



# Uzbekistan Living Standards Assessment

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## Aspects of Institutional Analysis

Health and Social Assistance Delivery

Data sources, methodology, value added



# Institutions in the health sector

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- Issue: Are institutional arrangements in place to ensure efficiency and efficacy of health services, especially for poor?
  - Reorganization of facilities
  - Payment rules
  - Privatization
  - Institutions for accountability and health rights
- Data/Methodology:
  - Policy and regulatory review
  - Qualitative research on people's experience in interacting with health institutions
    - used to supplement and explain results observed from household data (mainly FBS)



# Institutions in the health sector

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- **HH surveys:**

- Utilization patterns
- Cost and quality were concerns for poor
- Private payments were significant and burden for poor
- Costs of chronic/catastrophic care threw non-poor into poverty
- Reorganization reforms initially unequal but increasingly pro-poor



# Institutions in the health sector

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- **Key Additional Findings (Value Added):**
  - Perceptions on quality, private costs primary constraint; coping mechanisms;
  - Weak correlation of exempt groups with poverty status
  - Underdeveloped legal and regulatory framework and lack of transparency
    - Lack of clarity/transparency in definition of exempt groups, as well as on paid services;
    - Doctors and patients are often unclear on who should receive free services from which facilities (except PHC and emergency)
    - Mixed finance facilities: even providers reported MOH guidelines on fees not adhered to; in practice choice of free versus paid services voluntary/arbitrary. Providers unfamiliar with profit sharing mechanisms



# Institutions in the health sector

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- Key Findings (continued):
  - 2/3 of health users made unofficial payments (cash/in-kind)- typically made directly to providers
    - FBS + qualitative- less prevalent in rural areas, **no informal payments at PHC and emergency care**
    - Incentives: better quality and attention, inadequate pay with few performance incentives; no penalties
  - Equity concerns from emerging model of private provision:
    - Informal private practice by doctors at public facilities emerging as dominant mode of private service delivery (either no license/contract with facility or substitutes for official services) (incentive structure)
    - Specific specialized care services envisioned for privatization (potential concerns for small urban areas)



# Institutions in the health sector

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- Key Findings (continued)
  - Referral systems often bypassed especially by those who can afford to pay; importance of networks
  - Institutional and accountability failings:
    - Insufficient dissemination of entitlements/rights in changing environment
    - No formal oversight mechanisms, no penalties
    - Underdeveloped complaints mechanisms and mistrust of existing system
    - Limited role of NGOs, mahallah organizations although potentially significant role for mahallahs in mediation and information dissemination



# Social Assistance delivery through Mahallahs

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- Mahallahs used to allocate means-tested social assistance benefits (esp child and low income allowances)
- Local institutions with elected leaders (usually older males)
- Good knowledge of community, but could discriminate on basis of lack of conformity to norms and traditions



# Social Assistance delivery through Mahallahs

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- **Issue/Question:** How well do they perform in targeting social assistance benefits and some understanding of the process behind results
- **Data/Methodology:**
  - HBS has standard questions on benefit receipt, size, etc. that permit standards coverage, adequacy, and targeting efficiency questions
  - Additional questions which permit evaluation of the process
    - Knowledge, application and receipt
    - Also, if know why did not apply; if applied, reasons for rejection
  - Important caveat: assessing exclusion and inclusion errors where eligibility and award decisions are decentralized



# Social Assistance delivery through Mahallahs

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- Some findings-child allowances:
  - Higher coverage of poor, slightly higher program knowledge for poor, higher application rate by poor, higher likelihood of award to poor (confirmed in multivariate analysis)
  - Almost half of poor don't apply
    - Main reasons: coping by themselves (27% of poor); complexity or fairness of application process (30% and 11 % of poor respectively); 6% stigma and disclosure concerns
  - About a quarter of poor who apply are rejected
    - Main reasons: income too high (40%), employable member; or could use existing resources better; lack of consideration of applications/connections or incorrectly filled forms



# Social Assistance delivery through Mahallahs

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- Child allowances findings continued:
  - A third of non-poor apply and more than half of non-poor who apply receive award!
  - Horizontal inequity – region of residence matters
    - Differences in outreach and knowledge
    - Differences in propensity to apply
    - Differences in mahallah committee performance
    - Regional inequities in financing
- Low income benefit:
  - Slightly less well known, worse targeting performance; higher coverage for non-poor and more significant delays in processing- affecting poor disproportionately