

Effect of Corruption on Health Service Delivery in Magwi County-Eastern Equatoria State, Republic of South Sudan

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Abstract

The study examined the effect of corruption on service delivery in local governments, a case study of health service delivery in Magwi County-Eastern Equatoria State of South Sudan. Specifically, study examined the level of corruption in health service delivery Magwi County-Eastern Equatoria State of South Sudan; assessed the quality of health service delivery in Magwi County-Eastern Equatoria State of South Sudan; and established the effect of corruption on health service delivery in Magwi County-Eastern Equatoria State of South Sudan. The study used descriptive research design. The study population was 75 where a sample of 63 respondents was selected using simple random and purposive sampling techniques. The study used both self-administered questionnaire and interview guide. Findings revealed that, it is a common practice in public facilities to first cash in individual healthcare providers to receive treatment, money intended for healthcare services is embezzled, there is high rates of favoritism where family members, relatives and friends receive the treatment first before others, people pay bribes to receive treatment in public health facilities, and healthcare providers sell public drugs to individual drug shops. It is concluded that corruption is the reason why public investment in health coupled with high rates of private spending has not translated into good health outcomes. The study recommends an establishment of an independent system to supervise delivery of services as this will help reduce corrupt tendencies. Furthermore, GoSS should develop a political will to fight and reduce corruption in Local government and all sphere of public institutions.

Keywords: Corruption, Health Service Delivery, Magwi County, South Sudan

INTRODUCTION

The low coverage and limited accessibility of healthcare services in South Sudan are serious challenges. Less than half of the South Sudanese population is within 5km of a healthcare facility, and the estimates vary between 44% (South Sudan Ministry of Health, 2020; Department for International Development (DFID) and Global Affairs Canada (2018) to 28.6% (Macharia et al., 2019) depending on the sources. This translates into the population having to walk one hour or more before they reach any health facility.

Reaching a health facility may, however not mean that the needed or most appropriate care is available; such a problem is exemplified by patients' low satisfaction with the availability of key

drugs (HPF Beneficiary survey), or the fact that 36% of people reported being referred to a higher-level facility because of complications, lack of expertise, equipment, or medication at the initial health facility of arrival, as well as social stigma and stereotypes (Ministry of Health of South Sudan, 2018).

While officially free, healthcare services imply shadow costs for patients, in part due to the low salaries offered to healthcare providers. A Household survey by the Ministry of Health of South Sudan (2018) reported that 32% of patients have had to pay fees in public healthcare facilities and units. A study by Health Pooled Fund South Sudan (2020) indicated that citizens were “requested” to pay a “registration” fee of 200 South Sudan Pounds, and a “testing” fee”. In Western Equatoria, fees were charged to patients ostensibly to a “prescription book”, without which one would not obtain medical help (Health Pooled Fund South Sudan, 2020). Nonetheless, the report also observed that some respondents objected to the claims that any fees were charged and that healthcare in public facilities was completely free (ibid), a discrepancy that could suggest favoritism or discrimination in the provision of healthcare services whereby some people are charged fees and others are not.

However, there was evidence that in the hospital in Kuajok (in Warrap) in Upper Nile State, a “cost-sharing scheme” was applied, whereby patients were asked to pay a healthcare worker for the care they received yet care was supposed to be free of charge (Health Pooled Fund South Sudan, 2020).

The above is evidence of corruption in healthcare provision in several healthcare facilities in South Sudan generally. It can be inferred that it is a microcosm of what happens in all of South Sudan, including in Magwi County in Eastern Equatoria State. Yet, there is no study that has been carried out in Magwi County on the subject to ascertain the nature of corruption, quality of healthcare provision, and effect of corruption on healthcare service delivery; hence this instant study.

The Issue at Hand

In the context of the Republic of South Sudan today, coverage and accessibility remain important challenges to improve healthcare delivery. Less than half of the South Sudanese population is within 5km of a healthcare facility, and the estimates vary between 44% (South Sudan Ministry of Health, 2020; Department for International Development (DFID) and Global Affairs Canada, 2018) to 28.6% (Macharia et al., 2019) depending on the sources. This translates in population having to walk one hour or more before they reach any health facility. Reaching a health facility may, however not mean that the needed or most appropriate care is available; such problem is exemplified by patients’ low satisfaction with availability of key drugs (HPF Beneficiary survey), or the fact that 36% people report being referred to a higher-level facility because of complications, lack of expertise, equipment, or medication at the initial health facility of arrival, as well as social stigma and stereotypes (Ministry of Health of South Sudan, 2018). While technically free, healthcare services still incur shadow costs for patients, this is in particular due to the low wage of healthcare providers or the necessity to finance running facilities. Consequently, 32% of users report having to pay fees in public healthcare facilities and units, the lowest level of the health system ((Ministry of Health of South Sudan, 2018). This creates further barrier to care, especially for the most vulnerable population that may not have the possibility to pay for fees or medications. Thus, the researcher found it

important to investigate the effect of corruption on health service delivery in Magwi County-Eastern Equatoria State of South Sudan.

LITERATURE REVIEW

The Nature of Corruption in Local Public Healthcare Facilities

Corruption is a predicament that has entrenched itself in all sectors, both in developed and developing countries. However, research carried out shows that it is more prevalent in developing countries (Pellegrini & Gerlagh, 2007). Corruption manifests itself in different forms under different environments and contexts and therefore it is impossible to have a universal definition that encompasses all. However, corruption has widely been defined as the abuse or misuse of public office and funds for personal gain.

Corruption in the delivery of healthcare services is widespread. Prior the current SDGs framework, the Millenium Development Goals (2015) intended to reduce world poverty by half in 2015 relate directly to Health. Key goals included; reducing child mortality, improving maternal health, and combating HIV/AIDS, malaria, and other diseases. However, the fulfillment of these goals by the target date was greatly threatened by the cancerous level of corruption in the health sector (Anti-corruption Activist in Uganda 2007). Therefore, corruption in Health service delivery is not only a South Sudanese issue but a global one as well. Corruption in Health service delivery can be identified with doctors and nurses who charge small informal payments to patients to supplement inadequate income. Due to increasing level of corruption, accessibility to health services has remained a dream for millions of people across different areas; diseases are rampant coupled with the declining quality of medicines. Corruption, coupled by poor health infrastructure across many poor countries such as South Sudan, is an indicator that corruption deprives people of access to Health; the poor are disproportionately affected by corruption in Health Sector (Anti-corruption activists in Uganda, 2007).

Different authors have classified corruption into different typologies. A few of the typologies include: petty or grand, administrative or political, passive or active, a way of life or a fact of life, incidental, systemic or systematic, and well-organized or chaotic (Quah, 2007). In South Sudan, corruption in the public sector is classified as theft and embezzlement, petty, grand and informal payments.

Instances of theft and embezzlement of money, medicines, and other medical equipment and supplies by frontline healthcare staff are widespread across the world (Bruckner, 2019). The theft and resale of publicly-funded medicines, vaccines, and medical supplies contribute to shortages and stock-outs, limiting public health surveillance and control, and restricting patients' access to adequate medical treatment. This ultimately results in the further spread of coronavirus infections and poor health outcomes such as disability and death (Bruckner, 2019). Although low salaries can enable this type of corruption, manifestations of theft and embezzlement in the health sector also happen in countries where staff is paid well. Context is key. The strength of professional norms, staff motivation, oversight rules, reporting, and sanction mechanisms can reveal much about how vulnerable health systems are to theft and embezzlement (Bruckner, 2019). This has never been more relevant.

The Covid-19 pandemic has exposed cracks in health systems. The overriding urgency has led many governments to loosen rules, oversight, and sanction mechanisms (Kos et. al., 2020). Add to that the fear and extreme exhaustion health professionals are experiencing, the low and sometimes lack of salaries for those at the frontlines of the healthcare response, and you have a perfect setting for theft and embezzlement. Indeed, worldwide media reports on the theft of medicines and medical supplies are abundant. In Brazil, 15,000 coronavirus diagnostic tests and more than two million personal protective items including goggles, gloves, hand sanitizer and face masks were stolen from a cargo terminal at São Paulo's Guarulhos International Airport (María, 2020).

Similar reports on the theft of medicines and medical supplies from hospitals have emerged in Honduras (Tiempo Digital, 2020), Chile, Cuba, Peru, Venezuela, the US (Navarrete, 2020), Japan (Justin, 2020), Germany (FranceInfo, 2020), Indonesia (Alistair, 2020), the Netherlands (The Jakarta Post, 2020) and Ireland (Naomi, 2020). Theft and embezzlement also occur outside the health sector. In Taiwan, for example, two soldiers in charge of supervising a mask production site were found guilty of stealing a total of 6,000 face masks and are now facing up to 10 years in prison (Anadolu Agency, 2020). In South Africa, six police officers were arrested for allegedly stealing R37,900 (US\$2,480) from a car during a Covid-19 lockdown operation (Nonkululeko, 2020).

Petty corruption is perpetrated by junior officers in the public sector who demand favors in form of cash or in kind from the public before they can offer services (Nyaga & Theuri, 2011). This type of corruption has become so common that it has been taken as an intrinsic part of the day-to-day transactions in some government offices (KACC, 2007). The majority of members of the public induce the public official to compel them to provide duly deserving or duly undeserving services, to speed up the process, or provide fair services (Chweya, Tuta & Akivaga, 2005).

Grand corruption is a result of abuse or misuse of discretion power by senior public officials or prominent persons in a position of authority (Nyaga & Theuri, 2011). Grand corruption targets public resources, for example, embezzlement of public funds through procurement contracts and tenders, grabbing of public land, non-collection or non – remittance of government revenue or payment of non-existence goods or services. Health or sometimes referred to as grand corruption takes place at the highest levels of the health authority. It was when the politicians and health decision-makers (heads of state, ministers, and top officials), who are entitled to formulate, establish and implement the laws in the name of the people, are themselves corrupt. Corruption in health is furthermore when policy formulation and legislation are tailored to benefit health officials and legislators (Doig and Theobald 2000)

Informal payments from patients are a common practice in many countries. They are defined as a contribution made by patients (or others acting on their behalf) to healthcare providers for services patients are entitled. These payments are not always illegal, corrupt, or harmful, and might be encouraged by cultural norms, habits, and low salaries, among other reasons. However, informal payments can constitute corruption when they happen before treatment, if they are solicited or extorted by the provider, and if they involve cash or expensive items (Bruckner, 2019). In the context of the pandemic, many of the complaints received by Transparency International relate to patients paying bribes for Covid-19 tests (Transparency

International, 2020). These reports come from 24 countries located in Africa, Europe, Latin America, the Middle East, and South-East Asia (Transparency International, 2020). At a time when Covid-19 has triggered one of the worst job crises since the 1929 Great Depression (OECD, 2020) this is extremely concerning. Not having the financial means to pay for bribes to access healthcare services can be the final straw for many Covid-19 patients. Many people have also bribed their way through Coronavirus control regulations. For example, in Uganda (New Vision (web), 2020) and Cameroon (Kos et al., 2020) there is evidence that foreign citizens have evaded quarantine rules by bribing officials. In Uganda, foreigners were required to stay at hotels designated for total isolation at their own expense. Many felt their escape was justified, as they believed the facilities were mismanaged, and bearing the costs was challenging and unfair (Jimmy, 2020). This type of bribery ultimately leads to a further spread of the virus, aggravating the current health crisis.

Quality of Health Service Delivery in Local Public Healthcare Facilities

Kayode et al (2013), posit service delivery implies tangible and intangible goods and services provided by the government in order to improve the well-being of the citizenry. Carlson et al. (2005) in Kayode et al (2013) also conceptualized Service Delivery as the relationship between policymakers, service providers, and poor people. According to them, it encompasses services and their supporting systems that are typically regarded as a state responsibility. These include social services (primary education and basic health services), and infrastructure (water, sanitation, roads, and bridges). Agba et al (2013) agree with this understanding of Service Delivery when they noted that local service delivery is the provision of services intended to alleviate human suffering and by extension, enhance the quality of life of the citizens.

It is estimated that approximately 44% of the population in South Sudan live within reach of health facilities and have consistent access to primary care services (South Sudan Ministry of Health, 2020). Currently, the health system is faced with major bottlenecks for community health services such as lack of equipment, frequent stock-outs of drugs and medical supplies, low acceptance of community health services, lack of qualified CHW/BHW candidates, insufficient remuneration, limited capacity of MoH supervisors and limited linkages between the CHWs/BHWs and the health facilities (South Sudan Household Health Survey (2013). Presently, the country's health system is funded through two funding mechanisms namely, the Health Pooled Fund (HPF) through a consortium led by Crown Agents (UK) and the other is Essential Health Services Project (EHSP) funded by World Bank (WB) through a consortium led by UNICEF.

Access and use of health services remain limited due to a number of factors affecting the health systems, health-seeking, and social determinants. Accessing health care comprises the possibility to identify health care needs, seek health care services, reach health care resources, utilize health care services, and actually be offered services as appropriate to the needs for care. These dimensions are influenced by determinants from the provider side (approachability, acceptability, availability and accommodation, affordability, and appropriateness) and the demand side which influences a person's ability to perceive, seek, reach, pay, and engage with health care (Levesque et al., 2013). In South Sudan, the common barriers to accessing reproductive health services include a lack of information on available services, cultural attitudes and misconceptions, early marriages, and a lack of preparedness by expectant mothers and families (Gilmartin et al., 2019). It is therefore envisaged that this information gap

will be filled if Behavioral Health Integration (BHI) is embraced and fully supported as a means of reaching out to the communities in need of these health services.

The South Sudan Lot Quality Assurance Survey (LQAS) 2015 (Ministry of Health Republic of South Sudan, 2018) showed that for maternal health, in comparison to 2011, moderate improvement in nine indicators was measured, only the proportion of women practicing any form of modern family planning saw a slight reduction. The percentage of women who delivered in a health facility during their last pregnancy reached 25% at the national level but mainly due to relatively high coverage from three states (Central Equatoria, Western Bahr el Gazhal and Western Equatoria). Disappointing low indicators included the following indicators “pregnant woman who had four or more Antenatal Care Coverage (ANC) visits” (a drop of 30% from those who had one ANC visit); “mothers who had at least 1 postpartum check-up” and “mothers’ knowledge of mother-to-child transmission of HIV and understanding at least 2 ways to protect against the sexual transmission of HIV” and “rejection of major misconceptions”. With respect to child health indicators, the percentage of caregivers who sought treatment for their children with suspected acute respiratory tract infection (ARI) within 24 hours declined compared to 2011 (22.9% to 13.7% while the target is set at 60%) while generally, vaccination rates in children under 1 year saw steady progress since 2011. Only a third of the 64%-65% (overall 21%) of children suffering from fever were taken to an appropriate health care provider within the crucial first 24 hours while the health strategic development plan (HSDP) target is set at 70%. For diarrhea, this was 22.4% (no target was set).

Effect of Corruption on Health Service Delivery

Corruption has many consequences and its repercussions are felt in all sectors. The consequences include: an increase in the cost of production, deters both local and foreign investment, poverty, insecurity, unemployment, production of inferior goods, underdevelopment of infrastructure, and stagnation of the economy (Mauro, 1995). Corruption in the public sector leads to loss of integrity, citizen trust, capacity to be effective and efficient in the delivery of goods and services, compliance with regulation, and competent employees (Thompson, 1992). In addition, corruption leads to inefficiency, poor performance, and poor quality of services (Vian, 2005).

Having to pay illegal fees or bribes to receive medical care is a particular type of financial barrier that has important implications for access to care. This is especially true for poorer patients who are more reliant on public services and thus more vulnerable to bribery (Peiffer and Rose (2016). Patients who are frequently confronted with having to pay a bribe at the point of care may decide to delay seeking care until they are much sicker (or may not seek care at all); they may also rely instead on traditional/spiritual healers or informal drug sellers that could exacerbate their health (World Health Organization, 2012). Of course, patients who decide to pay bribes are left with fewer resources as well. The repeated action of paying a bribe for medical care may uproot one’s trust in the healthcare system and consequently lead one to perceive that access is limited.

While institutional corruption also has consequences for a patient’s access to care, patients do not experience it first-hand as they do with bribery. Public officials may misappropriate or pocket funds, which reduces healthcare system funding overall. Consequently, this leads to fewer resources to purchase necessary medicines, hire qualified healthcare workers, or make

improvements to healthcare facilities, which all ultimately impact patient care and quality access. Previous studies have found that perceived national corruption is associated with poorer health across all socioeconomic groups, particularly among the less educated (Holmberg and Rothstein, 2011). More generally, poor governance is associated with poorer health outcomes, including lower levels of life expectancy, higher mortality rates [and lower levels of subjective health feelings (Holmberg and Rothstein, 2011)].

As corruption is often deeply-engrained in societies, this will likely require substantial changes to the health system in addition to changes to policies that reach beyond the health sector (Rose-Ackerman and Palifka, 2016). Studies have highlighted that fighting corruption in the health sector must start from the top: Ministers of Health must demonstrate strong leadership, and high morality and integrity in order to change the attitudes of providers and patients who may have accepted bribery as a cultural trait of the health system (Mostert et al., 2015). In addition, moving away from direct payments can reduce corruption because it eliminates the exchange of money at the point of access to care (World Health Organization, 2010). Furthermore, more transparency between patients and healthcare providers is needed; for example, information on user charges and exemptions should be clear and easily accessible to patients. Fighting corruption also requires strong institutions that are willing to proactively collect patient complaints, investigate corruption allegations, and punish corruption (Mostert et al., 2015).

On the patient side, there is evidence that beyond the healthcare system itself, the social networks of the patients may play a role in perpetuating corruption. A recent study found that in Tanzania and Uganda, those who reported strong social networks perceived fewer barriers to health access and were less prone to extortive bribing. If patients know that health access is challenging, they may mobilize their existing social networks for financial assistance and/or direct connections to health workers for favors and prioritized access (Camargo, 2017). In contrast, in Rwanda, authorities used a “naming and shaming” approach to actively publish the names of those engaged in crimes of corruption (along with the names of their parents and their communities of origin). This aggressive approach has reduced reliance on social networks for favors. These findings suggest that fighting corruption has local and country-specific nuances that must be understood before implementing policies, but also that social networks beyond the health system itself are potentially a point of intervention for battling corruption.

Rajkumar and Swaroop (2001) reported that reducing corruption (or, improving the quality of government) improves education outcomes largely by improving the effectiveness of public expenditures. This means that if corruption leads to large leakages in public funds allocated to education, public expenditure on education is likely to be less effective, in this we find that the more the public servants fail to bid by the regulations of managing public finances allocated to them, thereby giving way for security peddling, there is a high risk of compromising service delivery.

Several empirical studies have shown a negative relationship between corruption and economic growth (Mauro, 1995). Corruption diverts resources from the poor to the rich; increases the cost of running businesses distorts public expenditures and deters foreign investment (Wei, 1997 and Alesina, 1999). Corruption saps a country’s economy by hampering tax collection and undermining the enforcement of important regulations. Corruption also

creates a loss of tax revenues and monetary problems leading to adverse budgetary consequences (Murphy, 1993), and is likely to produce a certain composition of capital flows that makes a country more vulnerable to shifts in international investors' sentiments and expectations (Lambsdorff, 2000 and 2005). In addition, corruption has an adverse effect on human development and increases the cost of basic social services (Kaufman, 1998).

Corruption was found to diminish national prestige and respect, leading to brain drain, civil unrest, business failure and unemployment, election rigging, absence of law and order, and failure of government institutions (Ribadu, 2003). In such scenarios, the ability to provide all the required social services is affected as important resources are simply diverted or misappropriated or the service providers ignore the contractual terms as they are already favored by the security heads.

METHODS AND MATERIALS

Relying on a mixed methods approach to data collection and analysis, the study, with help of Yamane (1967), enlisted 73 participants for the study obtained using both simple random and purposive sampling techniques. They included community members and healthcare service providers. Data were collected from both primary and secondary data sources using survey and interview methods of data collection.

RESULTS AND DISCUSSION

Table 1: Level of corruption in health service delivery in Magwi County

Statement		SD (1)	D (2)	NS (3)	A (4)	SA (5)	Mean	St. Dev.
It is common practice practices in public facilities to first cash in individual healthcare providers to receive treatment	Frequency	3	4	2	29	22	4.05	1.06
	Percentage (%)	5.0	6.7	13.3	48.3	36.7		
The money intended for healthcare services goes to individual pockets	Frequency	5	5	6	25	19	3.80	1.22
	Percentage (%)	8.3	8.3	10.0	41.7	31.7		
Friends and relatives receive quality treatment since they have people working in public facilities	Frequency	9	4	2	18	27	3.83	1.45
	Percentage (%)	15.0	6.7	3.3	30.0	45.0		
Some healthcare providers sell public drugs to individual clinics or drug shops which leave public facilities without	Frequency	4	4	1	21	30	4.15	1.18
	Percentage (%)	6.7	6.7	1.7	35.0	50.0		
Healthcare providers in public facilities have a wide range of opportunities to engage in corruption	Frequency	4	5	7	25	19	3.83	1.17
	Percentage (%)	6.7	8.3	11.7	41.7	31.7		

Study findings showed that 45% agreed that it is a common practice practices in public facilities to first cash in to individual healthcare providers to receive treatment. This was followed by 38.3% disagreed while 16.7% of the respondents were not sure. The results implied that corruption in Magwi County-Eastern Equatoria State is shown where some people are asked to

bribe some healthcare providers so that they work on them yet these services are supposed to be on free basis since they are public health facilities. Findings further indicated that most of the respondents with 55% agreed that the money intended for healthcare services goes to individual pockets, 33.3% were not sure and 11.7% of the respondents disagreed. This is an indication that the money from the central government of South Sudan intended to procurement healthcare services like drugs is taken by embezzled by some individuals which leaves public health facilities in Magwi County-Eastern Equatoria State without health services.

The findings also revealed that most of the respondents with 60% agreed that friends and relatives receive quality treatment since they have people working in public facilities, 23% disagreed and 17% of the respondents were not sure. This means that some healthcare providers in Magwi County-Eastern Equatoria State favor their family members, relatives and friends where the rest of people are left without receiving services as recommended.

The findings showed that most of the respondents with 56.6% agreed that individuals pay bribes to receive necessary treatment in public healthcare which would be for free, 25% of the respondents disagreed and 18.4% of the respondents were not sure whether they are treated fairly and equally. This implies that it is very common in the healthcare facilities in Magwi County-Eastern Equatoria State where people who gives bribe to some healthcare providers will first receive services compared to the poor who can't pay bribes to healthcare providers to get services. findings also revealed that most of the respondents with 88.3% agreed that healthcare providers in public facilities have a wide range of opportunities to engage in corruption, 8.4% of the respondents were not sure while 3.3% disagreed. This implies that most healthcare providers in the public facilities in Magwi County-Eastern Equatoria State of South Sudan are corrupt because of the weak system which make easy for them to practice corruption like bribes, favouritism and embezzlement. In an interview with section of health personnels, it was stated that;

“...drugs disappear because the local government in Magwi County has not looked at the possibility of improving the health workers remuneration packages particularly by giving them some incentives and fringe benefits to Health workers. This means that motivation is largely poor” (Respondent X, Interview,2022)

Table 2: Quality of Health Service Delivery in Magwi County

Statement		SD (1)	D (2)	NS (3)	A (4)	SA (5)	Mean	St. Dev
People are not satisfied with public health services in Magwi County	Frequency	4	7	4	24	21	3.85	1.22
	Percentage (%)	6.7	11.7	6.7	40.0	35.0		
Public health facilities are always out of drugs for the public to get medication	Frequency	5	6	6	24	19	3.77	1.24
	Percentage (%)	8.3	10.0	10.0	40.0	31.7		
In some cases, health centres fail to work on patients as they go out of drugs/medicine stock	Frequency	3	3	6	30	18	3.95	1.03
	Percentage (%)	5.0	5.0	10.0	50.0	30.0		
Sometimes there is loopholes in health service delivery due to inadequate health workers	Frequency	8	9	4	22	17	3.52	1.40
	Percentage (%)	13.3	15.0	6.7	36.7	28.3		
The health services provided to people are not free of charge	Frequency	5	6	5	23	21	3.82	1.26
	Percentage (%)	8.3	10.0	8.3	38.3	35.0		

Results indicated that majority of the respondents with 75% agreed that people are not satisfied with public health services in Magwi County, 18.4% of the respondents disagreed and 6.7% of the respondents were not sure. This is an indication that most people who attend to public healthcare facilities in Magwi County-Eastern Equatoria State of South Sudan do not get the services they expect leaving them unsatisfied in most cases. It was further revealed that majority of respondents (71.7%) agreed that public health facilities are always out of drugs for the public to get medication; this was showed by the most respondents, 18.3% of the respondents disagreed and only 10% were not sure. This implies that it very common for people to go and get medication from healthcare facilities in Magwi County-Eastern Equatoria State of South Sudan and go back without receiving treatment due to lack of drugs. In an interview with health personnel, it was revealed that;

“...the rights and opportunities and access to all Health services are hindered by; Shortage of drugs and few doctors and nurses in the local government health centers, poor trained health personnel who end up abusing patients and overcrowding of patients in public Health center. People usually seek their services in private Health clinic because; There are always no drugs in local government health centers, medical personnel take long to serve people who have not paid any money and sometimes leave without any service offered”(Respondent N, G. Interview, 2022)

Table 3: Effect of Corruption on Health Service Delivery in Magwi County – Eastern Equatorial State

Statements		SD (1)	D (2)	NS (3)	A (4)	SA (5)	Mean	St. Dev
Corruption is the reason why public investment in health coupled with high rates of private spending has not translated into good health outcomes	Frequency	3	5	0	18	34	4.25	1.14
	Percentage (%)	5.0	8.3	0	30.0	56.7		
People who do not pay bribes to individual healthcare providers are delayed to receive treatment leaving the health of people in danger	Frequency	6	4	5	22	23	3.87	1.28
	Percentage (%)	10.0	6.7	8.3	36.7	38.3		
Corruption has a directly negatively affected on access and quality of patient care in the public facilities	Frequency	6	5	6	21	22	3.80	1.30
	Percentage (%)	10.0	8.3	10.0	35.0	36.7		
Informal payments for public drugs cause poor people to forge or delay seeking care which effects the quality of health services	Frequency	3	3	4	24	26	4.12	1.08
	Percentage (%)	5.0	5.0	6.7	40.0	43.3		
Most people have missed treatment in public health facilities due to corruption practices leaving them unsatisfied	Frequency	4	4	11	19	22	3.85	1.19
	Percentage (%)	6.7	6.7	18.3	31.7	36.7		
There is public outcry when it comes to procurement and delivery systems that has affected provision of health services	Frequency	8	5	5	27	15	3.60	1.32
	Percentage (%)	13.3	8.3	8.3	45.0	25.0		

The results above indicated that majority of the respondents with 85% agreed that corruption is the reason why public investment in health coupled with high rates of private spending has not translated into good health outcomes. Also 11.7% of the respondents disagreed and 13.3% were not sure. This implies that corruption is the reason why public investment in health coupled with high rates of private spending has not translated into good health outcomes in Magwi County-Eastern Equatoria State of South Sudan.

The results showed that most of the respondents with 72.4% agreed that people who do not pay bribes to individual healthcare providers are delayed to receive treatment leaving the health of people in danger, 16.6% of the respondents disagreed and 10% were not sure. This implies that people who cannot manage to bribe healthcare providers in the public healthcare facilities do not receive medication which puts the lives of people in danger. In an interview with health personnel, it was revealed that;

“...corruption has led to disappearance of medicine and equipment and as a result, the public has lost confidence in the medical sector. Money is lost from hospitals through opaque

procurement of equipment and essential supplies, ghost employees, inflated hospital price tags. Consequently, it is the patients that bear the burden because they are asked to pay bribes for treatment that should be free” (G. Interview, 2022)

RECOMMENDATIONS

The study recommends that the Government of South Sudan should develop a political will to fight and reduce corruption not only in the health service sector but within entire public service. Furthermore, it is recommended that GoSS should embark on vigorous mechanism of awareness raising for citizens regarding the dangers of corruption on the development process of the country in general. Additionally, GoSS must decisively address the increasing petty corruption and must also maximize social benefits through massive investment and prudent macroeconomic management so as to improve health service delivery in the country.

There is also need to establish an independent mechanism to supervise the quality of services delivered to the people. Through such a system, people shall be able to hold their leaders accountable hence improving the effectiveness and efficiency in the delivery of Health Services.

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