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**THE IMPACT OF POLICY PROCESS, ECONOMIC GROWTH,
SCHEME DESIGN AND MOBILIZATION ON HEALTH CARE
SERVICES AMONG THE RURAL DWELLERS OF SOKOTO
STATE, NIGERIA.**

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**DOCTOR OF PHILOSOPHY (Ph.D)
UNIVERSITI UTARA MALAYSIA**

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STATE, NIGERIA.**



**A Thesis submitted to the Ghazali Shafie Graduate School of Government in
fulfilment of the requirements for the Doctor of Philosophy Universiti Utara
Malaysia**

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Garba Ibrahim Tanko



ABSTRACT

This study examines the relationship between policy process, economic growth, scheme design and mobilization, and healthcare services among the rural dwellers of Sokoto state, Nigeria. This is done with the aim of providing the dwellers with healthcare services that are lacking in the countryside of Sokoto state. There are many factors which hinder the provision of these healthcare services to the delivery which include insufficient funds, lack of good governance, poor policies on healthcare services, poverty, poor scheme design, poor community mobilization and sensitization and corruption. Of these several problems, this research focuses on four major factors, namely policy process, economic growth, scheme design and mobilization as independent variables and healthcare services as the dependent variable. The study uses convenience sampling in which samples were drawn from the 23 local governments of the state that comprise 3,000,000 rural dwellers. Data was collected through the self-administered method by sending questionnaires to 800 rural dwellers in the state. A total of 54 items were captured in the questionnaire. The study evaluates the relationship between healthcare services and these variables. Multiple regression analysis was used to predict the significant contribution of the four variables. All the instruments were adapted from the past studies. The Statistical Package for Social Sciences (SPSS) version 18 was used to analyze the data and test the hypotheses. The findings of the study show that a positive relationship between healthcare services and the four variables. The correlation coefficient between policy process and healthcare services is 0.251 while economic growth and healthcare services is 0.166. For scheme design and healthcare services, it was 0.260, while for mobilization and healthcare services, it was 0.119. The Multiple regression analysis shows that the variables are correlated and have a uniquely significant role in providing healthcare services. This shows that the result of this study can be used to address the problems facing the rural dwellers in their demand for quality and affordable healthcare services in their areas.

Keywords: Healthcare Services, Rural Dwellers, Sokoto State, Nigeria

ABSTRAK

Objektif kajian ini adalah untuk membincangkan hubungan di antara proses dasar, pertumbuhan ekonomi, reka bentuk skema dan mobilisasi, dan perkhidmatan penjagaan kesihatan dalam kalangan penduduk luar bandar di negeri Sokoto, Nigeria, dengan tujuan untuk menyediakan penduduk luar bandar dengan akses kepada perkhidmatan penjagaan kesihatan yang kurang terdapat di kawasan luar bandar negeri Sokoto. Terdapatbanyak halangan dalam penyediaan perkhidmatan penjagaan kesihatan kepada penduduk luar bandar, antaranya dana yang tidak mencukupi, kekurangan tadbir urus yang baik, dasar-dasar perkhidmatan penjagaan kesihatan yang lemah, pembasmian kemiskinan, reka bentuk skema yang lemah, mobilisasi masyarakat miskin dan rasuah. Daripada masalah-masalah tersebut, kajian ini memberi tumpuan kepada empat faktor utama iaitu proses dasar, reka bentuk skema pertumbuhan ekonomi dan mobilisasi sebagai pemboleh ubah bebas, dan perkhidmatan penjagaan kesihatan sebagai pembolehubah bersandar. Persampelan mudah digunakan, yang mana sampel telah diambil daripada 23 buah institusi kerajaan tempatan di negeri sokoto yang terdiri daripada 3,000,000 penduduk luar bandar. Data dikumpulkan melalui kaedah tadbir kendiri dengan menghantar soal selidik kepada 800 penduduk luar bandar di negeri ini. Sebanyak 54 item telah digunakan dalam soal selidik. Kajian ini mahu menilai hubungan antara perkhidmatan penjagaan kesihatan dengan pemboleh ubah-pemboleh ubah ini. Analisis regresi berganda telah digunakan untuk meramalkan sumbangan utama daripada keempat-empat pemboleh ubah. Kesemua instrument disesuaikan daripada kajian lepas. Pakej Statistik untuk sains sosial (SPSS) versi 18 telah digunakan untuk menganalisis data dan menguji hipotesis. Dapatan kajian menunjukkan hubungan yang positif antara perkhidmatan penjagaan kesihatan dan keempat-empat pemboleh ubah. Pekali kolerasi antara proses dasar dan penjagaan kesihatan perkhidmatan adalah 0.251, manakala bagi pertumbuhan ekonomi dan perkhidmatan penjagaan kesihatan adalah 0.166, untuk reka bentuk skema dan perkhidmatan penjagaan kesihatan adalah 0.260, dan untuk mobilisasi dan penjagaan kesihatan perkhidmatan adalah 0.119. Analisis regresi berganda menunjukkan bahawa pemboleh ubah-pemboleh ubah tersebut berhubung kait dan mempunyai peranan penting yang unik dalam menyediakan perkhidmatan penjagaan kesihatan. Ini menunjukkan bahawa hasil kajian ini berguna untuk menanganimasalah yang dihadapi oleh penduduk luar bandar dalam permintaan mereka untuk mendapatkan perkhidmatan penjagaan kesihatan yang berkualiti dan berpatutan di kawasan luar bandar.

Kata Kunci: Perkhidmatan Penjagaan Kesihatan, Penduduk luar bandar, Sokoto state, Nigeria

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LIST OF ABBREVIATIONS

NHIS	National Health Insurance Scheme
CBHIS	Community-Based Health Insurance Scheme
FSHIP	Formal Social Health Insurance Programme
USSHIP	Urban Self-Employed Social Health Insurance Programme
WTP	Willingness to Pay
NPC	National Population Commission
WHO	World Health Organization
WB	World Bank
FMH	Federal Ministry of Health
MDG	Millennium Development Goals
UHC	Universal Health Coverage
KPI	Key Performance Indicators
SPSS	Statistical Package for Social Sciences



CHAPTER ONE

INTRODUCTION

1.0 Background of the Study

Health care services are the act of taking preventive or essential therapeutic measures to improve a person's well-being. May be done with surgery, the ordering of medicine, or other alterations in an individual's existence. These services are naturally offered through a health care system made by hospitals and physician. It refers to the work done in providing primary care, secondary care, and tertiary care, as well as in public health.

Access to health care varies across country groups, and individuals, mainly prejudiced by social and economic circumstances as well as the health policies in place. States and authorities have different policies and plans about the personal and population-based health care goals within their societies. Health care systems are organizations recognized to meet the health needs of target populations. Theirs exert shape varies between national and subnational units. In some countries and authorities, health care planning is spread among market members, while, in others, planning happens more centrally among governments or other organizing bodies.

In all cases, according to World Health Organization (WHO), a well-functioning health care system requires a robust financing mechanism; well-trained and adequately paid workforce; reliable information on which to base decisions and

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