

Motivation

Despite increased budgetary allocations in the social sectors, social outcomes had not met expectations. The hypothesis that some of the allocated funds were not reaching their destinations was considered to be a possible cause of the low social outcomes.

Objectives

In order to investigate this discrepancy, a PETS was carried out to track public resources to local service providers at different levels in order to assess leakages.

Main findings

A comparison of funds allocated by the ministry or the region to the next lower level in the structure, with the records at regions and districts of funds available to them, revealed discrepancies in all cases. It could not be established whether this was due to a lack of proper record keeping or due to other factors.

Leakage

Though the survey has identified areas that could indicate possible leakages, it could not prove any leakages.

Absenteeism

80% of nurses interviewed indicated that they did not take time off during June 2003 as a result of any official work while about 83% did not take time off as a result of an emergency. No medical doctor has taken time off as a result of a personal emergency. Overall, relatively few health professionals have taken time off to attend to other official work or to family emergencies and were therefore available for providing health services to patients.

Other findings

Delays occur in the release of funds at the central level.

Sample

- 9 district hospitals
- 10 health centers
- 25 clinics
- 192 patients

Sample design

- Convenient sample of regions (7 out of 13)
- Random sample of health facilities within regions

Resources monitored

Non-wage recurrent expenditures

Data for 2002-03

Recommendations

- Base budget allocations on criteria that include size and structure and health characteristics.
- Higher involvements of regions and districts in the national budget process.

Main report

Schade, Klaus and John Ashipala (2004) Public Expenditure Tracking Survey (PETS) and Quantitative Delivery Survey (QSDS): The Health Sector, The Namibian Economic Policy Research Unit, August.