

Motivation

Given a weak correlation between budgetary allocations at the central level and outcomes at the grass roots in the health sector in Senegal, this PETS (conducted as part of Senegal CEM 2003) has mainly looked at the trajectory of the resources of the Decentralization Fund (FDD) from the central level to the service providers. Apart from the user fees, the resources from the FDD are the main revenues at the disposal of the health facilities.

Objectives

To track public funds flow and analyze how each hierarchical administrative step influences the size and celerity of the traveling amount of resources, and to assess the separate roles of leakages and delays.

Main findings

Leakages at the region and commune levels in non-wage expenditures from central level to providers were identified, with large variations in the same systems. Possible causes: the local governments responsible for the health policy have their own fiscal revenue apart from what is transferred to them by the central government; those that have health as a priority might allocate more resources and make them available to health providers before FDD; since decentralized local governments have other priorities than health, they could use resources earmarked to health for other purposes. A number of constraints have been identified in the process of the mobilization of the FDD resources, i.e. very late reconstitution of the FDD resources; asymmetry of information between the local governments and the frontline service providers on the amount of the FDD health allocated to the local governments.

Leakage

No firm estimates of leakage are computable. Inconsistent data on resources sent and received between levels. For both Dakar and Thies, the medical region receives very little from the resources allocated to them. At the commune level, in Dakar the communes of Rufisque and Pikine give less than they receive to their health providers (50 and 86% respectively), and in Thies the communes of Thies and Mbour give more to providers than the resources allocated (141 and 285%).

Other findings

Delays in the decentralization fund (non wage) are observed and evidence of discretion by local governments in the allocation of resources is found.

Sample

- 10 districts
- 37 local governments
- 100 facilities

Sample design

- Stratified sampling methodology was used to be representative of urban/rural level.
- 5 regions were first randomly selected.
- Then 2 departments from each region, and 10 health posts and 1 district within each department were selected.

Resources monitored

- Decentralization Fund (recurrent non-wage expenditures), equipment fund and investment program
- Panel data 6 years: 1997-2002

Contact

Nancy Benjamin: nbenjamin@worldbank.org

Waly Wane: wwane@worldbank.org

Main report

"Expenditure Tracking Survey in Senegal: The Health Sector," excerpt from Senegal PETS 2002