of New Public Management

New Public Management (NPM) scholars put forward the argument and criticize the theory for instance, Savoie (2002) and Singh (2003), who argue that the theory is basically flawed because private sector management practices are rarely adopted into government operations.

Justification for using the theory

New Public Management theory contain the elements as to applied for the study i.e Private sector management, Cost reduction and Management beside allowing the participation of non-profit organizations and private sectors, and used for the partnership in Sokoto State.

2.8 System Theory

Over the years, many scholars have propounded various theories that serve as a guiding principle for explaining and understanding a phenomenon and make a reasonable prediction thereto. For the purpose of this study, System Theory was used as a theoretical framework for analyzing our literature.

The contemporary ideas from System theory have grown with diverse area, exemplified by the work of biologist Ludvig Von Bertalanffy, linguist Bela H. Banathy, sociologist Talcott Persons, organizational theory and management with individuals such as Peter Senge, and interdisciplinary study with areas like Human resources development from the work of Richard A. Swanson. However, the system theory used in this study was adapted into political science by David Eaton in (1957) from the biological system of human being 'whose life processes interact with each other and with the environment to produce a changing but none the less stable bodily state. Viewed this way, therefore, budgeting is the responses of political system to forces brought to bear on it from the environment.

According to Easton, the system theory consists of elements or subsystems which, although different and independent with each other, but interact and interdepend with each other to produce a desirable result. Each of the elements or subsystem received something from another and gives out something to another. Again, these subsystems are so interrelated and interdependent to the extent that if any of these subsystems is affected, the entire system will also be affected. System theory is the transit disciplinary study of the abstract organization of phenomena; independent of their substance, type or spatial or temporal scale of existence. It investigates both the principles common to all complex entities, and the usually mathematical and the models, which can be used to vividly describe it. One of its most important characteristic is that it is composed of hierarchy of sub-systems. That is the parts forming the major systems.

Elements of the System Theory

According to Easton, the system consists of four elements which are:

- Input
- Transformation
- Output
- Feedback
- Environment

The basic features of systems approach are as under:

(i) A system consists of interacting elements. It is set of inter related and interdependent parts arranged in a manner that produces a unified whole.

(ii) The various sub-systems should be studied in their inter- relationships rather, than in isolation from each other.

(iii) An organizational system has a boundary that determines which parts are internal and which are external.

(iv) A system does not exist in a vacuum. It receives information, material and energy from other systems as inputs. These inputs undergo a transformation process within the system and leave the system as output to other systems.

(v) An organisation is a dynamic system as it is responsive to its environment. It is vulnerable to change in its environment.

In the systems approach, attention is paid towards the overall effectiveness of the system rather than the effectiveness of the sub-systems. The interdependence of the sub-systems is taken into account. The idea of systems can be applied at an organizational level. In applying system concepts, organizations are taken into account and not only the objectives and performances of different departments (subsystems).

Input: The first element of the system is input. This consist of objects the parts, elements, or variables within the system. These may be physical or abstract or both, depending on the nature of the system.

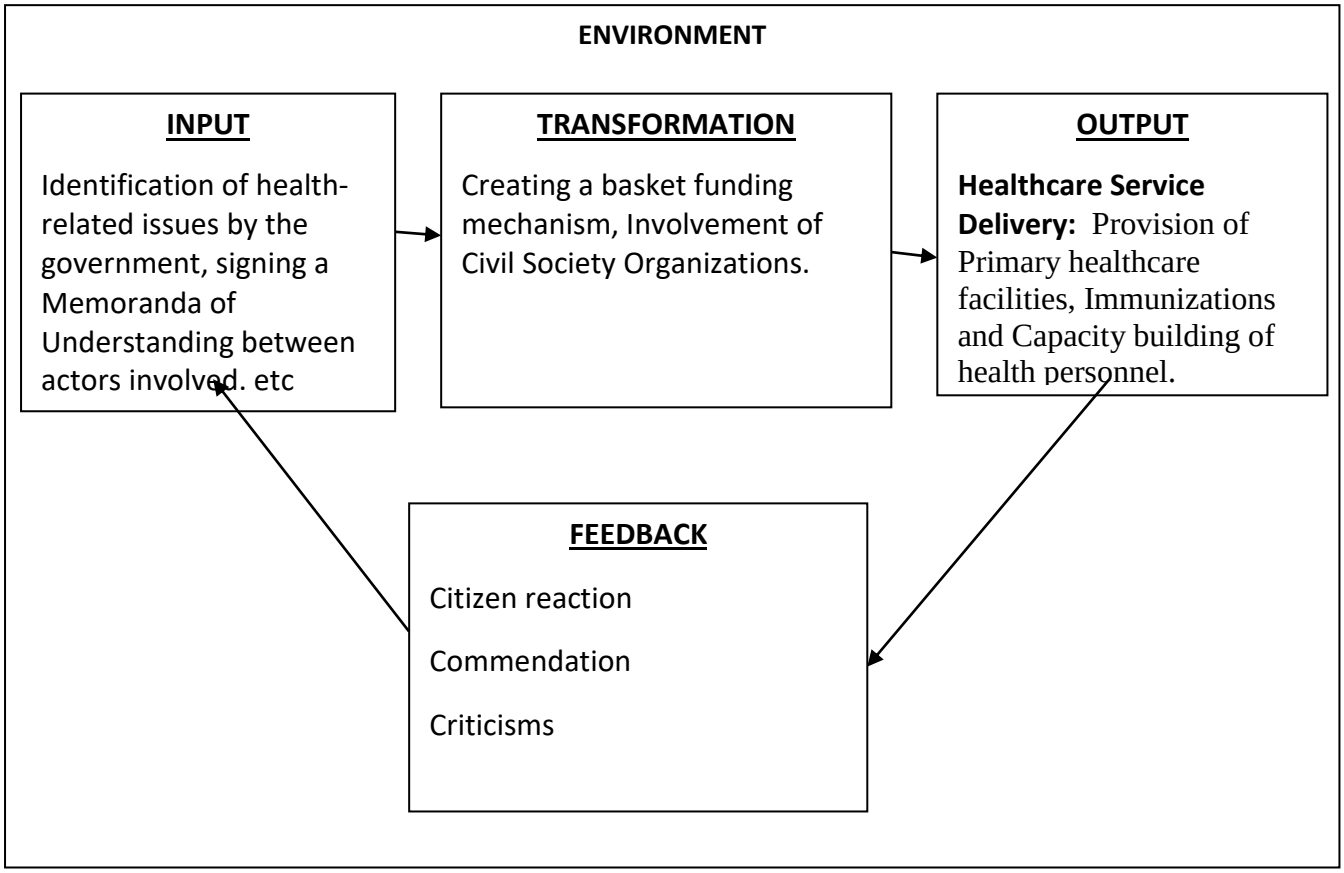
Second, a system consists of an environment. A system then is a set of things that affect one another within an environment and form a larger pattern that is different from any of the parts. The fundamental systems interactive paradigm of budgeting processes analysis features the continual stages of input, throughput (processing) and output, which demonstrate the concept of openness/closeness. A closed system does not interact with its environment, it does not take in information and therefore is likely to atrophy, and that is to vanish to interact dynamically with its environments. Openness increases its likelihood to save and prosper. The system also has several systems which include among others:

Wholeness and interdependence (the who is more than the sum of all parts), corrections, perceiving, causes, chain of influence, hierarchy, super system and subsystems, self-regulation and control goal oriented, interchange with the environment inputs/outputs, the need for balance/homeostasis change and adaptability (morphogenesis) and equal finality; there are various ways to achieve goals.

2.8.1 Application of the Theory to the Study:

This theory is a relevant theoretical framework for this study because of its clarity and simplicity in explaining our literature. The theory talks about various interplay of issues that takes place with regard to recruitment process and workers performance especially in relation to issues like inputs, processing or transformation and output as well as feedback from a particular process or programme of government taking place in an environment which is Wamakko and Sokoto South Local Government Areas which is the unit of study. The application of this theory to the study is explained in the diagram below:

A Diagram showing the system of action in the Effect of Public Private Partnership on Healthcare Service Delivery in Wamakko and Sokoto South Local Government Areas of Sokoto State.



Source: Adopted by the Researcher from Easton's system theory and Researcher's adaptation 2019.

From the above diagram it is very clear that the inputs involve Government identifying the health-related issues affecting the general public. This led to intervention of private sectors by signing of Memoranda of Understanding (MoU) between actors involved in the provision of healthcare services. These actors include, Bill-Melinda Gate foundation, Dangote foundation, Pathfinder with the State Government representing the selected LGAs.

The transformation subsystem is where funding mechanism is created between government of Sokoto State and private sectors with the involvement of Civil Society Organizations from

the selected LGAs. The Sokoto State Government with partners create funding line which is part of the MoU.

The output of this system is the healthcare service delivery. This healthcare service delivery involves the provision of Primary healthcare facilities, Immunizations and Capacity building of health personnel within the study area.

The feedback from the output has to do with citizen reaction, commendation and criticisms on whether or not the partnership has achieved the set aim and objectives**.**

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

This Chapter states and justifies the methods of the entire study. It comprises the research design, population and sample size, sampling technique, sources of data, administration of instrument and method of data analysis. All these techniques (methods), instruments, procedures are utilized in obtaining the needed data for the research.

3.2 Research Design

This study used a survey research design. This involves collecting data from the field through administration of questionnaires, interviews and observation from target population of the study and then generalizing the findings obtained from the analysis of data. Data related to dependent and independent variables are collected through administration of questionnaires, interview and observation and these data are processed in order to examine the effect of Public Private Partnership on Healthcare Service Delivery in Wamakko and Sokoto South Local Government Areas of Sokoto State.

3.3 Population and sample size of the study

For the purpose of this study, our parent population consist of staff and Officials of the three selected Private sector Organizations based in Sokoto State who are working in collaboration with Sokoto State Government in the area of Healthcare Service Delivery, Medical Personnel in Wamakko and Sokoto South Local Governments, Chairmen of Wamakko and Sokoto South Local Governments, Community Base Organizations in the selected Local Governments, Chairmen's ward health committees of the selected Local Government Areas. Cumulatively, the total population of the study is **2544**. This is presented in the table 3.1

Table 3.1 Population of the Study

Population Category	Number of population
Bill and Melinda Gates Foundation	3
Dangote Foundation	3
Pathfinder International	2
Director Planning research and Statistics	1
Director PHC in Wamakko Local Government	1
Director PHC in Sokoto South Local Government	1
Wamakko Medical Personnels 7 wards	1100
Sokoto South Medical Personnels 8 wards	1400
Wamakko Local Government Chairmen	1
Sokoto South Local Government Chairmen	1
Representatives of CBO's in Sokoto South Local Government	7
Representatives of CBO's in Wamakko Local Government	5
Chairmen ward committee on Health in Wamakko	9
Chairmen ward committee on Health in Sokoto South	10
Total	**2544**

Source: Researcher's Computation from Data available (2019).

The parent population for this study is two thousand, five hundred and forty four (**2544**). To draw the sample for a questionnaire administration which consists population of Sokoto South Local Government Medical Personnel (8Wards), Wamakko Local Government Medical Personnel (7Wards), Chairmen Ward Health committee in Sokoto South and that of Wamakko Local Government Areas, we thereby subtracted other population sources and arrived at two thousand, five hundred and nineteen (2519). Based on the characteristics of the population and considering the size of the population where respondents are to be drawn to complete our questionnaires (only the population of Medical Personnel and Ward Health

committee in the two Local Governments), we draw our sample size using Krejcie and Morgan (1970) Table. From the table, the appropriate sample size of the study stood at 335. In order to capture respondents and provide for error that may occur by respondents, additional 10% was added to the calculated sample size as suggested by Israel (2013). Thus, the sample size was 368.

Table 3.2 Proportional Distribution of the Questionnaire

Source	**Population**	**Total Sample**	**Proportional Sample**
Sokoto South Local Government (Medical Personnel)	1400	368	205
Wamakko Local Government Medical Personnel	1100		161
Chairmen Ward Health Committee of Wamakko (8Wards)	9		1
Chairmen Ward Health Committee of Sokoto South (10Wards)	10		1
Total	**2519**	**368**	**368**

Source: field survey, 2019

Table 3.2 indicates that two hundred and five (205) copies of questionnaire were administered to Sokoto south Local Government Medical personnel, hundred sixty one questionnaires were administered to Wamakko Local Government Medical Personnel and a copy of questionnaire was administered to each of the Chairmen Ward Health Committee of the two selected Local Government Areas of Sokoto State.

3.4 Sampling Techniques

In choosing the sampling techniques, the researcher adopted simple random sampling technique for the two local governments since they share the same characteristics together and purposive sampling techniques for the interview due to the positions they occupied.

3.5 Sources of Data collection

The researcher used two sources of data collection, which are primary and secondary sources. The first-hand data was generated from field work by the researcher. The major instruments used in generating these data are questionnaires, interview and observation. The secondhand data already generated and stored in texts, files or even in published form. The secondary sources of data used in this study include textbooks, journals and internet materials retrieved and reviewed, official publications of some private sector organizations etc. The secondary data generated in this study helped immensely because most of these documents provided source of evidence that supported data from questionnaire and interview.

3.6 Interview Technique

In order to complement the information collected from questionnaires, interview was conducted to some selected officials from private organizations, Sokoto State Ministry of Health, Bill and Melinda Gate, Aliko Dangote Foundation and Pathfinder, Representatives of Community Base Organizations in Wamakko and Sokoto south Local Government, Chairmen's of Wamakko and Sokoto South Local Government Councils. The Permanent Secretary of the Sokoto State Ministry of Health and Director Planning Research and Statistics were also interviewed.

3.7 Validity and Reliability

The researcher consulted the relevant literature to ensure the adaptation of a validated questionnaire. To ensure dependability and reliability of the research instrument, the questionnaire was piloted to respondents (medical personnel of Wamakko and Sokoto South local Government). To ensure content validity, experts in PPP were consulted. To ensure construct validity, instrument was obtained through employing the Cronbach's Alpha coefficient to measure the internal consistency of the instrument on the questionnaire administered to twenty (20) respondents for pilot testing.

Table 3.3 Reliability Statistics

Cronbach's Alpha	No of Items
.887	20

Table 3.4 shows the reliability test results for the instrument that was used for the study. All the reliabilities test results of Cronbach's Alpha coefficient for all constructs were above 0.70, therefore, meeting the acceptance standard for research (Skaran and Bougie, 2010).

3.8 Data Presentation and Analysis

In order to make clearer analysis and presentation of the data, this research work embraces the use of both descriptive and inferential statistics. The descriptive statistical tools involve the use of tabulation, simple percentages and frequency distribution, while in the inferential statistics, made us e of **Simple Regression Analysis to** determine the extent and degree to which the dependent variable (Y) could be explained and predicted by the independent variables (X) of the study. The three hypotheses were tested using Statistical Package for Social Sciences (SPSS version 20). We use 5% as our level of significance i.e. 0.05.

CHAPTER FOUR

AN OVERVIEW OF PPP ON HEALTHCARE SERVICE DELIVERY IN WAMAKKO AND SOKOTO SOUTH LOCAL GOVERNMENT AREAS OF SOKOTO STATE.

4.1 Introduction

In 2010, Nigeria reported a total of 21 cases of polio due to World polio virus from 21 LGAs in eight States, Versus 388 cases from 198 LGAs in 27 States in 2009. This is the lowest incidence of both types over a 12-month period that Nigeria has ever recorded. The eight cases of WPV1 were detected in 2010 in three different transmission areas, the earliest WPV1 case of the year, in Sokoto in April, was a continuation of transmission within Sokoto from 2008-2009. Sokoto State as a political entity had 244 wards and ranked among the states with lowest Penta 3 coverage in Nigeria across several surveys. It is discovered that out of 760 Primary Healthcare Centers only 487 are providing routine immunization services across 244 wards it is noted that only 29% of wards had at least one functional cold chain equipment for storing vaccines and 39% of equipped health facilities had vaccines available for provision of routine immunization services. Moreover, it is evident that there exist the issue of poor record keeping for vaccine stock and utilization which causes poor accountability and 0% of health facilities offering RI received funds directly for delivery of RI services hence this lead to the poor community engagement results in low demand for RI services.

Sokoto South is situated in Sokoto State, it is one of the Local Government Areas of Sokoto State, Nigeria. Its headquarters are in Sarkin Zamfara, located in the state metropolis bordered with Sokoto North at the west, Dange-Shuni at the South, Kware local government at the east, and share boundary with Wamakko local government, the local government comprises of many ethnic groups, it has an area of 41 km² and a population of 194,914 at the 2006 census. It is a local government that is sharing boundary with so many local

governments, the local government was endowed with so many commercial activities. The postal code of the area is 840.

4.2 Administrative structure of Sokoto South Local Government

Sokoto South Local Government Council is in charge of public administration in Sokoto South Local Government Area. The council is led by a chairman who is the executive head of the local government. The Sokoto South legislative council make laws governing the local government area. It comprises of 11 Councilors representing the 11 wards of the local government area. The 11 wards of Sokoto South Local Government area are as follows:

- Gagi 'A'

  Gagi 'B'

  Gagi 'C'

  R/Dorowa 'A'

  R/Dorowa 'B'

  Sarkin Adar Kofar Atiku

  Sarkin Zamfara 'A'

  Sarkin Zamfara 'B'

  Sarkin Adar Kwanni

  Tudun Wada 'A'

  Tudun Wada 'B'

In terms of traditional administrative structures Sokoto South local government is vested with many District and village heads namely Uban Kasar tudun wada and Uban Kasar Gagi with so many village and ward heads under them.

Wamakko is a Local Government Area in Sokoto State, Nigeria. Its headquarters are in the town of Wamakko (or Wamakko) on the Sokoto River.

It has an area of 697 km² and a population of 179,619 at the 2006 census. The concentration of wealth, prestige, the political power and religious learning centers in Wamakko attracted large numbers of rural-urban migrants, both from the neighboring state and from distance regions. Presently the ongoing projects in Wamakko are Sokoto State University, National Youth Services Corps camp (NYSC), Amusement Park. As of 2010 the research conducted by National Bureau of Statistics, the estimated rural –urban migrants in the area is about 4,536 and it's increasing at the rate of 10% annually.

Demographics: Wamakko Local government is mainly populated by Hausa people. It also comprises four villages: Kammata, Gwamatse, Kauran Kimaba and Kokani Cidawa. The inhabitants are mostly farmers and animal rearers but the initial inhabitants were Sulubawa but now the area were dominated by Hausa.

4.3 PPP Policy Framework

Public Private Partnership Manual (2017) describes the institutional and legal framework governing the implementation of PPP projects in Nigeria.

1. The legal and regulatory framework governing PPPs in Nigeria
2. The key stake holders involved in Federal PPP procurement
3. The institutional approvals required for Federal PPP projects in Nigeria.

The institutional and Legal Framework for State Projects varies from State to State. However, some State projects may require some form of Federal Government guarantee in order to attract international finance, and these projects should also comply with the process for

Federal projects, since the guarantees will require the approval of the Federal Executive Council.

4.3.1 PPP Legal and Regulatory Framework in Nigeria

The Federal Government of Nigeria (FGN) requires due process to be followed for any form of Procurement involving the Government of any of it agencies, ministries, parastatals and units. This is set out in the Public procurement Act 2007. The procurement of PPP projects needs to comply with the National Policy for Public Private Partnership and the ICRC Act, 2005. ICRC has been established by government with the mandate to coordinate PPP programmes and lead the implementation of the policy. Various Act and Commissions was established with regard to the operation and regulations of PPP in Nigeria. However, the Infrastructure Concession Regulatory Commission (Establishment, etc) Act 2005 was established in order to serve as a principal legislation for the regulation of PPP contracts over Federal Government Infrastructure, Section 1 of the Act, provides National Policy for Public Private Partnership it was the laws establishing the relevant Ministries, Department and Agencies (MDA'S) empowered by the ICRC Act section 1 to enter into PPP contracts, with regard to sector regulations in Nigeria, there are sector regulators established by Acts for each sector e.g. NERC, NESREA, etc. The laws establishing these sectors form part of the legal framework for PPP. Other relevant laws include laws which impact on various aspect of the PPP project such as CAMA, NIPC Act, CBN Act, etc. However, in 2009, the Federal Executive Council (FEC) approved a National Policy on PPP which aims to provide a conducive environment for Private sector involvement in the delivery of infrastructure services in Nigeria. The Infrastructure Concession Regulatory Commission was established under Section 20, of the ICRC Act. Section 10 gives power to inspect, Section 19 provides general policy guidelines, rules and regulations including powers of the Board, also with

regard to custody of every agreement, Section 20a empowers them to take a custody of every agreement and Section 20b empowers them to ensure compliance with the provisions of the Act, Section 20c to ensure efficient execution of any concession entered by the Government so also last but the list is the Section 34 which gives power to make regulations. However, the Infrastructure Concession Regulatory Commission has jurisdiction over infrastructure assets in Nigeria, the regulation of Public Private Partnership (PPP) is by guiding Ministries Department and Agencies (MDAs) in structuring PPP transactions i.e Pre- contract regulation and takes custody of all executed agreements and ensuring compliance with the terms and conditions of such contract i.e Post contract regulation. ICRC also issue regulations and guidelines regarding capacity building and PPP support for MDAs and has to collaborate with State Governments for a sustainable National PPP Framework and sector regulators for the relevant sector.

In specific, the board of ICRC has been appointed with a mandate of developing and issue guidelines on PPP policies, process and procedures (including those for concessions), and to act as a national centre for expertise in PPP. ICRC is expected to work closely with relevant Ministries Department and Agencies MDA'S to identify potential projects and interface with the private sector to promote communication on national policies and programmes, and also expect to monitor the effectiveness of government policies and process and provide independent advice to federal executive council (FEC) on the development of it national PPP policy. ICRC is also expected to work closely with states that are developing their own PPP policies to ensure consistency, best practice, and a coordinated approach to private sector supplier market.

Relevant institutional stakeholders with which ICRC work are national planning commission, MDAS, Federal ministry of Finance Department of management office, Accountant general

of the Federation, Bureau of public procurement and Bureau of public enterprises. **(**Adamu, 2015**).**

4.3.2 PPP Procurement at State level

At the state level, only a handful of States have established their own legal and regulatory framework for PPP procurement. To ensure effective implementation of a project through PPP route, the institutional framework is as important as legal and Regulatory Framework

4.3.3 Institutional Framework in PPP Procurement

The institutional Framework governing PPP in Nigeria allocates specific roles and responsibilities to various entities within the Federal Government of Nigeria. The Framework responsibilities are involved to ensure that all entities within the Federal Government that have specific responsibilities are involved in the project approval process and have access to appropriate guidance, training, expertise and resources to plan, procure and manage investment in PPP projects, taking account of value for money and longterm affordability of PPP projects, and any contingent liabilities that may be retained by Federal Government.

The institutional Framework encompasses guidance for the benefit of those States that propose to develop their own PPP policies and programmes and set up mechanism to coordinate these. The Framework also facilitates communication between various State Governments and private sector contractors and investors interested in Partnering with the public sector to deliver infrastructure assets and services on a PPP basis (PPP Manual 2017 pg1002).

4.4 Structure of Sericc

Sericc is a department under Sokoto State Primary Health Care Development Agency(SSPHCDA) a department charged with the responsibility of coordinating the activities of partnership concerning routine immunization, and Capacity building of medical personnel under them. A department headed by Programme Manager which is from State Primary Health Care Development Agency and assisted by some deputies called Director Personnel Management 1 and 2 which is from Centre for Disease Control (CDC) and deputy 2 comes from private sector organization working with state Government on Healthcare delivery.

This department has five (5) different thematic areas called Working Groups and this working groups charge with the responsibility of supervising the activities of different areas namely;

1. Operational Working Group; This is a group of workers with lead 1 and 2, lead 1 is in charge of the operation and lead 2 serve as assistant working with 5 or 6 members hence, charge with the administrative affairs.
2. Governance, Planning and Finance; This has lead 1 and 2 charged with the responsibility of handling matters related to finance.
3. Monitoring and Evaluation; Same structure and charged with the responsibility of data analysis.
4. Supportive supervision; Same structure, charge with the responsibility of supervision.
5. State Logistics Working Groups (SLWG); Same structure and charge with the responsibility of Vaccines.
6. Training Working Groups (TWG); Charge with the responsibility of training and Capacity building, each thematic area is headed by State Government personnel

whereby partners will serve as a member and build the capacity of selected state personnel or member.

CHAPTER FIVE

DATA PRESENTATION AND ANALYSIS

5.1 Introduction

This chapter includes data presentation, analysis of data and interpretation of the results of the study. The findings of the study were based on data collected through interview and questionnaire of Wamakko and Sokoto South Local Government Areas of Sokoto State. The three hypotheses were tested and the findings analysed.

Table 5.1: Analysis of Questionnaire Administered

Categories	Number of questionnaire administered	Percentage of returned and valid	Percentage of unreturned
Wamakko LG. Medical Personnel	205	182 (89%)	23s
Sokoto South LG. Medical Personnel	161	154 (96%)	7
Chairmen Ward Health Committee (Wamakko 8Wards)	1	1 (100%)	0
Chairmen Ward Health Committee Sokoto South (10 Wards)	1	1 (100 %)	0
Total	368	338 (92%)	30 (8 %)

Source: Field Survey, 2019

A total of 368 copies of the questionnaire were administered among the target population. Two hundred and five (205) questionnaires were distributed to medical personnel in Wamakko L.G.A. out of which hundred and eighty two (182) was retrieved and valid at 89% and twenty three (11%) copies of questionnaire were not returned. One hundred and sixty-one (161) copies of questionnaire were distributed to medical personnel in Sokoto South Local Government out of which one hundred and fifty-four copies of questionnaire were returned and valid at (96%), and a copy of questionnaire each to both chairmen of ward Health Committee in both Sokoto and Wamakko L.G. However, a total of 30 (8%) copies of the

questionnaire were not returned. Therefore, 338 (92 percent) copies of questionnaire were duly completed and retrieved for data analysis.

Demographic Data of the Respondents

Here we present descriptive analysis of the respondent's Bio data. The Bio data includes; gender, age, educational background and local government area.

Table 5.2 – Gender Distribution of the Respondents

Gender		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	220	65.0	65.0	65.0
	Female	118	35.0	35.0	100.0
	Total	338	100.0	100.0	

Source: SPSS Output, 2019

Table 5.2. Shows that 220 respondents which represent 65 % were males while 118 respondents which represent 35% were females. This shows that in both the two Local Government the male medical personnel are more in number than female medical personnel in the State. The implication is that we have high number of male medical personnel responded to our research question in the study area.

Table 5.3 Educational Background of the Respondents

Qualifications	Frequency	Percent	Valid Percent	Cumulative Percent
NCE/ND	30	8.9	8.9	8.9
B.Sc./HND	268	79.3	79.3	88.2
Masters and Above	40	11.8	11.8	100
Total	338	100.0	100.0	

Source: SPSS Output, 2019

Table 5.3 reveals that 30 respondents that participated in this research possessed NCE/ND certificate at 8.9 %. In the B.Sc. / HND category we have 268 respondents at 79.3% while 40 respondents at 11.8% possess masters and above. Therefore, the result shows that majority of the respondents were respondents with B.Sc./HND.

Table 5.4 shows The Age Distribution of the Respondents.

Age	Frequency	Percent	Valid Percent	Cumulative Percent
21-25	29	8.6	8.6	8.6%
26-30	45	13.3	13.3	21.9%
31-35	96	28.4	28.4	50.3%
36-40	118	34.9	34.9	85.2%
41and above	50	14.8	14.8	100%
Total	338	100.0	100	

Source: SPSS Output, 2019

Table 5.4 clearly reveals our respondents age. In the table we have 29 respondents representing 8.6% which are within the age bracket of 21-25. 45 respondents at 13.3% are within the age of 26-30, 96 respondents at 28.4% are within the age of 31-35, 118 respondents at 34.9% are within the age of 36-40 and 50 respondents with 14.8% are within the age of 41 and above. By all indications, respondents within the age of 36-40 were the majority in our research.

5.3. Descriptive and Inferential Analysis

i. **Research question one:** How has PPP affected the Provision of Primary healthcare facilities in Wamakko and Sokoto South Local Government Areas of Sokoto State?

Table 5.5. Public Private Partnership has resulted the Provision of additional healthcare Facilities in Wamakko and Sokoto South Local Government?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	4	1.2	1.2	1.2
	disagree	9	2.7	2.7	3.8
	undecided	7	2.1	2.1	5.4
	agree	202	59.8	59.8	65.2
	strongly agree	116	34.3	34.3	100.0
	Total	338	100.0	100.0	

Source: Field Survey, 2019

Table 5.5 shows 4 respondents with 1.2% strongly disagreed with the above statement. 9 respondents disagreed with 2.7%, 7 respondents were undecided with 2.1%. 202 respondents with 59.8% agreed while 116 respondents with 34.3% strongly agreed. In all the opinions we can say that PPP indeed has resulted into provision of additional Primary Healthcare facilities in both the two Local Government of Sokoto State.

Table 5.6. The Collaboration between Government and Private Sector Results in Provision of More Primary Healthcare Buildings in Wamakko and Sokoto South Local Government Areas

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	3	1.	1	1
	disagree	5	1.5	1.5	2.5
	undecided	5	1.5	1.5	4
	agree	209	61.8	61.8	65.8
	strongly agree	116	34.3	34.3	100.0
	Total	338	100.0	100.0	

Source: Field Survey, 2019

Table 5.6 shows 3 respondents with 1.1% strongly disagreed with the above statement. 5 respondents disagreed at 1.5%, another 5 respondents were undecided at 1.5%. 209 respondents at 61.8% agreed while 116 respondents with 34.3% strongly agreed. In all the opinions we can say that PPP indeed has ensured the provision of more Primary Healthcare

centers in both Wamakko and Sokoto South Local Government of Sokoto State. More evidence is provided below; -

.



Plate i; Primary Healthcare Facility located in Arkilla, renovated under Partnership with Private Sectors.

Source: Sokoto State Ministry of Health, 2019



Plate iii. Front view of Farfaru Primary Healthcare Center, renovated under partnership located in Wamakko Local Government Area of Sokoto State.

Source: Sokoto State Ministry of Health, 2019

Table 5.7. Public Private Partnership Reduces Government Expenditure in Provision of Healthcare Facilities?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	6	1.8	1.8	1.8
	disagree	8	2.4	2.4	4.1
	undecided	15	4.4	4.4	8.6

	agree	202	59.8	59.8	68.3
	strongly agree	107	31.7	31.7	100.0
	Total	338	100.0	100.0	

Source: Field Survey, 2019

Table 5.7 shows that PPP reduces government expenditure in provision of healthcare facilities. 6 (1.8%) respondents strongly disagreed, 8 (2.4%) respondents disagreed, 15 (4.4%) respondents were undecided, 202 (59.8%) agreed while 107 (31.7%) strongly agreed. This implies that the intervention of PPP in healthcare service delivery helps in reducing government expenditure.

Table 5.8. As a Result of Collaboration Many Out-patient Care Facilities Were Provided in Wamakko and Sokoto South Local Government areas

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	4	1.2	1.2	1.2
	disagree	9	2.7	2.7	3.9
	undecided	6	1.8	1.8	5.7
	agree	207	61.2	61.2	66.9
	strongly agree	112	33.1	33.1	100.0
	Total	338	100.0	100.0	

Source: Field Survey, 2019

Table 5.8 shows that 4 respondents representing 1.2% strongly disagreed with the statement that as a result of collaboration many out-patient care facilities were provided in Wamakko and Sokoto South local Government areas, 9 respondents representing 2.7% disagreed, 6 respondents (1.8%) were undecided, 207 respondents (61.2%) agreed while 112 respondents (33.1%) strongly agreed. The result shows that as a result of collaboration many out-patient care facilities were provided in Wamakko and Sokoto South local Government areas.

Table 5.9. PPP Results in Qualitative Healthcare Facilities in Wamakko and Sokoto South Local Government Areas

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	8	2.4	2.4	2.4
	disagree	6	1.8	1.8	4.2

undecided	0	0.00	0.00	4.2
agree	182	53.8	53.8	58
strongly agree	142	42.0	42.0	100.0
Total	338	100.0	100.0	

Source: Field Survey, 2019

Table 5.9 shows that 8 respondents (2.4%) strongly disagreed with the statement, 6 respondents (1.8%) disagreed, there was zero respondent in undecided, 182 respondents representing (53.8%), agreed while 142 respondents (42%) strongly agreed. From the table it clearly shows that PPP results in qualitative healthcare facilities in Wamakko and Sokoto South local Government areas. This result corroborates the result of Espigares and Torres (n.d) which revealed that, most of the healthcare services provided in the United Kingdom and in most other European countries are through the effort of PPP.

Test of Hypothesis one and Interview Responses

H_{01} – PPP has no significant effect on the Provision of Primary healthcare facilities in Wamakko and Sokoto South Local Government Areas of Sokoto State.

Table 5.10 Simple Linear Regression Result (Model Summary) between PPP and provision of primary healthcare facilities

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.800(a)	.640	.639	.505

a Predictors: (Constant), public private partnership

Table 5.10 reveals that the R-square is 0.64% indicating that PPP is able to explain changes in the primary healthcare facilities at 64% while the remaining 36 percent can be explained by factors not capture in this study.

Table 5.11. Simple Linear Regression Result (ANOVA) between PPP and provision of primary healthcare facilities

ANOVA (b)

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	152.118	1	152.118	596.547	.000(a)
	Residual	85.679	336	.255		
	Total	237.797	337			

a. Predictors: (Constant), public private partnership
b. Dependent Variable: facilities

The Anova result in table 5.11 reveals that the F-statistic computed is 596.54 and has a p-valu e of 0.000 which is less than 5% level of significance. This indicates that PPP influences the provision of Primary healthcare facilities significantly. Hence, the study rejects null hypothes is that says PPP does not significantly affect primary healthcare facilities in Wamakko an d Sokoto South Local government of Sokoto state.

Table 5.12 Simple Linear Regression Result (Coefficients[a]) between PPP and provision of primary healthcare facilities

Coefficients (a)

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	.748	.134		5.570	.000
	Public private partnership	.854	.035	.800	24.424	.000

a. Dependent Variable: Primary Healthcare Facilities

Table 5.12 reveals that PPP has a positive coefficient of 0.854 and a probability value of .000 which is significant. It shows that PPP has improved the primary healthcare facilities in sampled local government of Sokoto state. It implies that an increase in the activities of PPP in healthcare services will lead to increase in the number of healthcare facilities at 0.854. Interview was conducted to validate the result.

From the interview conducted regarding the state of healthcare facilities in the state, similar answers were obtained. The researcher found out that Public Private Partnership have helped in ensuring that healthcare facilities are accessible, of quality and coverage in the two LGAs under study. This is in line with the WHO (2010) characteristics of healthcare service delivery. While the provision of healthcare service is widely recognized as the responsibility of Government as encapsulated in section 17 subsection 3 (d) of 1999 Constitution of the Federal Republic of Nigeria as Amended, which states that "state shall direct its policy toward ensuring that there are adequate medical and health facilities for all persons". Researcher also gathered that through PPP renovation of primary healthcare facilities have been put in place.

The result supported the finding of Chukwuemeka (2016) which posited that Public-Private interaction offers opportunity of leveraging private sector investment in the sector and further enhances improvements in service delivery as well as increases access to quality healthcare.

The same was revealed in Ranganadhan (2018), who stated that the development of Electronic Health Record (EHR) in India for effective planning at national level is possible through Public-Private Partnership. Private sector being a big source of professionals can play a crucial role in managing EHR related services. However, some medical equipment which are very important in the hospital were revealed to be in short supply in some healthcare centres. This will greatly lead to inefficiency and effectiveness in the healthcare service delivery in Sokoto State.

5.4. Analysis of Research Question Two

Research Question Two: How has PPP affected the immunization in Wamakko and Sokoto South Local Government Areas of Sokoto State?

Table 5.13: Public Private Partnership Results in the Provision of Sufficient Vaccines in Wamakko and Sokoto South Local Government?

Variables		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	disagree	7	2.1	2.1	2.1
	undecided	10	3.0	3.0	5.1
	agree	206	60.9	60.9	66
	strongly agree	115	34.0	34.0	100.0
	Total	338	100.0	100.0	

Source: SPSS Output, 2019

Table 5.13 shows that 7 respondents (2.1%) disagreed with that statement. 10 respondents (3.0%) were undecided, 206 respondents (60.9%) agreed while 115 respondents (34%) strongly agreed that Public Private Partnership result in provision of sufficient vaccines in the sampled local government of the state. More evidence is provided below; -



Plate; iii. Sample of some Drugs provided to Wamakko Local Government Communities.
Source: Sokoto State Ministry of Health, 2019



Plate IV: Sample of routine Immunization exercise in Sokoto South Local Government

Table 5.14: PPP helps in ensuring that Cold store is made available in the health centres in Wamakko and Sokoto South Local Governments of Sokoto state.

Variables		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	6	1.8	1.8	1.8
	disagree	4	1.2	1.2	3
	undecided	47	14.0	14.0	17
	agree	191	56.5	56.5	73.5

strongly agree	90	26.6	26.6	100.0
Total	338	100.0	100.0	

Source: Sokoto State Ministry of Health, 2019

Table 5.14 shows that 6 respondents (1.8%) strongly disagreed with us in that statement. 4 respondents (1.2%) disagreed with that, 47 respondents (14%) were undecided, 191 respondents (56.5%) agreed while 90 respondents (26.6%) strongly agreed. We can infer that PPP has helped in ensuring establishment of cold store in Sokoto state. This establishment of some cold stores in the state has prevented some vaccines from damaging and invariably ensuring its durability.

Table 5.15. Collaboration between Public and Private has increase data management on Immunisation in Wamakko and Sokoto South Local Government Areas

Variables	Frequency	Percent	Valid Percent	Cumulative Percent
disagree	10	3	3	3
undecided	4	1.2	1.2	4.2
agree	206	60.9	60.9	65.1
strongly agree	118	34.9	34.9	100.0
Total	338	100.0	100.0	

Source: SPSS Output, 2019

Table 5.15 shows that 10 respondents (3%) disagreed, 4 respondents (1.2%) were undecided, 206 respondents (60.9%) agreed while 118 respondents (34.9%) strongly agree that as a result of the collaboration, data management on immunization are now made available in the state. There was no respondent that strongly disagreed. We can rightly say that through the collaboration, proper data collection, recording, analysis and management are ensured.

Table 5.16. Public Private Partnership has ensured adequate Refrigerators in some healthcare centres in Wamakko and Sokoto South Local Government.

Variables	Frequency	Percent	Valid Percent	Cumulative Percent
disagree	6	1.8	1.8	1.8
agree	217	64.2	64.2	66
strongly agree	115	34.0	34.0	100.0
Total	338	100.0	100.0	

Source: SPSS Output, 2019

Table 5.16 shows that 6 respondents (1.8%) disagreed, 217 respondents (64.2%) agreed while 115 respondents (34%) strongly agreed that as a result of this collaboration PPP has been able to ensure refrigerator in some healthcare Centre in the state. There was no respondent for strongly disagree and undecided.

Test of Hypothesis Two and Interview responses

H_{02} – PPP has no significant effect on provision of immunization in Wamakko and Sokoto South Local Government Areas of Sokoto State.

Table 5.17 Simple Linear Regression Result (Model Summary) between PPP and provision of immunization in Wamakko and Sokoto South Local Government Areas of Sokoto State.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.872(a)	.760	.759	.48684

a. Predictors: (Constant), PPP

The table above reveals that the R-square is 0.76 indicating that PPP is able to explain the variation that occur in the provision of immunization in Wamakko and Sokoto South Local Government Areas of Sokoto State at 76% while the remaining percent can be taken care of by factors not capture in this study.

Table 5.18 Simple Linear Regression Result (ANOVA) between PPP and provision of immunization in Wamakko and Sokoto South Local Government Areas of Sokoto State.

ANOVA (b)

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	252.430	1	252.430	1065.024	.000(a)
	Residual	79.638	336	.237		
	Total	332.068	337			

a. Predictors: (Constant), ppp
b. Dependent Variable: Immunization

Table 5.18 reveals the F-statistic computed to be 1065.024 and has a p-value of 0.000 which is less than 5% level of significance. This implies that PPP influences the provision of immun ization services in Wamakko and Sokoto South Local government in Sokoto state.

Table 5.19 Simple Linear Regression Result (Coefficients) between PPP and provision of immunization in Wamakko and Sokoto South Local Government Areas of Sokoto State.

Coefficients (a)

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	-.798	.140		-5.704	.000
	ppp	1.097	.034	.872	32.635	.000

a. Dependent Variable: Immunization

Table 5.19 reveals that PPP has a positive coefficient of 0.872 and a probability value of .000 which is positively significant, while the p-value is 0.05. This shows that the p-value 0.05 is greater than the t-value 0.00 which indicate that the PPP enhances the provision of immunization in Sokoto state. It implies that an increase in the activities of PPP in the area of healthcare services will directly ensure adequate provision of immunization in Sokoto state. Therefore, the null hypothesis which states that PPP has no significant effect on provision of immunization in Wamakko and Sokoto South Local Government Areas of Sokoto state is rejected, which implies that PPP has significant effect on provision of immunization.

This is in line with the findings of Asogwa and Odoziobodo (2016) which show that PPP has helped in reducing child mortality and strong progress has been made from it. Interview was conducted to validate the above result. The researcher wanted to find out whether PPP has improved immunization coverage in the Local Governments under study? It was interesting to reveal that though, PPP has enhanced the healthcare services by the means of providing items such as: provision of vaccines, refrigerators, access to facilities and immunizations

affordability or for free. The healthcare centres are still faced with inadequate supply of drugs, and poor timeliness in attending to patients especially the infants.

5.5. Descriptive analysis on Research Question Three

i. How has PPP affected capacity building of health personnel in Wamakko and Sokoto South Local Government Areas of Sokoto State?

Table 5.20: Collaboration between Government of Sokoto state and Private sectors, enhance Capacity Building of health personnel in Wamakko and Sokoto South Local Government Areas.

Variables		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	1	.3	.3	.3
	disagree	1	.3	.3	.6
	undecided	6	1.7	1.7	2.3
	agree	201	59.5	59.5	61.8
	strongly agree	129	38.2	38.2	100.0
	Total	338	100.0	100.0	

Source: SPSS Output, 2019

Table 5.20 clearly shows that indeed Public Private Partnership enhances capacity building of health personnel in the state with two respondents (0.6%) that are in disagreement, 201 respondents (59.5%) agreed while 129 respondents (38.2%) strongly agreed with insignificant number of the respondents that are undecided on the statement.

Table 5.21: Partnership has affected the provision of long term training to health personnel in your Local Government.

Variables		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	3	.9	.9	.9
	disagree	2	.6	.6	1.5
	undecided	4	1.2	1.2	2.7
	agree	209	61.8	61.8	64.5
	strongly agree	120	35.5	35.5	100.0
	Total	338	100.0	100.0	

Source: SPSS Output, 2019

Table 5.21 shows that in all the responses we got 3 respondents (0.9%) strongly disagreed, 2 respondents (0.6%) disagreed, 4 respondents (1.2%) were undecided, 209 respondents (61.8%) agreed while 120 respondents (35.5%) strongly agreed that this partnership results in training of health personnel in the Wamakko and Sokoto south local government.

Table 5. 22: Public Private Partnership contributed in providing short term training to health personnel in Wamakko and Sokoto South Local Government Areas

Variables	Frequency	Percent	Valid Percent	Cumulative Percent
undecided	16	4.7	4.7	4.7
agree	99	29.3	29.3	34
strongly agree	223	66.0	66.0	100.0
Total	338	100.0	100.0	

Source: SPSS Output, 2019

Table 5.22 shows that no respondent strongly disagreed or disagreed. 16 respondents representing 4.7% were undecided, 99 respondents (29.3%) agreed while 223 respondents (66.0%) strongly agreed that Public Private Partnership contributed in providing short term training to health personnel in Wamakko and Sokoto South local government areas.

Table 5.23: Collaboration of Public and Private the Healthcare Personnel were Trained Effectively

Variables		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	7	2.1	2.1	2.1
	disagree	6	1.8	1.8	3.9
	agree	192	56.8	56.8	60.7
	strongly agree	133	39.3	39.3	100.0
	Total	338	100.0	100.0	

Source: SPSS Output, 2019

Table 5.23 shows that 7 respondents (2.1%) strongly disagreed that as a result of this collaboration healthcare personnel were trained effectively, 6 respondents (1.8%) disagreed, 192 respondents (56.8%) agreed, 133 respondents (39.3%) strongly agreed. The result implies that this collaboration has greatly added value to the healthcare personnel in Sokoto state.

Table 5.24: PPP Collaboration Results in Increasing the Performance of Healthcare Personnel

Variables		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	1	.3	.3	.3
	disagree	1	.3	.3	.6
	undecided	5	1.5	1.5	2.1
	agree	142	42.0	42.0	44.1
	strongly agree	189	55.9	55.9	100.0
	Total	338	100.0	100.0	

Source: SPSS Output, 2019

Table 5.24 shows that due to the collaboration of Private individuals with the government of Sokoto state, the performance of healthcare personnel has increased with a respondent (0.3%) that strongly disagreed, and another respondent (0.3%) who disagreed with the opinion, 5 respondents (1.5%) were undecided, 142 respondents (42.0%) agreed while 189 respondents (55%) strongly agreed. The responses indicated that when collaboration takes place between the government and the private individuals there is a possibility of improving the performance of healthcare personnel.

Table 5.25: PPP in Wamakko and Sokoto South Local Government Provides Cheaper and More Convenient Service for the Society.

Variables		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	disagree	3	.9	.9	.9
	undecided	8	2.3	2.3	3.2
	agree	177	52.4	52.4	55.6
	strongly agree	150	44.4	44.4	100.0
	Total	338	100.0	100.0	

Source: Source: SPSS Output, 2019

Table 5.25 indicates that 3 respondents (0.9%) disagreed that PPP in Wamakko and Sokoto LG provides cheaper and more convenient service for the society. 8 respondents (2.3%) were undecided, 177 respondents (52.4%) agreed while 150 (44.4%.) respondents strongly agreed. This implies that through PPP collaboration, healthcare services are now provided cheaper and more convenient for the society.

Table 5.26: Public Private Partnership has Helped in the Implementation of Government Policies

Variables	Frequency	Percent	Valid Percent	Cumulative Percent
Agree	204	60.4	60.4	60.4
strongly agree	134	39.6	39.6	100.0
Total	338	100.0	100.0	

Source: Source: SPSS Output, 2019

Table 5.26 clearly indicates that Public private partnership has helped in the implementation of government policies with 204 respondents (60.4%) agreed and 134 respondents (39.6%) strongly agreed. The table shows that no respondent disagreed or was undecided in the statement. From this we infer that the two local government have felt the impact of PPP in Sokoto State.

Table 5.27: PPP is a Means of Developing Socially Inclusive Communities

Variables	Frequency	Percent	Valid Percent	Cumulative Percent
undecided	8	2.4	2.4	2.4
agree	206	60.9	60.9	63.3
strongly agree	124	36.7	36.7	100.0
Total	338	100.0	100.0	

Source: Source: SPSS Output, 2019

Table 5.27 shows that 8 respondents (2.4%) were undecided on the statement that PPP is a means of developing socially inclusive communities, 206 respondents (60.9%) agreed, while 124 respondents (36.7%) strongly agreed.

Table 5.28: Partnership Result in Changes on Healthcare Delivery of the State.

Variables	Frequency	Percent	Valid Percent	Cumulative Percent
undecided	4	1.2	1.2	1.2
agree	170	50.3	50.3	51.5
strongly agree	164	48.5	48.5	100.0
Total	338	100.0	100.0	

Source: Source: SPSS Output, 2019

Table 5.28 shows that 4 respondents (1.2%) were undecided, on the statement that as a result of Partnership changes are made in Healthcare Delivery of the State, 170 respondents (50.3%) agreed while 164 respondents (48.5%) strongly agreed. We can say that indeed, PPP has brought a lot of benefiting changes such as proper planning, implementation, and adequate monitoring and supervision in the healthcare centre in Sokoto State.

Table 5.29 PPP Addresses Diseases in Hard to Reach Area of Your Local Governments?

Variables	Frequency	Percent	Valid Percent	Cumulative Percent
disagree	5	1.5	1.5	1.5
agree	185	54.7	54.7	56.2
strongly agree	148	43.8	43.8	100.0
Total	338	100.0	100.0	

Source: Source: SPSS Output, 2019

Table 5.29 shows that 5 respondents (1.5%) disagreed with the opinion that PPP addresses the disease in hard to reach area of our Local Governments, 185 respondents (54.7%) agreed while 148 respondents (43.8%) strongly agreed.

Test of Hypotheses Three and Interview Analysis

H_{03} – PPP has no significant effect on capacity building of health personnel in Wamakko and Sokoto South Local Government Areas of Sokoto State.

Table 5.30 Simple Linear Regression Result (Model Summary) between PPP and capacity building of health personnel in Wamakko and Sokoto South Local Government Areas of Sokoto State.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.823(a)	.677	.676	.33720

a. Predictors: (Constant), PPP

Table 5.30 shows that the coefficient of correlation ® is 0.823 which is very strong and indicating strong correlation between the variables. The coefficient of determination $r^{2,}$ stood at 0.677 indicating that PPP can explain 67% of the variations in capacity building of health personnel in Wamakko and Sokoto South Local Government Areas of Sokoto State.

Table 5.31 Simple Linear Regression Result (ANOVA) Between PPP and Capacity Building of Healthcare Personnel in Wamakko and Sokoto South Local Government Areas of Sokoto State.

ANOVA (b)

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	80.094	1	80.094	704.425	.000(a)
	Residual	38.204	336	.114		
	Total	118.298	337			

a. Predictors: (Constant), PPP
b. Dependent Variable: capacity building

Table 5.30 shows the F statistics of the regression between Public Private Partnership and capacity building of health personnel in Sokoto state at 704.425 with a significant p-value of 0.000. This shows that PPP is a good explanatory variable for improving capacity building of healthcare personnel in Wamakko and Sokoto South Local Government Areas.

Table 5.32: Simple Linear Regression Result (Coefficients) Between PPP and Capacity Building of Healthcare Personnel in Sokoto State.

Coefficients (a)

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	T	Sig.
1	(Constant)	1.120	.097		11.563	.000
	PPP	.618	.023	.823	26.541	.000

a. Dependent Variable: capacity building

The coefficient of PPP as shown in table 5.31 is 0.618 which is positive with a t- value of 11.563 having a significant p-value of 0.000. The result clearly shows that we have enough statistical evidence to reject our null hypothesis. Therefore, the null hypothesis which states that there is no significant relationship between PPP and capacity building of health personnel in Wamakko and Sokoto South Local Government Areas of Sokoto State is rejected. The study is in line with the findings of Kelly, (2017) which revealed that PPP has helped towards enhancing the operations of NGOs and other health programs on enhancing personnel of healthcare services in the state etc. through on the job and off the job training.

The researcher asked to find out the quality of healthcare services rendered by the healthcare personnel in the state? Similar answers were obtained. The researcher was made to know that through PPP, healthcare personnel have been able to deliver a more qualitative healthcare service. This may be due to additional training gotten through workshop, seminar and conferences attended though no service delivery organization will be free from certain challenges but how to manage it is where the problem arises.

The researcher wanted to find out whether the healthcare personnel are recorded high level of job turn over? The researcher was made to know that there have been reports about increase in the level of personnel turnover in healthcare services existing in the state. This may be as a result of delay in payment of their salaries. Lastly, the researcher wanted to find out the challenges surrounding the implementation process; the challenges were mentioned to be lack of people awareness, delay in disbursement of fund, paucity of information on the problem areas, high level of illiteracy, poor staffing and inadequate maintenance of the existing staff etc.

5.6 Major Findings

Based on the data presented, analysed and hypotheses tested, finding from questionnaires administered and interview conducted in the two Local Government Areas.

The first hypothesis which states that Public Private Partnership has no significant effect on Primary healthcare facilities in Wamakko and Sokoto South Local Governments was rejected. Meaning that Public Private Partnership has greatly influenced and determine changes to Primary healthcare facilities in Wamakko and Sokoto South Local Government Areas of Sokoto state. This result is in tandem with the result of Josephat and Mwageni (2006) with the findings that despite inadequacies in regulatory framework, the emerging evidence shows that PPP in health service provision is the right policy choice because of

several deliverables. It significantly reduces distance to the healthcare centres, service time, and service costs. Furthermore, it increases capacity to deliver services, information sharing and service reliability. However, some medical equipment which are very important to the hospital were revealed to be in short supply in some healthcare facilities. This will greatly lead to inefficiency and effectiveness in the healthcare service delivery in Sokoto State.

The second hypothesis which states that Public Private Partnership has no significant effect on provision of immunization in the sample Local Government Areas was rejected. Meaning that there is a significant relationship between PPP and provision of immunization services in Wamakko and Sokoto South Local Government Areas of Sokoto State. This was evidenced from the table 5.13, 5.14, and 5.15. Where majority respondents strongly agreed that PPP results in provision of cold stores, refrigerators and vaccines for immunization services in Wamakko and Sokoto South Local government areas of Sokoto state, because of the fact that when there is effective and efficient service from public private partnership it will help to ensure that relevant drugs are provided for free or at affordable price.

The third hypothesis which states that Public Private Partnership has no significant effect on capacity building in the sample Local Government Areas was rejected and the reverse is accepted. Because of the fact that, it is interesting to reveal that PPP is very indispensable when it comes to capacity building of the healthcare personnel in Sokoto state. The null hypothesis was rejected while the alternate was accepted. The implication of this is that when there is effective collaboration of PPP and the Sokoto state government, there is no doubt that it will lead to improvement in the capacity building of healthcare personnel in the State. The statement was strongly supported by the responses of the populace in table 5.20, 5.21, 5.22 and 5.23 respectively, where it was clearly

revealed that the existing collaborations in the State have contributed immensely towards the capacity building of the healthcare personnel.

Though, our null hypotheses were rejected and their revise were accepted, interview revealed certain challenges faced in the course of delivering the healthcare services to the people. Such challenges like; lack of people awareness, delay in disbursement of fund, paucity of information in the problem areas, high level of illiteracy, poor staffing and inadequate maintenance of the existing staff etc.

System theory by David Easton (1957) was used to underpin the study. It was found that despite the delay in the disbursement of fund by the government under basket funding mechanism which happened as a result of bureaucratic processes and procedures hence result to the ineffectiveness and delay in the running of the partnership programme in Wamakko and Sokoto South Local Government Areas of Sokoto State.

5.7 Contribution to Knowledge

This study found empirical evidences for the theoretical relationship between PPP and healthcare service delivery. New public management adopted for the study indicates that PPP was introduced to healthcare in Sokoto state and use for private sector management and cost reduction, which are constructs of the theory that guided our study. PPP has assisted the populace of Sokoto state specifically Wamakko and Sokoto South local government especially in the area of renovation of Primary healthcare facilities, Provision of immunizations and Capacity building, this supported our hypotheses which proved that there is a significant relationship between PPP and healthcare service delivery especially in the areas of healthcare facilities, provision of immunizations as well as capacity building in Wamakko and Sokoto South local government areas of Sokoto State.

This research work contributes vehemently, as it focuses on the areas that have not touched by other researches and use theory that guided the explanation of substances in the sampled Local Government Areas of Sokoto State.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This chapter presents summary of findings made in the course of this study, all about the study as well as conclusion and recommendations that will serve as solutions to the challenges facing PPP on healthcare service delivery.

6.2 Summary

The growing financial pressure on public account and the need to bring efficiency in to government businesses has prompted the expansion of new formulas that allow the channeling of alternative resources, so that governments that previously both produced and provide services now tend to rely increasingly on private sectors for either inputs for government production or direct provision of good and services. This calls for public private partnership towards strengthening the healthcare delivery.

The study examines the effect of public private partnership on healthcare service delivery in Wamakko and Sokoto south local government areas of Sokoto state with the view of determining the extent to which PPP has contributed towards enhancing Primary healthcare facilities, immunization and capacity building in the sampled areas. Analysis in the study shows that in Wamakko and Sokoto south local governments of Sokoto state there is a strong positive relationship between PPP and healthcare service delivery. This was supported by the responses of the beneficiaries in table Plate i, ii, iii, and iv. Also, the inferential statistics in table 5.12, 5.19 and 5.31 indicated a positive significant relationship between the variables. This implies to an extent that 1% increase in the activities of PPP will directly lead to equal increase on healthcare service delivery in Wamakko and Sokoto South Local Government Areas of Sokoto State. The reviewed literature especially Ndukwe (2015), Olufemi (2011)

and others showed that PPP is an instrument for addressing healthcare issues especially at Local and State level.

The result noted that PPP though, has become a panacea to effective healthcare service delivery in Sokoto state, there are challenges to be overcome in its implementation such as; poor staffing and maintenance of the staff already existing. The poor supply of some important medical equipment in some healthcare centers was also a big challenge in the implementation process. Survey research design was employed in this study. The New Public Management (NPM) theory by Gaebler, Osborn and Christopher Hood 1991 was used to underpin the study. The theory suggests using approaches of private sectors, the corporate or business world to make service of the public organizations more effectively and efficiently. The idea for using this approach is the fact that private-sector principles were used rather than rigid hierarchical bureaucracy as it would work more efficiently. Base on the research findings, the conclusion, recommendation and suggestion for future study were drawn.

6.3 Conclusion

The demand for better healthcare services and the need to improve the population's health status, particularly the rural poor, led to the introduction of PPP on healthcare. It has not only served as a tool for the provision of public goods and services, it has also done well in the area of healthcare facilities and is becoming increasingly common in Nigeria and Africa by extension just as it has been in most developed countries especially, Europe where such policies are directly linked to long-term economic growth/stability and breed mutual benefits. PPP has been shown to have a positive impact on healthcare delivery in areas where it is practiced. The study is a comprehensive and examination of the effect of public private partnership on healthcare service delivery in Wamakko and Sokoto south local government areas of Sokoto state. It includes information on Primary healthcare facilities, immunization

and enhancement of capacity building in Wamakko and Sokoto south local government areas of Sokoto state. The survey most important findings revealed a positive significant relationship on healthcare facilities, immunization, and capacity building in Wamakko and Sokoto south local government areas. Expectations of PPP regarding improvement and provision of healthcare services has not been defeated. In line with result of the study and evident it is therefore, conclude that PPP has improved healthcare service delivery in Wamakko and Sokoto south local government of Sokoto State.

6.4 Recommendations

The following recommendations are put forward base on the findings and conclusions of the study,

i. Though there is a significant relationship between PPP and provision of healthcare facilities in Wamakko and Sokoto South Local Government Areas of Sokoto State. Meaning that for every increase in the activities of Public Private Partnership in the state, there would be a corresponding influence and changes in provision of Primary healthcare facilities in Sokoto state. Therefore, states that are yet to embrace private sector collaboration in the healthcare delivery should speed it up with utmost sense of sincerity, this would at a great length enhance the lives of the populace in the state.

ii. Public Private Partnership on Healthcare service Delivery in Wamakko and Sokoto South Local Governments of Sokoto state has affected the masses positively, more funds should be allocated to MoU healthcare account in the state, this will enable the state to enhance the service delivery on healthcare and procure those drugs that were unable to procured as a result of insufficient funding.

iii. Government and private sectors involved should continue to address the deficiency of healthcare personnel and provide a lasting solution through continuing training programmes thereby making it mandatory.

6.5 Suggestions for Further Studies

This study is not free from delimitations such as; it is delimited to Wamakko and Sokoto South Local Government Areas in Sokoto state. The same study can be carried out in the rest of 21 Local Governments of the state. Therefore, the findings cannot be generalised to Sokoto state. Also, the study concentrated on Healthcare service delivery. There are other areas which Public Private Partnership has functions with the State Government i.e the areas of Education, Agriculture and Water resources etc. therefore, should be examined too.

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APENDIX I

QUESTIONNAIRE FOR THE MINISTRY OF HEALTH

Department of Public Administration,
Faculty of administration,
Ahmadu Bello University,
Zaria.

20th July, 2018.

Dear Respondent,

I am postgraduate student of the above-mentioned department and institution conducting a research study on the topic: Effect of Public Private Partnership on Healthcare Service Delivery in Wamakko and Sokoto South local Government Areas of Sokoto state from 2016 to 2020.The research forms an essential requirement for the award of Masters of Science degree in public administration (MSc.) in the University. Therefore, any information supplied will be confidentially treated. However, the following will serve as a guide in answering the questions;

SA = Strongly Agree

A = Agree

D = Disagree

SD = Strongly Disagree

U = Undecided

Thank you for the anticipated cooperation.

Yours faithfully

Signed: ----------
--ABUBAKAR MODE NAMAKKA

P16ADPA8253

08142520003 RESEARCHER

SECTION A

RESPONDENTS PERSONAL PROFILE

1) Gender of respondent: Male [ ] Female [ ]
2) Respondents profile in terms of Age bracket

   (a) 20 – 30 [ ] (b) 31 – 40 [ ] (c) 41 – 50 [ ] (d) 51 – 60 [ ] (e) 60 and above [ ]
3) Respondent profile in terms of Educational Status

   (a) SSCE – NCE/ND [ ] (b) B.Sc./HND [ ] (c) Master's Degree/PhD and above [ ]
4) Respondent profile in terms of cadre of work

   (a) Administrative staff [ ] (b) Healthcare personnel [ ]

SECTION B

S/NO	QUESTIONS	SA	A	U	D	SD
5	Public Private Partnership result in Provision of additional healthcare Facilities in Wamakko and Sokoto South local Government?					
6	Collaboration between Government and private sector result in provision of more Primary healthcare Facilities in Wamakko and Sokoto South local Government areas?					
7	Public Private Partnership reduce Government expenditure in provision of healthcare facilities?					
8	Collaboration result in renovation of some out-patient care facilities in Wamakko and Sokoto South local Government areas?					
9	PPP result in qualitative healthcare facilities in Wamakko and Sokoto South local Government areas?					

SECTION C

	Questions	**SA**	**A**	**U**	**D**	**SD**
10	Public Private Partnership result in provision of sufficient Vaccines in Wamakko and Sokoto South local Government?					
11	Collaboration between Government and Private sectors ease access to immunizations in Wamakko and Sokoto South local government areas?					
12	Public Private Partnership result in provision of refrigerators in healthcare facilities in Wamakko and Sokoto South local Government?					
13	Collaboration reduce distance of healthcare facilities in Wamakko and Sokoto South local government areas of Sokoto state?					
14	Public Private Partnership results in establishment or renovation of some healthcare centres?					

SECTION D

16	PPP enhanced capacity building of health personnel in Wamakko and Sokoto South local Government areas?	**SA**	**A**	**U**	**D**	**SD**
17	Partnership result in providing long term training to healthcare personnel in Wamakko and Sokoto South local Government?					
18	Public Private Partnership contribute in providing short term training to medical personnel in Wamakko and Sokoto South local government areas?					
19	Collaboration with private sectors result in increasing the performance of healthcare personnel?					
20	Collaboration healthcare personnels was trained effectively?					

APPENDIX II:

QUESTIONNAIRE FOR WAMAKKO AND SOKOTO SOUTH LOCAL GOVERNMENT AREAS.

Department of public administration,
Faculty of administration,
Ahmadu Bello University,
Zaria.
20th July, 2018.

Dear respondent,

I am postgraduate student of the above-mentioned department and institution conducting a research study on the topic: Effect of Public Private Partnership on provision of Healthcare service delivery in Wamakko and Sokoto South local Government from 2016 to 2020.The research forms an essential requirement for the award of Masters of Science degree in Public Administration (MSc.) in the University. Therefore, any information supplied will be confidentially treated. However, the following will serve as a guide in answering the questions; -

SA = Strongly Agree
A = Agree
D = Disagree
SD = Strongly Disagree
U = Undecided

Instructions:

1. The questionnaire is divided in to two parts/section. Category A is designed for Wamakko, category B was fashioned for Sokoto South local Government.
2. You are therefore requested to choose the appropriate category you belong to and answer the questions therein.
3. Please do not write your name
4. Please tick appropriately the options in the questionnaire and comment where applicable.

Thank you for the anticipated cooperation.

Yours faithfully

Signed: ----------
ABUBAKAR MODE
NAMAKKA
08142520003
RESEARCHER

RESPONDENTS PERSONAL PROFILE

(1) Gender of respondent: Male [ ] Female [ ]

(2) Respondents profile in terms of Age bracket

(a) 20 – 30 [ ] (b) 31 – 40 [ ] (c) 41 – 50 [ ] (d) 51 – 60 [ ] (e) 60 and above [ ]

(3) Respondent Profile in terms of Educational Status

(a) SSCE – NCE/ND [ ] (b) B.Sc./HND [ ] (c) Master's Degree/PhD and above [ ]

(4) Respondent profile in terms of category

(a)Member of Patients [ ] (b) Medical personnel in Healthcare centres [ ]

SECTION A

S/N	QUESTIONS	SA	A	U	D	SD
1	Public Private Partnership serve as a tool for Providing additional Primary healthcare facilities in Wamakko and Sokoto South Local Government Areas?					
2	Public Private Partnership serve as a tool for providing Vaccines in Wamakko local Government?					

SECTION B

3) What do you consider as the reason for partnership between state Government and Private sectors in Sokoto state? (a) providing more Healthcare centres (b)To make teeming population accessible to immunizations (c) To acquaint healthcare personnel with proper training.

S/N	QUESTIONS	SA	A	U	D	SD
4	Public private partnership enhanced the renovation of healthcare facilities.					

SECTION C

S/N	QUESTIONS	SA	A	U	D	SD
5	As a staff of this ministry, what is your Assessment about the effect of PPP in ensuring Healthcare Service Delivery.					
6	Partnership results in changes in Healthcare Delivery of the State, specifically Wamakko and Sokoto South Local Government Areas.					

APPENDIX III

Krejcie and Morgan Table for Determining Sample Size

N	S	N	S	N	S
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10,000	370
150	108	750	254	15,000	375
160	113	800	260	20,000	377
170	118	850	265	30,000	379
180	123	900	269	40,000	380
190	127	950	274	50,000	381
200	132	1000	278	75,000	382
210	136	1100	285	1,000,000	384

Note: N=Population size,
S=Sample size,
Source: Krejcie and Morgan, 1970

APPENDIX IV
LIST OF INTERVIEWEES

Interview Respondents

S/N	Name	Position	Date Interviewed
1.	Abubakar Gatawa	Coordinator Bill and Melinda Gates Foundation	7th August, 2018.
2.	Shamwilu Muhammed	Coordinator Dangote Foundation	9th August, 2019.
3.	Zayyanu Aliyu	Coordinator Pathfinder	13th August, 2019.
4.	Ahmad Ahmad Gatawa	Director Planning Research and Statistics	15th August, 2019.
5.	A.A Ladan	Permanent Secretary Ministry of Health Sokoto	28th August,2019.
6.	Yusuf Arzika	Director PHC Wamakko Local Government	30th August, 2019.
7.	Sagir Badamasi	Director PHC Sokoto South Local Government	4th September, 2019.
8.	Sa'adu Mai Wada	Chairmen Wamakko Local Government	13th September, 2019.
9.	Faruku Sayudi	Chairmen Sokoto South Local Government	17th September, 2019.
10.	Musa Durumu	Representative of CBO's in Sokoto South	20thSeptember, 2019
11.	Bello Jabbo	Representative of CBO's in Wamakko Local Government	30th September, 2019.

Source; Field Work 2019.

From the table, we interviewed each person from the category with the exception of Ministry of Health Sokoto State where two Medical personnel were picked from the population for sampling.

INTERVIEW SCHEDULE FOR THE PRIVATE ORGANIZATIONS

SECTION A

(1) Date of Interview…….

(2) Name of the organization…….

(3) Place of Interview…….

(4) Duration of the Interview……

(5) Level of Study of Interviewee……

SECTION B

(1) As a Coordinator, what is your opinion about this collaboration between Government and your organization in providing Healthcare Service Delivery in Sokoto State?

(2) Do you think that PPP could serve as a vehicle for provision of effective health facilities in Wamakko and Sokoto South local Governments of the State?

(3) What is your Comment on the performance of Health sector in Wamakko and Sokoto South local Government?

(4) As a coordinator, what is the major challenge that you are facing in the execution of your work?

APPENDIX V

INTERVIEW SCHEDULE FOR DIRECTOR PLANNING RESEARCH AND STATISTICS AND DIRECTORS PHC'S

SECTION A

(1) Data of Interview……...

(2) Director of …….

(3) Place of Interview……

(4) Duration of the Interview……

(5) Level of Study of Interviewee……

SECTION B

(1) How will you describe PPP in relation to health performance of Sokoto State?

(2) What is your assessment about effect of PPP in enhancing healthcare performance especially with regard to Healthcare Service Delivery of the State?

(3) How would you assess the role of private sectors in facilitating healthcare of Sokoto state?

(4) How would you assess the role of Government in facilitating healthcare in the selected local Government?

APPENDIX V1



Sample of Routine Immunization in Sokoto South Local Government



Primary healthcare center located in Madatsa, Tudun wada A ward, Constructed under arrangement.



Waiting room of Minanata Primary Healthcare center located in Tudun wada B Ward, Sokoto south Local Government.



Front view of Farfaru Primary Healthcare center, renovated under PPP arrangement located in Wamakko Local Government Area of Sokoto State.



Main entrance of Farfaru Primary Healthcare Center located in Wamakko, renovated under PPP arrangement.



PHC Arkilla, under Wamakko Local Government, renovated under PPP arrangement.



PHC located in Mana, Constructed under PPP arrangement.



Out-patient care renovated under partnership in Sokoto South Local Government Area.



Sample of routine immunization conducted in Samama area of Wamakko Local Government.



Healthcare briefing in Sokoto state Ministry of Health.



Sample of Primary healthcare facility equipped with refrigerator for Vaccines storage.



Routine Immunization exercise in Wamakko Local Government Area.



Community campaign for routine Immunization.



Special Assistance inspecting the Immunization activity.

APPENDIX VII

DEPARTMENT OF PUBLIC ADMINISTRATION

FACULTY OF ADMINISTRATION

AHMADU BELLO UNIVERSITY, ZARIA, NIGERIA

abupa@abu.edu.ng

Vice Chancellor:
Professor Ibrahim Garba
B.Sc. (Hons) Geology, M.Sc. (Mineral Exploration) ABU, Ph.D Geology (London), D.I.C., FNMGS

Head of Department:
Dr. Musa Idris
BA, MSc., Ph.D Public Admin (ASU), FCIA

Our Ref: Your Ref: Date:

DPA/ADMIN/01 3rd July, 2019.

TO WHOM IT MAY CONCERN

Dear Sir,

LETTER OF INTRODUCTION – STUDENT ON RESEARCH WORK

The above captioned subject matter refers.

This is to introduce our student of MSc. in the Department of Public Administration Ahmadu Bello University, Zaria **ABUBAKAR MODE NAMAKA (P16ADPAS8253).**

The Student will undertake a Research in your Department, for the purpose of Dissertation/Thesis/Project. **("Evaluation of the effect of Public** Private **Partnership on Health Care Service Delivery in Wamako and Sokoto South Local Government Areas of Sokoto State")**

Kindly avail him with the necessary Data/information to achieve the objective.

Thanks.

Yours faithfully,

8/7/19

Abdulmudasir Usman
For: Head of Department.