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**THE CONTRIBUTION OF NON-GOVERNMENTAL ORGANIZATIONS IN DELIVERY OF BASIC HEALTH SERVICES IN PARTNERSHIP WITH LOCAL GOVERNMENT:**

**A CASE STUDY OF YEI CIVIL HOSPITAL AND MARTHA PRIMARY**

**HEALTHCARE CENTRE IN YEI RIVER COUNTY**

**SOUTH SUDAN.**

**A DISSERTATION SUBMITTED TO AFRICAN INSTITUTE OF PROJECT MANAGEMENT IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF DIPLOMA IN WASH**

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# INTRODUCTION

For many countries such as New Zealand, United Kingdom, Sweden, Iceland Norway, Japan, Southern European and Netherlands, it is the responsibility of the government to assure health Care provision for the whole population. But the public health agenda has become so large that the governments of these countries have been unable to provide adequate health care (Buse and

Waxman, 2001). This has led organizations outside the government to assume part of that

responsibility. Moreover, there is a growing recognition by government and international

Organizations that the involvement of all stakeholders is needed if health services are to reach the poor (Korten 1991; World Bank 1998; WHO 2001a). Further, continued bilateral relationships

between donors and non-governmental organizations (NGOs) have created a window of

opportunity for government–NGO collaboration (Begum 2000; WHO 2001a; Zafar Ullah 2002; Management Sciences for Health (2004). Research evidence by Management Sciences for Health 2004 indicates that working in isolation can result in duplication of efforts and failure to

accomplish health goals, whereas collaboration among health care providers can generate

Synergy and facilitate the flow of information (World Bank 1996; UNICEF 1999; Begum 2000;

Barkat and Islam 2001; Thomas and Curtis 2001; Hurtig et al. 2002; WHO 2003; Gomez-

Jauregui 2004; Mercer et al. 2004; Newell et al. 2004).

In some developing countries, such as South Sudan, Democratic Republic of Congo, Central African Republic and Somalia, non-government stakeholders cover a major component of health Care (Green 1987; Magagula et al. 1997). In order to avoid clashes, it is necessary for the health 2 care providers in these countries to collaborate. In South Sudan, for instance, the government and

NGOs collaborate to a certain degree to provide health care, especially to vulnerable populations

Such as women, children and the poor. Within such collaborations, the government retains

Ownership in the areas of policy formulation and implementation, human resource development

and budgetary control. NGOs concentrate on facilitating the activities within national policies

and strategies (MOHFW 1998).

NGOs provide quality services (NTP 2003; Guda et al. 2004; Mercer et al. 2004) in accordance

with the national policy guidelines, but lack deliberate plans to build the capacity of government

services.

## B. Key Areas of A Research Proposal

The declining health care service provision in government hospitals. The roles of NGOS in filling the left by government.

# ABSTRACT

. The study “the contribution of non-governmental organizations in delivery of basic health services in partnership with local government” was aimed at assessing the contribution of non- governmental organizations in the delivery of basic health services in Yei River County through collaboration with the Local Government. The study was guided by the following objectives; to identify the various activities carried out by the Non-Governmental Organizations in Yei Civil Hospital and Martha Primary Health Care Centre; establish the beneficiaries‟ appreciation of the health services provided by the Non- Governmental Organizations in Yei Civil Hospital and Martha Primary Health Care; assess the challenges faced by the NGOs in the delivery of health care support in Yei River County and suggest ways for effective and efficient delivery of health services. The study used a case design study which employed both qualitative and quantitative techniques. The study used questionnaires and interview guides to collect primary data and then the data from the field was analyzed by using Statistical Package for Social Scientists (SPSS) version 17.0 software.

The study revealed that that, NGOs make successful contributions to health in certain circumstances. NGOs have made significant contributions to reproductive and sexual health in many areas in the Yei River County. The research also found that effectively run NGO reproductive and child health services have decreased child and maternal mortality in Martha Primary health care and to some extent Yei Civil hospital. The importance of (NGOs) in the delivery of services have gained recognition in Yei River County in terms of filling gaps in government programmes, the research also established that the contribution of Non- governmental Organizations has also provided Yei River community with a choice of service outlets and to create an effective voice in respect of service needs and expectations.

Suggested ways forwarded were making of better resources to the health facilities so that clinical staff (doctors, nurses, midwives) could improve on their full potential. Improve on the availability of equipment for health care. Need for recruitment of adequate skilled medical personnel at all categories i.e. from nursing, midwives, lab technicians and doctors. There should be provision of modern medical equipment to Yei Civil Hospital and Martha Primary health Care Centre to help in the investigation and management of health care cases.

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# CHAPTER ONE: INTRODUCTION

For many countries such as New Zealand, United Kingdom, Sweden, Iceland Norway, Japan, Southern European and Netherlands, it is the responsibility of the government to assure health

care provision for the whole population. But the public health agenda has become so large that

the governments of these countries have been unable to provide adequate health care (Buse and

Waxman, 2001). This has led organizations outside the government to assume part of that

responsibility. Moreover, there is a growing recognition by government and international

Organizations that the involvement of all stakeholders is needed if health services are to reach the

poor (Korten 1991; World Bank 1998; WHO 2001a). Further, continued bilateral relationships

between donors and non-governmental organizations (NGOs) have created a window of

opportunity for government–NGO collaboration (Begum 2000; WHO 2001a; Zafar Ullah 2002;

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2004 indicates that working in isolation can result in duplication of efforts and failure to

accomplish health goals, whereas collaboration among health care providers can generate

synergy and facilitate the flow of information (World Bank 1996; UNICEF 1999; Begum 2000; Barkat and Islam 2001; Thomas and Curtis 2001; Hurtig et al. 2002; WHO 2003; Gomez-Jauregui 2004; Mercer et al. 2004; Newell et al. 2004).

In some developing countries, such as South Sudan, Democratic Republic of Congo, Central

African Republic and Somalia, non-government stakeholders cover a major component of health

care (Green 1987; Magagula et al. 1997). In order to avoid clashes, it is necessary for the health 2 care providers in these countries to collaborate. In South Sudan, for instance, the government and

NGOs collaborate to a certain degree to provide health care, especially to vulnerable populations

Such as women, children and the poor. Within such collaborations, the government retains ownership in the areas of policy formulation and implementation, human resource development and budgetary control. NGOs concentrate on facilitating the activities within national policies

and strategies (MOHFW 1998). NGOs provide quality services (NTP 2003; Guda et al. 2004; Mercer et al. 2004) in accordance

with the national policy guidelines, but lack deliberate plans to build the capacity of government

Services.

## 1.0 Background information

A collective action in search for a good society is a universal part of human existence. Millions

of people across the globe find it inspiring to pull together available resources in their struggle for a better world. Most successful civilizations have effectively found it rewarding if these efforts are aligned in a collective manner. Michael Edwards (2005) has noted that groups have often successfully come together, to pull resources to save others or each other. In today’s world, the lives of people are in the hands of heath care system. People in different countries seek protection on their health systems (World Bank 1993; Abedin 1997; MOHFW 1998; WHO 2003).

## 1.1 Problem Statement:

. The declining role of the state and the changes in donor funding from the public to the private sector have led to a dramatic increase in the number of non-governmental organizations in the

past 20 years (Edwards, 2004: 21; Vakil, 1997 & Fruttero & Gauri, 2005). It has been estimated that there are over 40,000 internationally operating Non-Governmental Organizations majority of these organizations have been providing health services around the world (Anheier, Glasius, & Kaldor, 2001). Many Services that are provided by governments, such as health, education, are now commonly supported by Non-Governmental Organizations (Fruttero & Gauri, 2005). 7

Today, Non-Governmental Organizations play a central role in the provision of health services to people in the developing world (Pfeiffer, 2003; WHO; 1995; & UNICEF, 1996). This is due to the fact that many countries in the developing world possess weakened health care systems

(Akukwe, 1998). Health care systems in the developing world are often faced with a tremendous amount of disease burden and a low availability of trained medical professionals, equipment, and drugs. Thus the basic health care needs of people in the developing world often go unmet. The fragile health care systems of the developing world can lead to higher levels of disease burden and human suffering. As a result, there has been a dramatic increase in funding for Non-

Governmental Organizations working in the health sector in developing countries such as South Sudan from bilateral and multilateral actors, such as USAID and the World Bank (USAID,

1995).

Overall access to sustained quality health care is poor, with very few communities living within the reach of the most basic health services in Yei and South Sudan at large. The material resources and managerial expertise for administering the sector are insufficient and largely dependent on external financial and technical assistance. Existing health infrastructure and equipment are extremely poor, with many hospitals and health centers either dilapidated or only have the capacity and characteristics of lower-level facilities. Given the fact that there has been a lot of support from the international donors to the health sector in Yei, the contribution of Non-

Governmental Organizations in delivery of basic health services in partnership with Local Government is something which has not been examined.

## 1.2 Research Objective

## 1.4 Objectives of the Study

### 1.3.1 Main Objective

The main objective of this study is to assess the contribution of non-governmental organizations in the delivery of basic health services in Yei River County through collaboration with the Local Government.

### 1.3.2 Specific Objectives

1. To identify the various activities carried out by the Non-Governmental Organizations in Yei Civil Hospital and Martha Primary Health Care Centre

2. To establish the beneficiaries‟ level of satisfaction of the health services provided by the Non- Governmental Organizations in Yei Civil Hospital and Martha Primary Health Care

3. To assess the challenges faced by the NGOs in the delivery of health care support in Yei River County

4. To suggest ways for effective and efficient delivery of health services.

## 1.4 Research Questions

1. What are the various activities carried out by the Non-Governmental Organizations in

Yei Civil Hospital and Martha Primary Health Care Centre?

2. What are the beneficiaries‟ levels of satisfaction of the health sector in Yei River County through the support provided by the non-governmental organizations and the local government?

3. What are the challenges faced by the NGOs in the delivery of health care support in Yei River County?

4. What are the ways for effective and efficient delivery of health services?

## 1.5 Scope of the Study

The study was carried out in the two health institutions of Yei Civil Hospital and Martha Primary

Health Care Centre in Yei River County. The study placed focus on the contribution of non-governmental organizations in delivery of basic health services in Yei River County through collaboration with the Local Government and also identified challenges and how delivery of health care services can be improved.

The study covered the period 1997 to 2013.However, some consideration was put by the researcher to look at the period between 1997 – 2004 which was a war period and from 2005 – 2013 a period of relative peace. These two periods have witnessed activities of non-governmental organizations in delivery of basic health services in Yei River County and in addition these periods fall during the years of the signing of the Comprehensive Peace

Agreement (CPA) in January 9, 2005, enactment of South Sudan Local Government Act 2009 and Declaration of South Sudan independence on 9th July 2011

## 4.5 Research hypotheses:

## 4.6 Justification of the study:

According to Mugenda and Mugenda (1999), justification of the study highlights the reasons for conducting the study as well as the importance of carrying it out. The most dangerous problem

the health sector faces is the declining role of the state and the changes in donor funding from the public to the private sector which has led to poor basic health service delivery in the past 20 years. This has prompted the researcher to assess and analyze the contribution of non-governmental organizations in delivery of basic health services in partnership with local government. The research will help the health policy makers to review their risk policies in order to reduce on the level of health service delivery challenge.

## 4.6 Scope and Limitation

Challenges Faced by the NGOS in the Delivery of Health Care Support

The major challenges facing NGOs at the moment include creating an environment for cooperation. Governments have not moved fully to create a positive environment for cooperation with NGOs. But NGOs must also contribute to creating a new environment. Those NGOs who have long believed that the Government is the problem need to understand that sustainable development to reduce poverty will require cooperation. NGOs should avoid being perceived as adversaries and competitors of the Government (Duckers, 1990).

Mobilizing local resources is the recent policy of privatization and liberalization calls upon the

NGOs to take heed of the emerging private enterprise sector. Partnerships with the private sector

could be a strategy for achieving the organizational and financial sustainability of the NGOs, an issue of critical concern. Local NGOs need to generate income through local resource mobilization. Drucker (1990) points out that non-profit organization themselves know that they need management all the more, because they do not have a conventional 'bottom line'! They need to know how to use management as their tool lest they be overwhelmed by it. Easo (2004) points out that today there is a stronger emphasis on "doing well" while "doing good". 31

Health NGOs have encountered a number of common problems with government support. These include delays or even non-payment of grants and reimbursements, which is increasingly a problem as economic conditions decline in a number of countries, low and inflexible reimbursement rates (e.g., for bed grants), the lack of flexibility in the use of earmarked funds, and unacceptable conditions tied to the granting of funds. For instance, in Zimbabwe the government prescribes fees in church-run hospitals that the missions consider too high (Gilson et al, 1994).

The NGOs may disclose sources of their funding at their own discretion. In reality, most NGOs are generally unwilling to disclose their funding sources and actual expenditures to anybody outside their governing board or executive body, not even to researchers (Kwesiga 2000). A study published in June in 2004 by an international consulting company on Sustainability, concluded that an "Accountability squeeze" was one of the major challenges facing non-profit organizations (Christensen, 2004).

# CHAPTER TWO: LITERATURE REVIEW

This chapter presents and reviews the relevant literature that has been documented by various scholars and authors in the area of the study. The literature was reviewed in accordance with the major themes of the study as identified in the specific objectives.

## 2.1 Partnerships in the Health Sector

Health systems are expected to serve the population needs in an effective, efficient and equitable manner. Therefore, the importance of strengthening of public, private and community health systems has been emphasized time and again (BMC, Health Services Research 2011). In most of the developing countries, certain weaknesses and gaps in the government health systems have

been hampering the achievement of improved health outcomes. Public sector in Pakistan has been deficient in the capacity to deliver equitable and quality health services and thus has been grossly underutilized.

The Basic Package of Health Services report, (2006), highlighted that, there was weak capacity of the Central Equatorial State Ministry of Health and the Yei County Health Department to manage and deliver health services and that there are very few functional government health facilities. Given these reasons the government contracted out the management and delivery of health services to non-governmental organizations. Some Lead Agencies were contracted to manage and deliver health services in a number of states including Yei in Central Equatorial State. The non-governmental organizations have been providing advice, capacity building and 16

Management support to the health sector but at the central government level and at the level of local government through the County Health Departments. Since many years, international and local non-governmental organizations (NGOs) have endeavored to fill the gaps in health service delivery, research and advocacy (BMC Health Services Research, 2012). Non-governmental organizations have relatively performed better and achieved the results because of the flexible planning and the ability to design population based projects on health education, health promotion, social marketing, community development and advocacy.

There is an increasing interest by governments and major donor agencies to work together with non-governmental organizations (NGOs). While this is encouraging, it is recognize that greater collaboration may require compromises in development strategies. Non-governmental organizations have their own development philosophies, and cannot simply be used as contractors to implement pre-designed and pre-packaged projects. At the same time, non-governmental organizations have been flexible in adopting development strategies which meet the local needs of the country and population which they are assisting (BMC Health Services Research, 2012). In 1993 the World Health

Assembly called on WHO to mobilize and encourage the support of all

Partners in health development, including Non-governmental organizations and institutions in the private sector, in the implementation of national strategies for health for all (WHO, 2001). Subsequently, interaction with the commercial sector has broadened and deepened. WHO‟s

Director-General has stated that it was necessary to be more innovative in creating influential partnerships and that progress was being made in building partnerships with nongovernmental

Organizations and the private sector. Partnering is outlined in WHO‟s corporate strategy as a core function that can help to bring about health for all

## 2.2 Concepts of NGOs

NGOs are legally constituted corporations created by natural or legal people that operate

independently from any form of government. The term originated from the United Nations, and

normally refers to organizations that are not a part of a government and are not conventional for-

Profit businesses. In the cases in which NGOs are funded totally or partially by governments, the NGO maintains its non-governmental status by excluding government representatives from membership in the organization. In the United States, NGOs are typically non-profit organizations. The term is usually applied only to organizations that pursue wider social aims that have political aspects, but are not openly political organizations such as political parties (World Bank, 1994).

The World Bank defines NGOs as “private, not-for-profit organizations that pursue activities to relieve suffering, promote the interests of the poor, protect the environment, or undertake community development” (Hecht and Tanzi, 1993 cited in Waters, 1995). Green defines NGOs as “non-profit-making organizations outside of direct state control” (Green, 1987). These definitions fit the literature that were reviewed for this research work, especially in regards to their non-profit status and their social mission to serve the poor, deliver health services and under-served populations. NGOs that fit these definitions include religious organizations (e.g., church-run hospitals), social welfare organizations (e.g., women‟s groups), and unions and trade or professional associations.

Since the early 1980s, many governments have regarded the role of NGOs as that of facilitators of change whose contributions are essential to the achievement of development goals. Many governments have highlighted the indispensability of collaboration between government and 18 NGOs and encouraged the formation of community-based organizations (CBOs) and village-level participation in development efforts (Cousins 1991). It is believed that the involvement of the Non-Governmental Organization (NGOs) in the health field in the developing countries, which started in the 18th century, was initiated by the evangelical missionary work (Ahmed, 2004).

These missionaries concentrated their work, in addition to their main religious activities, on health services provision through un-trained clerks.

Then after, they started to involve the trained health cadres.

The engagement of the non-religious NGOs in health activities in the developing countries is recent – although dating for about 100 years. Nevertheless, the post- World War II period represented the era when the number of NGOs increased significantly in the developing countries. Their work was firstly restricted to the emergency and disaster times and in supporting and rehabilitating war victims (Red Cross, Oxfam, 1985). Next to that, most of these NGOs started developmental activities, including health aspects, although some of them continued to restrict their activities to emergency.

The work of these Red Cross and Oxfam in the health sector was influenced by the ideological and philosophical changes accompanying the evolution of this sector: while Primary Health Care (PHC) concepts reigned, over-marking the period 1980s, in which it was focusing on the Concepts of equity, community participation, linking development and health and redirecting health resources towards health aspects other than the curative medicine services; we also notice that the period of 1990s witnessed the concentration on the concepts of health system reconstruction, which directly influenced the work of NGOs - due to the frustration from the weak public sector performance in regard to medical services provision, in addition to the 19 diminishing resources available for this sector and the structural adjustment of policies dominating that period of time. All these factors influenced the work of NGOs and gave them the great opportunity to be presented as a substitute for the public sector in services provision, particularly in health fields.

Closely related to the above, we can recognize the imposition of the New Policy Agenda (NPA), which concentrated on the necessity to move for the policies of open market, privatization and

Community openness as basic pre-requisites for sustainable development (Pfeifer, 2002). This led in turn to prosperousness of NGOs work in the developing countries, especially in the last two decades. This verity is recognized also when considering the financial support the developing countries receive from donor countries and organizations, which reached approximately 55.1 billion US dollars (1992-1996). Reflecting this fact, the external support represented 10% of the GDP of the

Sub-Saharan African countries according to the statistics of the early 1990s (Walt, Pavignani, Gilson & Buse, 1999). Since the 1980s, NGOs and other civil society organizations have grown exponentially and

climbed the centre stage of the development arena. For some, development NGOs are a magic bullet that can be fired in any direction and would still find its target, while for others they are the most overestimated actors on the national and international political stage (Van Sant 2003; Nuscheler 2001). Carbone (2003) describes their increasing importance as an “association revolution”, comparable in importance with the rise of the nation state in the nineteenth century. Other non-governmental organizations which are not dealing with health activities also Contributed to improvement of the health status of the population in Yei and South Sudan in 20 general. Sectors like agriculture, animal industry, water, education, community development contributed significantly to the improvement of the health status of the population. The Ministries of Health at central, state and county levels therefore collaborate with all health related sectors in order to harness the significant contribution to health that reside in these other sectors. The Ministry of Health, Government of South Sudan, through the inter-ministerial committee and other channels, advocates to all these sectors to effectively carry out their constitutional mandates, roles and responsibilities some of which result in improving the health status of the population (South Sudan Development Plan 2011-13).

## 2.3 Categories of NGOs

Due to their diversity, NGOs are often classified in terms of their attributes. For example,

Gordenker and Weiss (1995) classify NGOs as private, self-governing, formal, and nonprofit

organizations. The omission of the word “voluntary” from this classification reflects the

Increasing professionalism of the NGO sector (Vakil, 1997). In fact it is the„organizational‟ attributes of NGOs that distinguishes them from social movements or other forms of collective

action like public protests (Martens, 2002). NGOs possess an organizational structure, such as permanent offices, members, employees, and a constitution (Uvin & Weiss, 1998; 213). One of the main distinctions of NGOs is their self-governing attribute.

NGOs are private, autonomous organizations made up of individuals with similar social

Interests, and are not controlled by any government body (Malwaski, 1993). They are typically not composed of government representatives, and not interested in seeking governmental power (Martens, 2002). However, many NGOs have ties to the national governments of the countries in which they work, and they often receive funding from and work in conjunction with government 21 agencies (Martens, 2002). In sum, NGOs are formal, professionalized, independent societal organizations whose primary purpose is to promote a common goal at the national or international level (Martens, 2002).

Several other attributes of NGOs are important to note: level of operation and sector. NGOs are often classified according to their level of operation. Many NGOs are considered transnational Organizations; meaning they operate in many countries around the world (Collingwood, 2006). The level of operation often differs among NGOs, and can vary depending on factors such as its size, structure, and purpose. Vakil (1997) identified four levels of operation: international, regional, national, and local. Additionally, NGOs can be classified according to the sector in which they work. There is little consensus regarding the number and type of sectors in the NGO

literature. The present study focuses on NGOs working in the health sector; however before discussing health NGOs the researcher discussed the relevant discourse and research on the NGO sector.

## 2.2 Activities of NGOs in the Health Sector

The World Health Organization (WHO) defines service delivery as the way inputs are combined to allow the delivery of a series of interventions or health actions (WHO 2001b). As noted in the

World Health Report 2000, “the service provision function of the health system is the most familiar; the entire health system is often identified with just service delivery.” The report states that service provision, or service delivery is the chief function the health system needs to perform

(WHO, 2000). There are many different activities carried out by different organizations in the health sector in the world, Sub Saharan-Africa and South Sudan. In the past 20 years there has been a dramatic increase in the number of non-governmental organizations (Edwards, 2004: 21; Fruttero & 22

Gauri, 2005). Although non-governmental organizations are not a new phenomenon, they are now seen as the preferred vehicle for service provision (Lavelette & Ferguson, 2007). In many areas of the world Non-Governmental Organizations (NGOs) are considered the key providers of human services, and the NGO sector currently constitutes a 1.1 trillion dollar industry (Edwards, 2004; 21). As the non-governmental organizations sector has grown in power and presence in the world today.

Non-governmental organizations are the major providers of health services in South Sudan. After the collapse of the public health care system during the many years of conflict, non-governmental organizations played a major role in the health sector by providing a range of services in accessible areas. In the post-war South Sudan, non-governmental organizations Continue to provide the bulk of health services. It is estimated that non-governmental organizations are providing about 80% of health services in South Sudan. The non-governmental organizations involved in health service delivery include international non-governmental organizations, faith-based organizations and local non-governmental organizations (Government of Southern Sudan Health Strategic Plan (2011 – 2015).

In recent years, non-governmental organizations have become key players in promoting health in developing countries (Pfeiffer, 2003). Health non-governmental organizations are seen as alternatives to government run health care services because they are considered less hampered by bureaucratic constraints and inefficiencies (Gilson, Sen, Mohammed, & Mujinja, 1994). Health non-governmental organizations are extremely diverse in terms of their origins, motivations, and overall contribution to health. 23

Health non-governmental organizations provide a range of services: basic health services; provision of medical or health supplies; health promotion and exchange; health policy setting; resource mobilization and allocation; health advocacy; and monitoring the quality of health care Services (WHO, 2001).

## 2.3 Beneficiaries’ Satisfaction on the Health Services

At the center of non-governmental organizations debate is the issue of non-governmental

organizations performance or impact. Many terms are used interchangeably in the non-

governmental organizations literature to describe impact, such as performance, effectiveness, or success. All of these terms refer to the organizational outputs of the non-governmental organizations. Non-governmental organizations are thought to provide services more efficiently and effectively than governments, to give better value for money, and reach the poorest communities (Sollis, 1992; Vivian, 1994).

There is some evidence suggesting that non-governmental organizations make successful

Contributions to health in certain circumstances. Non-governmental organizations have made significant contributions to reproductive and sexual health in many areas in the developing world and South Sudan in particular. Mercer, et. al, (2004) have shown that effectively run non-governmental organizations reproductive and child health services have decreased child and maternal mortality. Non-governmental organizations primary health care programs were found to expand coverage for reproductive and child health services, and decrease child and maternal mortality.

Non-governmental organizations programs in Bangladesh increased contraceptive use by 78%, child immunizations by 67%, and antenatal care by 78% (Paxman, Sayeed, Buxbaum, Huber, & 24 Storver, 2005). In terms of customer satisfaction, non-governmental organizations run health facilities received higher marks than government run facilities. A study in Mexico found that women attending non-governmental organization services reported more satisfaction than women who attended public clinics (Gomez-Jauregui, 2001). Leonard (2004) found that the

African rural poor viewed non-governmental organizations health services to be of higher quality and more attractive despite the fees they charged.

Over the last few decades, health has attained worldwide recognition as a crucial component of human development and poverty eradication. This recognition springs, in part, from the realisation that one third of the world population lacks access to essential medicines. This critically contributes to further poverty, mortality, morbidity and indebtedness (WHO, 2004).

The 2009 Report of the Special United Nations Rapporteur on the Right to Health, for example, observes that the diseases of the poor – that is, communicable, maternal, prenatal, and nutritional diseases – still account for 50 percent of the burden of disease in developing countries (nearly 10 times higher than in developed countries). Secondly, improving access to medicines alone could save 10 million lives a year – four million in Africa and six south Asia. Third, the right to health

is an inclusive right, which extends not only to the timely delivery of medicines, but also the underlying determinants of health. These include things like sanitation and access to clean water; proper nutrition; the availability of highly motivated health workers; and auxiliary infrastructure such as housing for health workers, access to roads, and solar equipment to keep vaccines in rural health centers at the right temperatures.

# CHAPTER 3: METHODOLOGY.

## 3.0 Introduction

This chapter presents a description of the research design, study population, sample and Sampling techniques, research instruments, the quality control, research procedures and techniques of data presentation and analysis.

## 3.1 Research Design

The research design adopted in this study was a cross-sectional case study research design. Case studies emphasize detailed contextual analysis of a limited number of events or conditions and their relationships. The purpose for choosing a case study research design was to identify the various activities carried out by the Non-Governmental Organizations in Yei Civil Hospital and Martha Primary Health Care Centre, establish the beneficiaries‟ level of satisfaction of the health services provided by the Non- Governmental Organizations in Yei Civil Hospital and Martha Primary Health Care, assess the challenges faced by the NGOs in the delivery of health care support in Yei River County and suggest ways for effective and efficient delivery of health services in South Sudan so as to find out whether Non- Governmental Organizations has a significant contribution basic health service delivery. On case study research designs, Mugenda and Mugenda (1999) says “The investigation therefore makes a detailed examination of a single subject, group or phenomenon.” The researcher employed both quantitative and qualitative research techniques. These are considered the best strategies for this kind of study. The quantitative research was used for descriptive purposes, and through this approach, the researcher was able to describe the population characteristics as well as understand the impact of the variables of the study on each other. It was possible to gather more information through this technique and further use numbers to describe the extent of the variables of interest. It enabled the researcher to make comparisons of the findings from different population groups.

Qualitative technique helped the researcher to collect information that was not easy to be captured through structured instrument that could find out any hidden information. Descriptive research has been recognized as a very important method because it makes people understand the characteristics of a group in a given situation, thinking systematically about aspects in a given situation, offering ideas for hidden information and research that make certain simple decisions

(Sekran, 2003). Case study was used to study a phenomenon in depth and find out further information through descriptive studies.

## 3.2 Area of Study

The study was conducted at Yei Civil Hospital and Martha Primary Health Care Centre in Yei River County. Yei is a medium-sized town in South Sudan's southwest. It lies close to the borders of two of the country's trading partners, Uganda and the Democratic Republic of Congo. It is a business hub, attracting traders and customers from all three countries. The town of Yei is located in Yei River County, Central Equatorial State, southwestern of Juba, the capital of South Sudan, close to the international borders with the Democratic Republic of the Congo and the Republic of Uganda. It is approximately 160 kilometers (100 miles), by road to Juba. They are seven health centres and one hospital in Yei River County.

## 3.3 Study Population

The study consisted of chosen group of communities which comprised of clients, health management committees which were beneficiaries related to Yei Civil Hospital and Martha Primary Health Care Centre. The study also considered the Local government officials, medical officials within local government and church leaders.

## 3.4 Sampling Size and Selection

A sample is a section of the population chosen to represent the whole population. The essence of sampling is to obtain data from a smaller particular sample which in turn increases efficiency by allowing generalizations to deduce about the population without necessarily having to examine every member.

From the population shown, the sample size consisted of seven categories of groups that;

Church officials, 5 health officials 5 local government officials, 5 County health department officials, 30 NGOs officials, 40 participants within the local population and others 10. In total the numbers of respondents was one hundred (100). The study involved these groups of people because of their key roles that they played in their various capacities as key stakeholders. The selection of the sample size for the study was done using a sample size determination table developed by Morgan and Krejcie (1970). This table was scientifically designed such that the bigger the population size, the bigger the corresponding sample size as shown in table 3.1 below.

**Table 3.1: Sample Size Determination Table**

**Category Population Sample size Technique**

Clients 2000 40 Simple Random Sampling Local government officials 7 5 Purposive Sampling Health official 6 5 Purposive Sampling NGOs officials 30 30 Purposive Sampling County health department 7 5 Purposive Sampling Church official officials 8 5 Purposive Sampling Others 80 10 Simple Random Sampling Total 2138 100

Morgan and Krejcie (1970)

## 3.5 Sampling Techniques

There were several sampling techniques that are employed in determining the sample to be used in the research. These include cluster sampling, stratified sampling, proportionate sampling, purposive sampling and simple random sampling among others. For this study however, Simple random sampling technique and purposive sampling were employed in the study to select the sample for 40 clients or beneficiaries and purposive sampling was used for the 60 key informants. This technique was preferred because according to Oso and Onen (2005:35), it selects samples without bias from the accessible population. It also ensures that each member of the target population has equal and independent chance of being included in the sample. This technique was used to control some extraneous variables like political climate. For Yei civil hospital and Martha primary health care Centre administrators, however, purposive sampling was employed. This was because the researcher considered them central in having the information he required on contribution of non-governmental organizations in delivery of basic health services in partnership with local government. As noted by Amin (2005:242), in purposive sampling, the researcher selects a sample based on the knowledge that respondents have the information required.

## 3.6 Research instruments

In this study, the researcher used questionnaires and interviews guide as primary sources of gathering data. The two tools were preferred because they were the best in determining the affective domain of the respondents. As noted by Touliatos and Compton (1988), they are the best tools for getting views, perceptions, feeling and attitudes of respondents.

### (a) Questionnaire

The questionnaires were both open and close-ended, designed in appropriate structured

questions. Some sections of the questionnaire were open ended. Structured questions were preferred because they provided standardized sets of questions that represented varying degrees of agreement. The researcher used questionnaire for 40 clients or beneficiaries because it was a reliable and dependable instrument for collecting information from respondents who were scattered in a vast area as noted by Ghosh (2000:241).

### (b) Interview Guide

The researcher used interview guide as a tool to obtain first hand information from the respondents on their perception about the contribution of non-governmental organizations in delivery of basic health services in partnership with local government, the methods of collection and their convenience. As noted by Amin (2005:178), interview was an appropriate data collection tool because the researcher was able to explain and clarify the questions was asked. It assisted the researcher to analyze in depth information on the contribution of non-governmental organizations in delivery of basic health services in partnership with local government,

Performance and service delivery. Responses were compared with those from questionnaires.

The method had a number of advantages. According to Amin, (2005), it ensures interaction and social situated-ness, are motivational to both the interviewer and the interviewee. It also gives chance for getting highly personalized data, eases probing and gives a good return rate.

## 3.7 Quality control

This refers to the way how the researcher measured the validity and reliability of instruments.

The researcher used a number of techniques to ensure that the instruments were both valid and reliable.

**3.8 Research procedures**

The researcher drew a work plan which guided him carry out planned activities of meeting respondents, distributing questionnaires and conducting interviews as well as reporting to the supervisor for more review.

After data collection, the researcher did data analysis by: editing, coding and entering of data and analysis of variables. The outcomes from the analysis were then compiled into a report for onward submission to examiners.

## 3.9 Data presentation and analysis

After successful retrieval of filled –in questionnaires and conducting of interviews, raw data was entered into a statistical package known as Statistical Package for Social Scientists (SPSS) and variables were analyzed. Outcomes were presented as percentages using tables as a primary analysis.

## 3.9 Ethical considerations

Ethical considerations refer to the morality, uprightness and justification of the researcher’s conduct in carrying out research. The researcher was guided by the following main considerations. Certain information like the names of respondents was kept confidential on special request by officials. It was also prudent to document information from archives only with the consent of respondents. The researcher acknowledged all published sources of literature used in the study.

## 3.10 Anticipated limitations of the study

The researcher encountered but solved the following problems. The researcher was faced with methodological problems as in interviewing Yei civil hospital and Martha primary health care Centre employees, who in any case were suspicious of ill motives by the researcher. An honest, intimate relationship was developed to overcome this by requesting respondents to advise accordingly on how he/she can be questioned. Questionnaire retrieval, leave alone filling it, took a lot of time and patience, which delayed the whole research process. The benefits of such an exercise were explained to the respondents for easy cooperation.

## 3.11 Philosophical paradigm:

The student should be able to prepare the examiner his/her philosophical underpinnings that will guide the research. The student should clearly trace their research methodology in the ontological and epistemological leanings, which they will allow them to discuss the theoretical framework, research design and approaches.

## 3.12 Study Design:

## 3.2 Conceptual Framework

In this conceptual framework, the key research variables and their inter-relationships were given.

The purpose was to show the main concepts that underpin the study and how this was useful in guiding the analyses of the study findings, conclusions and recommendations. The key concept here was the non-governmental organizations‟ contribution in providing services related to the heath sector and what significant contribution they have made to the sector.

### Non Organizations’ Contributions

 Proper payment of health workers  Capacity building of health personel  Maintainance and building of new health infrastructures  Strengthening of the health system  Reduction in death cases related to basic health cases

Basic Health Services

 Improved Health (Level & Equity)  Responsiveness  Social and financial Risks protection  Improved Efficiency  Adquate delivery of health services  Increased community access to health care  Reduced mortality rates

Intervening factors  Government policies  The political climate  Existence of peace and security in the health areas  Cooperation and coordination  Church/ diocesan policies  Donor policies and regulation  Population trends  Donor funding  Donor relationship

## 3.3 Study site:

Yei river civil hospital, South Sudan.

### 3.3.1 Research Approach:

The student, based on their philosophical under-pinnings should explain if the study be conducted will utilise quantitative, qualitative or mixed approaches.

### 3.3.2 Research Method:

The researcher drew a work plan which guided him carry out planned activities of meeting respondents, distributing questionnaires and conducting interviews as well as reporting to the supervisor for more review. After data collection, the researcher did data analysis by: editing, coding and entering of data and analysis of variables. The outcomes from the analysis were then compiled into a report for onward submission to examiners

### 3.3.3 Data needs types and sources:

The researcher used interview guide as a tool to obtain first hand information from the respondents on their perception about the contribution of non-governmental organizations in delivery of basic health services in partnership with local government, the methods of collection and their convenience. As noted by Amin (2005:178), interview was an appropriate data collection tool because the researcher was able to explain and clarify the questions was asked. It assisted the researcher to analyze in depth information on the contribution of non-governmental organizations in delivery of basic health services in partnership with local government, performance and service delivery. Responses were compared with those from questionnaires.

The method had a number of advantages. According to Amin, (2005), it ensures interaction and social situated-ness, are motivational to both the interviewer and the interviewee. It also gives chance for getting highly personalized data, eases probing and gives a good return rate

### 3.3.4 Population, Sampling procedure and Data collection:

There were several sampling techniques that are employed in determining the sample to be used in the research. These include cluster sampling, stratified sampling, proportionate sampling, purposive sampling and simple random sampling among others. For this study however, Simple random sampling technique and purposive sampling were employed in the study to select the sample for 40 clients or beneficiaries and purposive sampling was used for the 60 key informants. This technique was preferred because according to Oso and Onen (2005:35), it selects samples without bias from the accessible population. It also ensures that each member of the target population has equal and independent chance of being included in the sample. This technique was used to control some extraneous variables like political climate. For Yei civil hospital and Martha primary health care Centre administrators, however, purposive sampling was employed. This was because the researcher considered them central in having the information he required on contribution of non-governmental organizations in delivery of basic health services in partnership with local government. As noted by Amin (2005:242), in purposive sampling, the researcher selects a sample based on the knowledge that respondents have the information required.

## 3.4 Research instruments

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### (a) Questionnaire

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## 3.5 Data Analysis:

### 3.5.1 Data Presentation:

After successful retrieval of filled –in questionnaires and conducting of interviews, raw data was entered into a statistical package known as Statistical Package for Social Scientists (SPSS) and variables were analyzed. Outcomes were presented as percentages using tables as a primary analysis.

## 3.6 Validity and Reliability

In quantitative research, the student should show how the tools used will take care of validity and reliability. It should be noted that in qualitative data, the terms to be used will be credibility (internal validity), transferability (external validity), dependability (reliability) and confirmability (objectivity)

## 3.7 Ethics

Ethical considerations refer to the morality, uprightness and justification of the researcher‟s conduct in carrying out research. The researcher was guided by the following main considerations. Certain information like the names of respondents was kept confidential on special request by officials. It was also prudent to document information from archives only with the consent of respondents. The researcher acknowledged all published sources of literature used in the study.

# PRESENTATIONS OF FINDINGS, ANALYSIS AND INTERPRETATION (CHAPTER FOUR)

This chapter presents the findings of the study on assessing the contribution of non-governmental

Organizations in the delivery of basic health services in Yei River County in collaboration with the Local Governments.

This chapter therefore covers the presentation, analysis and interpretation of the findings the researcher obtained from the field based on the general and specific objectives of the study shown in chapter one. Before addressing the objectives, background information about respondents is given to contextualize the study. The background information was about demographic information on the respondents, age groups of the respondents, education Levels of the Respondents and respondents Occupation. It is against this analysis that the researcher established conclusions and recommendations

The study was carried out in two health facilities; in Yei Civil Hospital and Martha Primary Health Care Centre.

## 4.1 Demographic Information on the Respondents.

The distribution of the respondents and selected characteristics of the respondents was organized into different variables selected from the study. The selected variables were from Church officials, health officials, local government officials, County health department officials, NGOs officials participants within the local population. The demographic characteristics were considered because of their key roles that they played in their various capacities as key stakeholders. The respondent‟s age was looked into because age is the determinant in each level of appreciation of service offered. The demographic characteristics of the respondents which were considered are shown below.

### 4.1.1 Age Groups of the Respondents

The researcher investigated about the age groups of the Respondents. The age composition of the respondents was by grouping the respondents‟ ages in different age groups. Studying the age composition of the respondents was deemed necessary because it was thought that people of different age groups determine the level of satisfaction the health services provided by the Non-

Governmental Organizations in Yei Civil Hospital and Martha Primary Health Care. By studying age groups thus balanced views were achieved on the different factors that determine level of satisfaction and whether Non- Governmental Organizations contribution is appreciated.

The results are presented in Table 1.

**Table 1: Age of Respondents**

|  |  |  |
| --- | --- | --- |
| **Frequency** | **No of respondents** | **Percentage** |
| Valid 18-24  25-30  Over 30 years | 12  16  12 | 30.0  40.0  30.0 |
| Total | 40 | 100.0 |

**Source: Primary Data**

The statistics in Table 1 above indicate that the larger number of the respondents was between 25 – 30 years that is 40% followed by those over 30 years and then those who were between 18 – 24 were also 30%. The statistics shows the respondents were drawn from different categories of age groups. Therefore, this provided chance of balanced opinions about the level of beneficiaries‟ appreciation of the health services provided by the Non- Governmental Organizations in Yei Civil Hospital and Martha Primary Health Care.

### 4.1.2 Education Levels of the Respondents

The researcher was interested in the level of education to find out the perceptions of respondents regarding the contribution of NGOs in delivery of basic health services in partnership with local government. The responses were shown as below;

**Table 2: Highest Level of Education Frequency Percentage**

Valid Primary and Below 14 35.0

Secondary and above 24 60.0

Never been/Went to school 2 5.0

Total 40 100.0

Source: Primary Data

According to Table 2, the larger number of the respondents 60% had attained secondary and above, 35% had attained primary and below and 5% had never been/went to school. Looking at the data in the Table the majority of the respondents had attained an education level of secondary and above. This provided the researcher the opportunity of collecting dependable data as these with the help of researcher could give informed data about the issues under study. In the researcher‟s opinion information was valid because people of secondary and above in a city setting like Yei ought to have used the health services provided by the Non- Governmental Organizations in Yei Civil Hospital and Martha Primary Health Care.

### 4.1.3 Occupation

The researcher was interested in the occupation because it gives the researcher an understanding which group of the community is most accessing the health services.

**Figure 2: Current Occupation**

Source: Primary Data

From figure 3 above, shows that 2% of the respondents were business/trade workers, 72% were

farmers, 32% were salaried employees and 16% unemployed. This implies that majority of respondents in the study were peasants (farmers) whose income was low and hence appropriate for the study objectives.

Business/Trade Farming (crop/animal) Salaried Employment Others (Un employed)

Current Occupation

### 4.1.4 Monthly Earnings of Respondents

The researcher was also interested in the monthly earnings of respondents because it wanted to establish what level of income respondents earn monthly and also if the respondents were able to access the health services appropriately based on the level of their earning and expenditures.

**Figure 3: Monthly Earnings of Respondents**

Source: Primary Data

From figure 4 above shows that, 22% of the respondents were earning monthly income of below

South Sudanese Pounds (SSP) 60, 58% were South Sudanese Pounds (SSP) 61 – 120, 8% were South Sudanese Pounds (SSP) 121 – 250 and 13% were of South Sudanese Pounds (SSP) 250 plus. This implies that the respondents‟ standards of living are poor which lead them to attend public clinic regardless of the quality of service delivered and hence determining the level of satisfaction in the health services provided by the Non-Governmental Organizations in Yei Civil

£ 60 £ 61 - 120 £ 121 - 250 Above £ 250

Monthly Earning

Hospital and Martha Primary Health Care. This was because at Martha Primary Health Care Centre there is no referral to private clinics and cost sharing is cheap.

### 4.1.5 Availability of Services

The figure below is to give some analyses on whether the services are available whenever needed by patients and it was to test the level at which respondents have satisfied with the health services provided by the Non-Governmental Organizations in Yei Civil Hospital and Martha

Primary Health Care

**Table 3: Whether the services are available when ever needed**

|  |  |
| --- | --- |
| **Frequency** | **Percentage** |
| Valid Yes  No  Sometimes | 17.5  57.5  25.0 |
| Total 40 | 100.0 |

**Source: Primary Data**

Table 5 shows that majority of the respondents 23 (57.5%) said that the services are not available when ever needed in the hospital, 10 (25%) revealed that sometimes they are available while only 7 (17.5%) agreed by saying that yes the services are available when ever needed. The above findings indicates the level of access by beneficiaries is very low due to poor health services provided by the Non-Governmental Organizations in Yei Civil Hospital and Martha Primary Health Care

## 4.2 Activities carried out by the Non-Governmental Organizations in Yei Civil Hospital and Martha Primary Health Care Centre.

The study set out to identify the various activities carried out by the Non-Governmental Organizations in Yei Civil Hospital and Martha Primary Health Care Centre. The findings below show various activities carried out by the Non-Governmental Organizations in Yei Civil Hospital and Martha Primary Health Care Centre.

The research findings revealed that there are various activities and services offered by Non-Governmental Organizations (NGOs) in Yei civil hospital and Martha Primary Health care

Centre Primary Health care Centre. The quality and range of services offered depend on the type of Non-governmental Organizations. Both Yei Civil hospital and Martha Primary Health care Centre offers curative inpatient and outpatient services.

According to the findings from the Yei County Health Department are that (Non-Governmental

Organizations (NGOs) offering health services and support in Yei Civil Hospital which includes

Winchester UK, Population Services International (PSI), Handicap international, Malteser International, Across Health Program, United Nation Children Education Fund (UNICEF),

United Nation Development Programme (UNDP) to mention but a few.

One of the key informants from the Local Government officials revealed that;

“The services offered in Yei Civil hospital are maternal, minor operations,

Tuberculosis treatment, surgical services, tooth ache and fracture management. At

Martha Primary health care and Yei civil hospital services offered are treatment of

malaria and warms which are higher, other services includes provision of anti-retroviral drugs for HIV/AIDs, voluntary counseling and testing of HIV and other STDs and treatment of treatable STDs by the NGOs. Data obtained from the Yei Civil hospital Matron office.”

Primary health care programmes which have direct linkages with the centers and units in the Payams and Bomas in the greater Yei also refer their patients to Yei civil hospital. NGO such as Winchester UK is helping clinicians in Yei Civil hospital to develop their skills by teaching, demonstrating and assisting in their professional work.

NGOs also supported the renovation of people with disability Centre and training of community health workers on prevention and care of disability and support. The government of Central Equatorial State was also financing the renovation of the Main wards at the Yei civil hospital.

Handicap International (HI) an International organization is providing Yei civil hospital with anti-malaria drugs, giving basic rehabilitation care for persons with disability, distribution of mobility devices like elbow crutches auxiliary crutches, wheel chairs, tricycles to assist people with disability to access services and also establishment of efficient referral system for people with disabilities.

The Winchester –Yei Link support Yei civil hospital which is an initiative from United Kingdom and Yei Local government have been providing services such as diagnosed patients by doctors

who came from the UK. Winchester –Yei Link also provides technical help to medical staff and equipment to Yei Civil hospital. Family planning services and immunization programs are also offered by NGOs supporting Yei civil hospital.

Consultation services/ curative, in patient services (admission) ANC, PMTCT, Delivery services,

Emergency obstetric care/ surgery TB, HIV Aids Care, Sleeping sickness care, treatment of under-five/ grown monitoring service and EPI services are both offered at Yei civil hospital and Martha Primary health care Centre.

At Yei civil hospital most of services are done in medical ward, surgical ward, pediatric ward, Gynae ward, maternity ward, sleeping sickness ward, TB ward, ART Centre and there is laboratory services.

World health Organization is supporting the TB and sleeping sickness Programme in Yei civil hospital and it also supply drugs and reagents.

Interview with the Director of the Anti-Retroviral Treatment Centre reveal that, UNFPA is supporting the PMTCT at Yei Civil hospital by supplying test kids. A local organization known as Widows Orphans and People Living with HIV/ AIDS (WOPHA) provided volunteering testing and counseling to substitute the services of Family Health International (FHI) which brought complains from the community in Yei that services are needed. The beneficiaries’ level of satisfaction by the health services provided by the Non- Governmental Organizations in Yei Civil Hospital and Martha Primary Health Care. The study set out to establish the beneficiaries‟ appreciation of the health services provided by the Non- Governmental Organizations in Yei Civil Hospital and Martha Primary Health Care.

**Table 5-8 show the results of the key findings.**

Table 4: Whether Respondents have ever experienced any problem from the health sector in Yei

|  |  |
| --- | --- |
| **Frequency** | **Percentage** |
| Valid Yes  No | 35.0  65.0 |
| Total | 100.0 |

**Source: Primary Data**

Table 4 shows that majority of the respondents 26 (65%) have ever experienced any problem from the health sector in Yei, while 14 respondents (35%) have never experienced any problem from the health sector in Yei. This implies that to certain extent the beneficiaries of Yei satisfied with the services provided by health sector in Yei. According to the responses from the respondents who were interviewed, it was because of; there is free medical service and do not need paying money to go to private clinic, availability of electricity and ambulance, response to patients is good, no referral to private clinics, adequate drugs and qualified medical staff at the health Centre. The researcher therefore went further to note that much as the health Centre looks beautiful but when lacking free medical service, good prescription of drugs, adequate drugs and qualified medical staff, availability of electricity and ambulance and good relationship with between patients and the medical staff.

**Table 5: Overall satisfaction of beneficiaries with the health service**

|  |  |
| --- | --- |
| **Frequency** | **Percentage** |
| Valid Yes fully  Not at all  Fair | 15.0  20.0  65.0 |
| Total | 100.0 |

**Source: Primary Data**

From the descriptive statistics in table 5 above indicates that 26 (65%) of the all the respondents acknowledged that beneficiaries are satisfied with the health service, 8(20%) said that they were not satisfied while the minority 6 (15%) said fairly they were satisfied with facility. The findings there imply that fairly the beneficiaries appreciate the health services provided by the Non- Governmental Organizations in Yei Civil Hospital and Martha Primary Health Care. This was because of adequate drugs and qualified medical staff at the health Centre and those who were not satisfied was due to their income levels compared to the cost that are incurred in receiving the health services.

### 4.3.1 Performance of Martha Primary Health Care Centre

An interview with those who receive the medical service at Martha primary health care centre, it was established that the centre is properly managed by the NGOs and the church. The beneficiaries who receive the health services were asked why they prefer to receive their health services at Martha Primary health Care Centre than any other health Centre or even Yei civil hospital their response is that they prefer Martha primary health care Centre because they can access medicine and they are not referred to buy medicine from the private clinic which reduces child and mortality. Non-governmental organizations primary health care programs were found to expand coverage for reproductive and child health services, and decrease child and maternal mortality.

Most of the interviewed beneficiaries 80% also reported that the Martha primary health care

Centre has established a mechanism of cost sharing this is to help in the sustainability of the health Centre as the NGOs think is the best strategy. According to the beneficiaries the payment of the cost sharing is appreciated and the cost is not high compared to services in the private clinics and Yei civil hospital. The beneficiaries said they get good health services and encouraged the cost sharing to be continued. This is in line with Sollis (1992) & Vivian (1994) who assorted that Non-governmental organizations are thought to provide services more efficiently and effectively than governments, to give better value for money, and reach the poorest communities. Two pregnant mothers who came to receive antenatal care at the time when the research was under way reported that Martha primary health care has a good handling of patients more especially the children and pregnant mothers. The way in which the Martha primary health care is managed by the church, health Centre staff and the NGOs reported to suggest that more emphasis have been put on core values.

The Health Centre values such as were reported to the love of human being by creator of God, faith in God acted as a motivation save humanity. The Martha primary health care officials also conduct prayers which aided the motto of Martha which says we treat but the lord heals. Martha primary health care Centre is managing 45 health staff four (4) of whom are paid partly by the ministry of health through the local government county health department. The staff at Martha primary health care Centre based on the researcher observations suggest that they are motivated, interested and are ready to provide services which contributed to better performance of Martha primary health care. The Centre is now referred as the best Centre under the church in Yei River County.

The performance of the health system at Martha primary health care Centre is also link to issues related to NGOs and the church policy on well fare where Martha is now providing breakfast, lunch to the health officials. The existences of the staff management team and the health committee under the ECS Diocese is said to be an important factor to the better performance of the health system at Martha primary health care. Reporting structures are said to be very clear reducing on bureaucratic red tape which normally hinder the performance of any sector. The performance of Martha primary health care is because of the capacity building where health officials are trained and are able to discover new ideas, skills and knowledge that are immediately utilized on patients leading to improved health service performance. Most of the beneficiaries interviewed stated that they prefer Martha primary health care Centre because of the presence of NGOs support and the management of the health Centre by the NGOs which they said has resulted in to quick and prompt services; no insult of patients like the one witnessed in the public hospital such as Yei civil hospital. Some beneficiaries reported that the health services are cheaper than the Government and private clinic.

### 4.3.2 The Performance of Yei Civil Hospital from 1997-2004

Most interviewed persons who used to be beneficiaries (65%) receiving health services from Yei hospital highlighted that the hospital used to be very good when the NGOs were fully and comprehensively running and managing it. Most respondents referred to the period between 2000 and 2005 as the period when the health services in Yei civil hospital were well performed. Beneficiaries who were interviewed having received health services in 1998 and the period beyond 2000s reported that the health services offered by the NGOs in Yei civil hospital were well maintained they reported that the wards were well maintained there was an NGO hospital

Ambulance that was well maintained and could help to pick critical and patients emergency from Rural areas to the main hospital.

There was running electricity in the hospital during the NGOs managing the hospital. It was reported that the provided electricity for 24 hours a day is due to the support from Norwegian People’s Aid (NPA) and Africa Action Africa Help South Sudan (AAH). There were three Doctors managing patients and conducting operations on need be basis and there services were appreciated by the beneficiaries. The information obtained from one old hospital official suggested that there were few cases of complications resulting from patients operations.

The NGOs used to support the hospital staff with meals by 1997 - 2004 which also increases the motivation of medical staff and has also helped in time wastage where the staffs eat in the hospital instead of travelling to their homes for food and some do not later come back for service.

Hospital officials reported that they were well paid and their salaries comes on regular basis by the Norwegian peoples Aid (NPA) where the officials reported that this NGOs has performed despite limited resources and pressure of challenges during the war time in South Sudan.

The hospital was relatively well staffed with 3 physicians, 2 medical assistants, 33 nurses, 4 midwives, 3 traditional birth attendants and 6 laboratory technicians.

(Report from Yei civil hospital)

Most of the interviewed beneficiaries who received medical services during the time when the NGOs were fully running the hospital stated that during the war period 1997 to 2004 there were

only private commercial clinics this suggest that there was no chance of sending a patient to a private clinic to acquire medical service the hospital had almost all the facilities that patients enjoy most.

Hospital officials also reported that NGOs recruited well qualified Doctors, Clinical officers and Nurses which contributed to better health services and addressed the poor health cases which were persistent by then and cases of improved transparency and accountability were in the core front of the health management based on the nature of NGOs principal of inputs as a basis to provide out puts and outcomes.

The respondents in diferent groups said that Yei civil hospital health services fall short of health standards right from the time the NGOs handed over the running, management and intensive support to the hand of government. The diferent groups of the interviewed beneficiaries referred to the period of 1997 to 2005 as period where they think the health services in Yei civil hospital where the health services were properly managed and NGOs‟ contribution to the health sector was appreciated.

### 4.3.3 The Performance of Yei Civil Hospital from 2005-2013

The performance of Yei civil hospital was reported by interviewed beneficiaries who received health services in the facilities between 2005-2013 most interviewed beneficiaries suggested that the falling of the hospital health services standard was between years 2005 to 2007. This is the period where NGOs were in transition to rapidly hand over the management and running of the hospital responsibilities to the government.

The researcher randomly selected 10 beneficiaries who received health services in Yei civil hospital, 5 beneficiaries of whom were interviewed to give data on the performance and ways in which the health services in Yei civil hospital can be improved. The beneficiaries were people

who have received health services either in 2005, 2007, 2008 and 2012. The other 5 beneficiaries were randomly selected at the time when the research was under way and it was particularly when the researcher visited Yei civil hospital the beneficiaries took the interview right after receiving the health service.

The findings established that the Yei civil hospital is not doing to the best standards that brought about unsatisfactory by the beneficiaries despite the fact that government is running the hospital and some NGOs are filling the gaps.

Most interviewed hospital staff and beneficiaries 74% reported that the hospital health services has fallen sort of standards, government structures has not supported issues to do with transparency and accountability. Most beneficiaries reported that health officials do their health

job with impunity due to lack of check and balances. This has scared some patients and now they decided to go to private clinics.

The health personnel are supposed to follow the principle of Acceptability and Dignity: Health care institutions and providers must respect dignity, provide culturally appropriate care, be responsive to needs based on gender, age, culture, language, and different ways of life and abilities. They must respect medical ethics and protect confidentiality.

"Health centres are employing unqualified people who at times give wrong dosage or even may give wrong drugs that can kill people especially children."(a Patient in Yei Civil Hospital 15th October 2013.

# (CHAPTER FIVE: DISCUSSIONS

Have a discussion on the relationship between the objectives of the study and whatever that is found out incorporating the literature reviewed.

**5.1 Limitations of the study**

The researcher encountered but solved the following problems. The researcher was faced with methodological problems as in interviewing Yei civil hospital and Martha primary health care Centre employees, who in any case were suspicious of ill motives by the researcher. An honest, intimate relationship was developed to overcome this by requesting respondents to advise accordingly on how he/she can be questioned. Questionnaire retrieval, leave alone filling it, took a lot of time and patience, which delayed the whole research process. The benefits of such an exercise were explained to the respondents for easy cooperation

## 5.2 conclusions

The study aimed at assessing the contribution of non-governmental organizations in the delivery of basic health services in Yei River County through collaboration with the Local Government. This chapter outlines the researcher’s discussion of findings, conclusion and recommendations;

## 5.3 Summary of Findings

### 5.3.1 Activities carried out by the Non-Governmental Organizations in Yei Civil Hospital and Martha Primary Health Care Centre.

Various NGOs have contributed to delivery of basic health services in Yei River County. All the NGOs seemed to stress the importance of networking. By establishing partnerships with local community members or agencies as well as working with local government, the NGOs felt they could achieve their goals more efficiently and effectively. The NGOs acknowledged the role that networking has in their work, and it was a key value stressed by all of the NGOs in the study.

The NGOs stressed that it was particularly important to establish these networks in the communities that they work in. All of the NGOs favored a bottom up approach to their work. Networking was also found to predict high levels of health contribution in the quantitative analysis. This finding seemed to be corroborated by the results of the case study.

NGOs are engaged in a broad range of activities beyond the narrow definition of health.

Activities are aimed to solving specific problems as well as improving the health status and coping ability, enthusiasm and other positive effects generated by association with one NGO, e.g., strengthening local leadership, mobilising local development committees, and capacity

building, have the potential to spread and in the long-term, be cultivated within the community.

By targeting marginalized groups such as farmers and, especially women, NGOs give them a greater opportunity and role to participate in development activities. This also increases opportunities for capacity building and skills development.

The dependent variable of the quantitative phase of the study measured the health contributions of NGOs. One of the advantages of the case description was that it allowed the researcher to illustrate these contributions in words and give meaning to the numbers of the quantitative component. The NGOs in the case study engaged in a variety of health related activities. The most common were: disease prevention, maternal and child health, and counseling. Disease prevention was perhaps the most common health related goal of the NGOs. To achieve this goal,

NGOs provided immunizations, education, and testing services. These services focused on the prevention and treatment of such diseases as HIV/AIDs, TB, Malaria, and various childhood illnesses. The NGOs also provided many services in the area of maternal and child health, such as safe birth centers, mobile health clinics, nutrition programs, and treatment of childhood diseases. Lastly, the NGOs offered a range of psychosocial and educational counseling services.

These findings provide us with a better idea of contributions NGOs are making to health in the Yei River County which most beneficiaries are remembering them for.

Promotion of good health by overcoming disease requires strong interventions and proper

attention on the activities in the health sector. There has been evidence over a period of many years that the public sector in South Sudan and Yei in particular is lacking in capacity in the context of delivery and management of health services. NGOs as regarded as the private sector have a significant contribution in health care provision, given the current shortage of government resources, the thrust towards Primary Health Care, and the policy of decentralization.

The relationship between public service delivery and private service delivery

The realization that both the public and the private sectors suffer important constraints has given credence to public–private partnerships (PPPs) as important institutional innovations. Partnership exist where there is mutual trust, backed by a guiding policy framework; shared norms and values; common goals or pursuits; a code of conduct; and a general agreement on the rules of engagement. According to North (1990) and Nkya (2000), partnerships are institutional arrangements that constitute rules defining the relationships, roles, responsibilities and accountability mechanisms (both formal and implied) of different collaborating actors. The overriding goal of PPPs is to meet public needs that would have been difficult to realize without collaborative efforts.

The point of departure by the research team is that the public, the private and faith-based health providers all serve the public, in the true sense of the word. The researcher found out that there exist a relationship between public service delivery and private service delivery in Yei and Central Equatoria state at large. The relationship between public service delivery and private health service delivery is on planning where the two entities see it as very important to work together and delivery well planned services.

The relationship between public and private health delivery are brought about by the South Sudan Health Policy 2011 where health responsibility were specified between levels of governments. The state level governments render public services through the level closest to the people (local government). The County Health Departments and Payams are therefore responsible for health service delivery. Public and private health services delivery also interlinked when it comes to design and implementation of programmes so as to deliver well-structured and coordinated services this thought do not show off concretely as Public sector in South Sudan has been deficient in the capacity to deliver equitable and quality services compared to the capacity the privates sector has. Due to limited capacity of the County Health Departments (CHDs) and Payams to deliver health services and limited capacity of State Ministry of Health to support them as a result of many years of armed conflict and the resultant collapse of the public sector, the NGOs have been providing the bulk of health services at most cases during the research the population under study referred the NGOs as the private sector.

There is also an evident that After the Comprehensive Peace Agreement in 2005, the public sector through the central government Ministry of Health –Government of South Sudan entered into formal agreements (contracts) with a number of NGOs to provide health services in Yei. Some lead Agency such as Norwegian People‟s Aid were contracted to support Yei Civil hospital in the management and delivery of health services. And the government only concentrated on the stewardship role of providing oversight, policy and planning, and monitoring and evaluation.

The research finding also established that the non-governmental organizations have been

providing advice, capacity building and management support to the health sector but the government has not taken the capacity building very serious hence lack of stewardship role in providing oversight and even monitoring and evaluating the service the private sector is delivering. As part of the transition, the MoH-GoSS and SMoHs/CHDs are supposed to gradually take on more responsibility of service provision but this has not taken place. Public services most have been centered to the context of the poor and the public bodies work to address the service delivery needs to the poor main while and private service delivery. The institution concern with the delivery of the public service do not have the required capacity and expertise which at most cases required them to work with the private sector and delivery needed services of higher standards.

For the betterment of the community in Yei The framework of accountability relationships” that

was articulated in the World Development Report of the World Bank (2004) entitled: Making Services Work for Poor People needed to used. This analytical framework has five cardinal principles of effective service delivery, namely: delegation, financing, performance, information and enforceability. All these must work together to maximize service delivery. Forexample, decentralization in South Sudan resulted in the delegation of duties from the central Ministry of Health to States and then to the Local Governments (LoGs). However, decentralized health services can only work if there is (a) adequate financing (for staff, drugs, and equipment); (b) clear performance measurements (e.g. at the health facility level such as the Yei Civil Hospital and Primary health care centre such as Martha); (c) proper information flows (hence the importance of the Health Management Information Systems (HMIS); and (d) effective supervision, inspection and enforcement of performance standards.

Lesson learned from both the public and private sector service delivery

Public institution working with the private sector in delivery public health service need to work together in capacity building each other so that that expertise can be drown from both sides if very important services are to be delivered and government institution concern should take the initiative very seriously.

Both public and provided service delivery needs to be made to intended beneficiaries and there must be some indication of ownership. Where a public service needed to be delivered by a private sector the institution concern should be involved in the process, formulation and understanding of the policy needed to successfully delivery the service.

Health systems are expected to serve the population needs in an effective, efficient and equitable manner. Therefore, the importance of strengthening of public, private and community health systems has to be emphasized time and again. In most of the developing countries, certain weaknesses and gaps in the government health systems have been hampering the achievement of

improved health outcomes. Public sector in Pakistan has been deficient in the capacity to deliver equitable and quality health services and thus has been grossly underutilized and therefore the government of South Sudan should learn and see to it that the population it is servicing should get the health service in an effective, efficient and equitable manner.

### 5.3.2 Appreciation of the health services provided by the Non- Governmental

Organizations in Yei Civil Hospital and Martha Primary Health Care Centre.

The key community health interventions mainly carried out by NGOs are: health education, nutrition education, AIDS education, environmental education and poverty reduction. The research established that most beneficiaries appreciated the services offered by NGOs and NGOs health services were properly managed.

Respondents recognize that NGO are playing a significant role in the provision of health care in Yei River County. The findings could be applied to other County or even states of South Sudan in the country. NGOs were noted to have a good geographical coverage, offered relatively cheap

services, and some NGO were good at mobilizing resources and could have a strong pressure group role to play. Some private clinics and the informal private sector offer credit facilities or services perceived as being cheap by the community.

### 5.3.3 The challenges faced by the NGOs in the delivery of health care support in Yei River County

Local NGO reported inadequate funding and the lack of facilities as major problems. A good number of these NGOs depend on donor funding which may not be consistent or reliable. This

Lack of funds affects the NGO activities because they fail to maintain equipment, and are unable to carry out supervision due to lack of transport. The regulatory process for the NGOs is

Inadequate and most cases not enforced. There was a lot of government bureaucracy involved in implementing NGO activities. Lack of political and community support led to poor implementation of NGO activities.

The research also found that Preventive interventions (e.g., Immunization) are seen as expensive to some NGO institutions for they do not charge for these services. And donors have specific

Objectives and are not usually flexible in funding other activities that implementers feel should be carried out. This has some effect on the extent of positive contribution of the NGOs in the health sector in Yei River County.

Some limitations in health service delivery identified include: lack funding, lack of community support and community mobilization, inadequate staff or using untrained staff, duplication of services in an area, and lack of flexibility in implementation of some programmes, and poor quality services.

The relations dynamics on the public sphere that enhance or hinder health service delivery.

The protracted nature of the war in South Sudan has seriously constrained the development of a functioning health system and has damaged the existing health facilities it will take many years indeed to have the health sector develop to its full capacity as other countries such as Rwanda have tried and also the people of Yei needed to be very serious in taking the development of the health sector as their own without owning it noting will be realised.

According to a number of key-informants in the health sector the diminishing interest from donors in supporting health provision and the lack of proper hand-over and training of local staff

upon the departure of international NGOs has further declined the current quality and quantity of health services.

Legacy of conflict and emergent process have also hindered the delivery of the health service delivery. The war altered the socio- political structures and relations of diferent players in the delivery of services in Yei River County. The war has also induced poverty, displacement and trauma; it has weakened kinship and community ties. Before the way community were active in voluntary services which aided the quality of service it is not the case now. This dynamic have affected both the public and provide sectors.

Government spends excessive funds on the treatment of civil servants to be treated in public and private hospitals in neighboring countries. Furthermore, the lack of high quality services is a main restraining factor for Diaspora to return home, as is lack of education, has made well qualified medical personnel not to come to Yei from the diaspora. Therefore, while the priority for donors and Government should be to develop a functioning public health sector, there is potential for private health providers to complement the public sector. Social support relations are also affected negatively, intra communal collaboration have affected the performance of the health sector. Health is integral and essential for reconstruction.

Corruption is also another factor that have affected the health service delivery, Drugs were stolen and taken to private clinics for economic gain by hospital health personnel in the public health facility. Despite the fact that Yei has developed a significant human capital which can be used to solve the problem in Yei and given its vast natural resources, Yei remains severely impacted and underdeveloped. The serious political and economic mismanagement has impeded any real social development. Most public sector services have been eroded, abandoned or replaced by what many people see as unsustainable external humanitarian relief.

Culturally determined gender based inequalities in decision-making is prevalent in the area exacerbated by illiteracy and early (forced) marriages. Various cultural practices tend to marginalize women by isolating them from opportunities to participate in decision-making and to access, control and share resources.

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# APPENDIXES

**QUESTIONNAIRE 1 A**

For Health Care officials (Yei Civil Hospital) NGO

Please tick where necessary.

1. Gender

Male ( ) Female ( )

2. Age Groups of the Respondents

18-24 ( ) 25-30 ( ) Over 30 years ( )

3. Education Levels of the Respondents

Primary and below ( ) Secondary and above ( ) Never been/Went to school ( )

4. Occupation

Business/trade workers ( ) Farmers ( ) Salaried employees ( ) Unemployed ( )

5. Monthly Earnings of Respondents

£ 60 ( ) £ 61 – 120 ( ) £ 121 – 250 ( ) Above £ 250 ( )

**SECTION B. CONTENT INFORMATION**

In this section, tick or fill where necessary.

6. Which None Governmental Organizations is supporting Yei civil hospitals?

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7. What type of health support do these Organizations giving?

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8. What challenges do you faced in the delivery of health care support in Yei River County?

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9. Who are your patients?

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11. In your opinion, what are the best ways to improve the delivery of health services?

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12. How will the None Governmental Organizations improve their working relationship with the local government?

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13. What are the achievements of the health sector in Yei River County?

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14. What shows that you have achieved your goals and objectives?

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15. Please provide any additional information of relevancy here

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Thank you

**Questionnaire 1 B For Health Care officials (Martha Primary Health Care Centre) Church**

**Section A. Background information**

Please tick where necessary.

1. Gender

Male ( ) Female ( )

**SECTION B. CONTENT INFORMATION**

In this section, tick or fill where necessary.

2. Which organizations are supporting Martha Primary Health Care Centre?

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3. What types of health support do those Organizations giving Martha Primary Health Care Centre?

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4. Is this health support given for free by those None Governmental Organizations?

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5. What challenges do you faced in the delivery of health care support in Yei River County?

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6. Who are your patients?

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7. Do they get referral to other health facilities?

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8. In your opinion, what are the best ways to improve the delivery of health services?

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10. What are the achievements of the health sector in Yei River County?

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11. What shows that you have achieved your goals and objectives?

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12. Please provide any additional information of relevancy here

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Thank you

**Questionnaire 2: For Local Government Officials**

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**PART 1: Data for Yei Civil Hospital (Public facility)**

Section A. Background information

Please tick where necessary.

1. Gender

Male ( ) Female ( )

**SECTION B. CONTENT INFORMATION**

In this section, tick or fill where necessary.

2. What types of services are offered in Yei Civil hospital?

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3. How do you know that the services have taken place in Yei civil hospital?

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5. What have you achieved working with the NGOs supporting Yei Civil hospital?

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6. What do you do together with the NGOs to achieve results in Yei civil hospital?

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7. What are the challenges in working with the NGOs, providers and profit organizations delivery health services in Yei River County?

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8. What are the best ways to address these challenges in order to improve health services?

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9. Which organizations support the health sector in Yei Civil Hospital and what type of support do they give?

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10. Who are they supporting in the health sector?

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11. How are they supporting Yei Civil Hospital?

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12. What in your Opinion is a good example of the collaboration with the NGOs in the delivery of the basic health services in Yei Civil Hospital?

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13. What are the achievements of the health sector in Yei River County?

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14. What shows that they are achieved in Yei Civil Hospital?

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**PART 1: Data for Marta Primary Health Care Centre (Private health facility)**

1. What types of services are offered in Martha Primary Care Centre?

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2. How do you know that the services have taken place Martha Primary Care Centre?

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3. As a local government what are your role in Martha Primary Care Centre?

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4. What have you achieved working with the NGOs supporting Martha Primary Care Centre?

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5. What do you do together with the NGOs to achieve results?

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6. What are the challenges in working with the NGOs, providers and profit organizations delivery health services?

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7. What are the best ways to address these challenges in order to improve health services in Martha Primary Care Centre?

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8. Which organizations support the health sector and what type of do they give in Martha Primary Care Centre?

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9. What in your Opinion is a good example of the collaboration with the NGOs in the delivery of the basic health services in Martha primary health care?

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10. Who are they supporting in the health sector?

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11. How are they supporting Martha Primary Care Centre?

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12. What are the achievements of the health sector Martha Primary Care Centre?

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13. What shows that they are achieved?

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14. Please provide any additional information of relevancy here

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**Interview Guide for the Beneficiaries Total number of respondents**

Male................... Female................

In your own opinion. How has the Yei Civil Hospital and Martha Primary Heath Centre the performed in Delivery of health service? 2. Is the health sector properly managed by the NGOs 3. Which years do you think the health sector was well functioning and why 4. In what way are Yei Civil hospital and Martha primary health Centre helped the community 5. Have you and your community ever experienced any problem from the health sector in Yei what are those problems and why more details? 6. Have you ever faced any problem from the health sector in Yei civil hospital and Martha Primary health care Centre? 7. If yes, what are they? 8. In your own opinion, how can your community solve the above mentioned problems? 9. 6. In your own opinion, how can the NGO and local government work together to solve the above mentioned problems? 10. Why do you choose the health Centre? 11. What are the good things in the hospital and the health Centre? 12. Do you think it is necessary to continue the delivery of the health services?

Thank you.

Interview Guide for, Health and Local Government Officials 1. Who funds the health sector? 2. Which NGOs Run the heath sector 3. From which year to which year 4. What made the NGO to leave delivery of the health service? 5. To whom are the NGO accountable to? 6. Do the local governments Monitor the NGOs and cooperate with them while delivery the health services? If yes, how often do you do it? 7. When did the partnership started between the NGOs and the Local government and what kind of partnership? 8. Are there any problem/ challenges related to the partnership between NGOs and Local government? If Yes List the problem/ challenges 9. Are there measures taken by the health sector to solve the problems/ challenges? 10. Are partnership with local government and the NGOs delivery the health services important why do you think so? Thank you.

Observation guide at the hospital and the primary health care to asses important 1. Are there adequate structures at the premises of the hospital and the primary health care? 2. Are they well maintained? 3. If not why are they not maintain? 4. Are patients receiving services? 5. What is the patient handling like (bed capacity, doctor/nurse attention, diagnostic equipment, and payment structure)? 6. Is there free food or payment is being made? 7. About how many can be seen? 8. Do patients exist with drugs? 9. Do they look/express satisfaction?