

Motivation

In order to improve development outcomes in health and to ensure that resources reach their intended beneficiaries, there is a need for increased resource allocation to also be accompanied by improvements in the efficiency of public expenditures.

Objectives

A PETS was carried out to increase the government's understanding of the link between public spending and service delivery at the facility level and to contribute to improving the effectiveness and accountability in the use of public funds. It focused on identifying the discrepancies, inefficiencies and delays in public spending execution for selected expenditures in the health sector.

Main findings

The quantity of financial resource transfers between MSP (ministry of Health) and the Regional Health offices (DRSPs) are well accounted for. The regional offices are also effective in procuring materials once credit becomes available. This demonstrates the strengths of the financial management between the central and the regional level offices. Other aspects of the financial management at DRSPs, however, could be improved. Record keeping could be more detailed in terms of exact dates of financial transactions, amounts and breakdown of spending.

Other findings

While district hospitals relied mainly on the government to supply food expenditures and hospital supplies, they relied mostly on their own purchases of essential medicines. By comparison, clinics relied mainly on publicly distributed essential medicines. Medicine shortages were cited as a problem by 25 percent of clinics, but were rarely cited as such by district hospitals. Evidence suggests that food expenditure discrepancy between district health offices and service providers is about 40 percent. Furthermore, publicly distributed essential medicines seemed to reach more the richer rather than poorer regions.

Sample

3 regional health offices; 14 district health offices out of 14; 11 district hospitals out of 14; 60 clinics out of 233

Sample design

The PETS sample design was regionally, but not nationally representative. Three regions, Dosso, Tillabéri and CU Niamey were selected based on their close proximity to the capital.

Within each region, districts and service providers were randomly selected to ensure data were regionally representative.

Resources monitored

Selected government expenditures in health (food expenditure and hospital supplies, and essential medicines)

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Main report

World Bank, (2008) "Niger Public Expenditure Tracking Survey Education and Health (In Two Volumes) Volume I: Main Report," December 21