Motivation

The government of Mozambique undertook a broad public sector reform agenda designed to increase efficiency and transparency in public service delivery. This agenda involved health sector reforms, including institutional and management reforms. The study provides a comprehensive picture of the functioning of primary-level services and of the systems that support them. In particular, it focuses on six areas: allocation (for 2000 to 2002) and execution of district recurrent budgets (from 2000 to 2001); distribution and management of drugs and other supplies; district and facility revenues from user fees; human resources; infrastructure and equipment in primary-level facilities; service outputs.

Objectives

A PETS was carried out in order to assess the functioning of health services at the primary health care level with an emphasis on flow of resources and their relationship with service outputs, to assess if resources allocated to primary health care reach their destination and to provide baseline data against which progress can be assessed.

Main findings

Incomplete reporting on resource flows results in a lack of transparency, with potential implications for efficiency, equity, and appropriate control of public resources; unreliable data on district budgets at the provincial level make it very difficult to assess whether the resources allocated to the districts reach their intended beneficiaries; problems in the distribution of drugs and other material are compounded by a lack of basic equipment and inadequate supply of drugs; substantial inequities exist between districts in both inputs to and outputs from the primary level of NHS; there is a need to review user charge policy and to develop clear guidelines for all aspects of user charges, supported by a legal framework where necessary.

Leakage

No firm estimates of leakage are available but only some evidence of leakage of drugs in the transfer from provinces to districts.
Leakage of User Fee Revenues: 94% of facilities had records and consistent figures with the district figures over 90% of the time; comparison of facility and user information revealed that there appears to be considerable leakage at this level as users are paying substantially more than is being recorded and reported by facilities (reported revenue as a % of expected revenue is 67.6% for consultations and 79.6% for medicines).
Drug leakage: (availability of vaccines at health facilities: % of facilities with each vaccine in stock compared with facilities stating that they offer child vaccination services): evidence of leakage in the distribution of drugs from the provincial to the district level): notable discrepancies appear in the distribution of 'via classical' drugs in 65% of districts. In the case of vaccine distribution only about 10 out of 32 districts have inconsistencies in records. Assessing leakage of resources in Mozambique is complicated by the considerable discretion in the allocation at the province and district level. Yet it is possible to assess the leakage in a more narrow sense: by comparing the volume of resources distributed by one administrative unit with the volume of resources that a lower-level administrative unit reports actually receiving. Leakage in in-kind contributions is higher than cash leakage; more than 50% of schools indicate leakage; in more than 25% of schools, there is direct "leakage, in other cases, there was a discrepancy on the type of material.
Causes: Indirect leakage in material and in-kind contribution is prevalent through a lack of transparency and through a practice of reporting higher invoice prices than those found on the market.

Absenteeism

About 19% of health workers were absent on the day of the survey (at the sample of primary facilities).

Other findings

Delays and bottlenecks are observed both in budget execution and supply management. Inequity is observed in resources allocation across districts and facilities. Lack of transparency about resource flows at various levels has potential efficiency and equity implications. Incomplete reporting of user fee revenues by facilities account for 67.6% for consultation and 79.6% for drugs.

Sample

-11 provinces (out of 11), 35 districts, 90 public primary health centers, 167 workers and 679 patients

Sample design

The sample was selected in 2 stages: a random selection of districts, followed by a random selection of facilities within the district. Facility users and staff members were also sampled randomly. Only primary-level facilities were sampled (health posts and health centers). Rural hospitals were excluded from the sample of facilities.

Resources monitored

- Allocation: recurrent budget, panel data 2000 to 2002
- Execution of district recurrent budget 2000 and 2001
- Drugs and other supplies
- District and facility data on user fees.

5 units (Provincial directorate of health, district directorate of health, health facilities, staff and patient exit polls)

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Main report

Lindelow, P. Ward and Nathalie Zorzi, February (2001) "Primary Health Care in Mozambique: Service Delivery in a Complex Hierarchy," M. Africa Region Human Development Working Series Paper 69, April 2004.