Abrief by Chr. Michelsen Institute (CMI) and Centro de Estudos e Investigação Científica (CEIC)

ANGOLA BRIEF

May 2011 Volume 1 No.3

Strong regional inequalities in health service delivery in Angola

Women interviewed for this study while surrounded by her children. Photo: Nohra Villamil

A statistical survey of health facilities and households in Luanda and Uíge has confirmed that strong inequalities persist between provinces in the availability of basic health services. Large differences are observed also in health workers' performance in diagnosing common illnesses, and there is high risk of mismanagement of patients, especially in Uíge. The overall utilization of health services is high, but low utilization of delivery services is reported in Uíge. Many households rate the quality of health services as low or very low.

AVAILABILITY OF HEALTH SERVICES

All the health facilities surveyed in Luanda provided immunization services and nutritional services in the form of routine vitamin A supplements to children (Fig.1). In Uíge, these services were provided respectively by 80 and 60 percent of the health facilities. Maternal health services are also more commonly supplied at health facilities in Luanda. Nine in ten health facilities provide antenatal health services, while only 50 per cent of the surveyed facilities in Uíge provided this service. Delivery services and HIV counseling of services are provided by fewer facilities in both regions, but also in these cases, health facilities in Uíge appear to be less likely to offer any of the services.

A similar pattern was observed for a number of other services, such as caesarean sections, family planning services, tuberculosis services, integrated management of childhood illnesses (IMCI) services, and preventive mother to child transmission of HIV (PMTCT services). Overall, health facilities located in Luanda seem to be significantly more likely to provide a broad range of important services than those located in Uíge.

QUALITY OF SERVICES: INPUTS AND HEALTH WORKER PERFORMANCE

The ultimate indicator of the quality of health services is that people's health condition is improved. Commonly used

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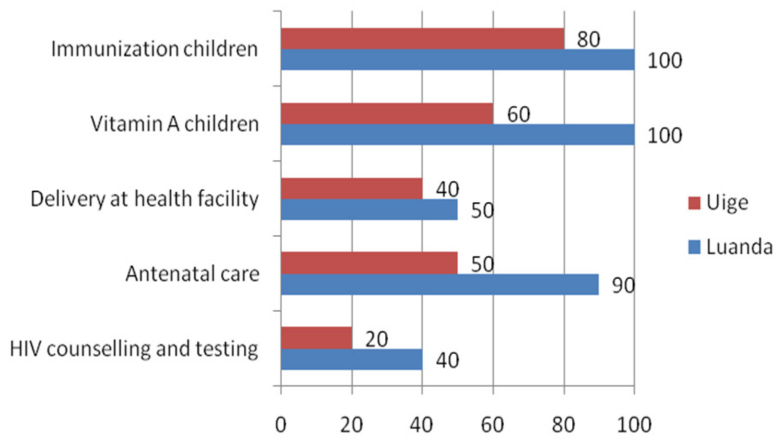

Fig.1 - Health facilities providing the services (per cent)

proxy indicators of quality are the availability of inputs (trained staff, equipment, drugs, etc.) and the quality of health workers' performance.

Staff, Equipment and Medication

The distribution of qualified health workers is rather unequal (Fig.2). Most health facilities in Uíge neither have a general practitioner (doctor) nor a specialized/superior nurse. Only 15 per cent of the facilities have a midwife. These cadres are represented in 40-60 per cent of the health facilities in Luanda. The most commonly observed cadre in Uíge is a nurse with medium or basic training.

All health facilities visited in Luanda had a laboratory technician and 80 per cent had a pharmacist. In Uíge, only 35 percent had a laboratory technician and 30 per cent had a pharmacist.

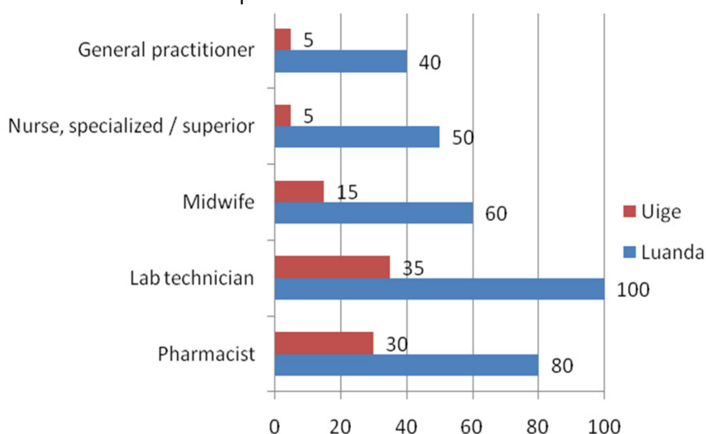

Fig.2 - Health facilities with at least one staff in each category (per cent).

Every health facility needs stethoscopes and thermometers to assist in diagnosis of disease. All facilities in Luanda had this basic equipment, while as much as 30 per cent of the facilities in Uíge did not have a single stethoscope and 15 per cent did not have a thermometer (Fig.3).

Drugs and vaccines seem to be lacking both in Luanda and Uíge, but again, the situation is considerably worse in Uíge. Antibiotics were found in stock in 75 per cent of the facilities in Luanda but only in half of the facilities in Uíge. Similarly, 20 per cent of the facilities in Luanda were out of stock of antimalarials, whereas the stock out rate in Uíge was 35 per cent. Stock outs were high also for essential childhood vaccines (i.e, BCG, measles, polio, diphtheria, pertussis and tetanus vaccines). 55 per cent of the facilities in Uíge did not have all these vaccines in stock, whereas as the stock out rate was 25 per cent in Luanda.

Health Worker Performance

This study used a novel approach to measuring the quality of health worker performance. Health workers were presented with five hypothetical patients with clear symptoms of different diseases and were asked to take the history and do the required examinations that would enable them to reach a correct diagnosis. The five diseases were malaria with anemia, diarrhea with dehydration, pneumonia, pelvic inflammatory disease, and tuberculosis. For each patient, there is a list of relevant questions and examinations that can be conducted. We observed how many of these items that were performed, which is an indicator of the thoroughness of the diagnostic process. We also observed whether the health worker reached the correct diagnosis or not.

A striking observation is that health workers in Luanda appear to do much more careful diagnosis than their colleagues in Uíge (Fig.4). Whereas health workers in Luanda ask 53 percent of the relevant questions and

About the survey

This survey was conducted at 40 public health facilities and in 999 households, equally divided between Luanda and Uíge provinces.

Data from Luanda were collected in Cazenga, Kilamba Kiaxi and Ingombota municipalities, while data from Uíge are from Uíge, Quitexe and Puri municipalities.

Six hospitals, 19 health centres and 15 health posts were surveyed. Performance levels were assessed for one health worker at each facility.

25 households were interviewed from the catchment area of each of the health facilities. Half of them were located in the immediate neighbourhood of the health facility, the rest were located at a distance (around 5 kms) from the facility.

Note that 40% of the interviewed households in Uíge live in urban areas.

conduct 62 per cent of the relevant physical examinations, the figure sin Uíge are down at 37 per cent and 27 per cent. Especially the low share of physical examinations performed is a reason for concern, as these examinations are crucial in order to detect severe disease such as severe dehydration, anemia, severe pneumonia, etc. These conditions are important contributors to child mortality.

The less careful diagnostic process followed by health workers in Uíge seems to have consequences for their ability to reach correct diagnoses. On average, the correct diagnosis was reached in 45 percent of the cases in Uíge, while in Luanda, correct diagnosis was reached in 75 per cent of the cases. Patients in Luanda are more likely to have their illness correctly diagnosed and are therefore probably also more likely to get an appropriate treatment.

> Health facilities located in Luanda deliver a broader range of essential services and provide higher quality health services than those located in Uíge.

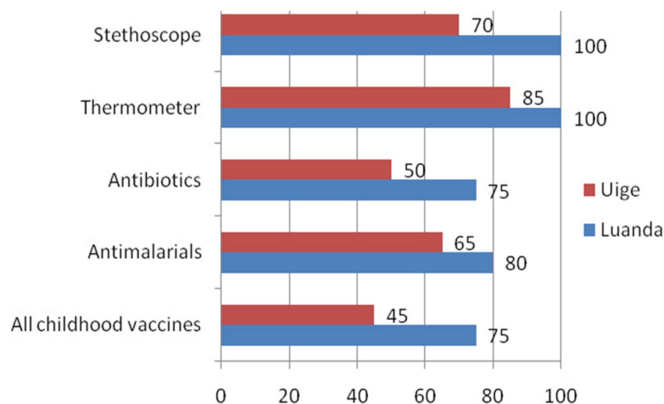

Fig.3 - Health facilities with basic equipment and drugs (per cent)

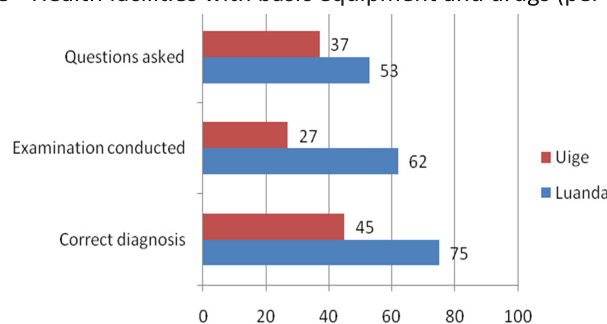

Fig.4 - Per cent of relevant questions asked, examinations performed, and diagnoses reached

HOUSEHOLD UTILIZATION AND PERCEIVED QUALITY OF HEALTH SERVICES

Utilization of health services is high in both provinces. More than 90 percent of those who had been sick or had an accident during the last month preceding the survey, had visited a health service provider.

Public health facilities are utilized by 85 percent of the households in Luanda and by 95 percent in Uíge. Around 12 per cent utilize another public provider than the nearest one and 7 per cent use private providers (there is hardly any use of private providers in Uíge). Among the reasons stated for not utilizing the nearest public provider were that little drugs were available (stated by 35 per cent), that few services were offered (32 per cent), health workers' absence (29 per cent), and poor quality (27 per cent). Problems with lack of drugs and health worker absenteeism are much more frequently mentioned by households in Uíge than in Luanda (around 50 percent in Uíge).

The last woman to give birth in each household was interviewed about her utilization of maternal services. Maternal services are generally utilized by a much lower share of the women in Uíge than in Luanda (Fig.5). Utilization of antenatal care is high in both provinces (96 per cent in Luanda and 80 per cent in Uíge), but only 43 per cent of the women in Uíge gave birth at a health facility, compared to 83 per cent in Luanda. Although many health facilities stated that they offer assistance at home births, this rarely seems to happen, as the rate of skilled birth attendance is almost identical to the rate of facility based deliveries.

The women reported a wide variety of reasons for not delivering at health facilities. Among the specific reasons mentioned most frequently were long travel distance (23 per cent), more comfortable to deliver at home (16 per cent), and tradition (13 per cent).

Each household was asked to rate the quality of the services at their nearest public health provider. Consistent with our measures of provider quality, the households in Uíge tend to rate the quality at a lower score than people in Luanda do. 38 per cent of the households in Uíge consider quality to be poor or very poor, compared to 28 per cent in Luanda (Fig.6).

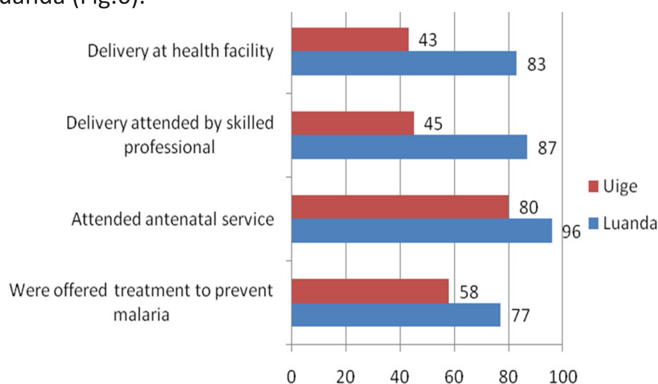

Fig.5 - Utilization of maternal health services (per cent).

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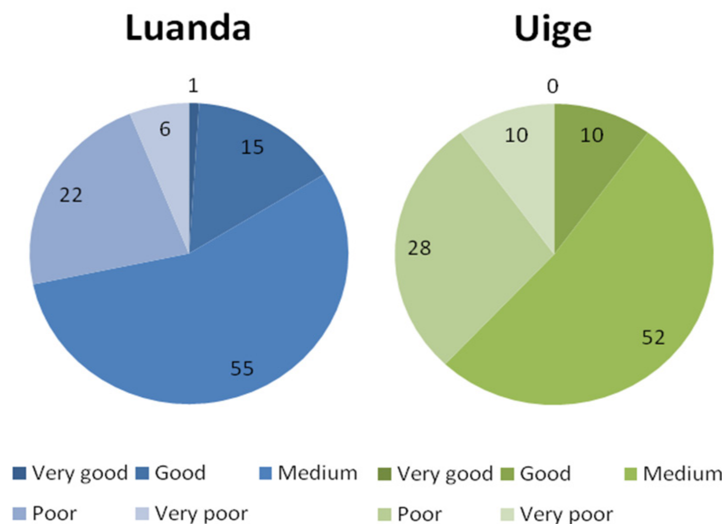

Fig.6 - Perceived quality of health services, by province (per cent).

Finally, the households were asked to identify specific quality issues at the health facility that they normally use (which is a public health facility in 85 per cent of the cases in Luanda and 95 per cent of the cases in Uíge).

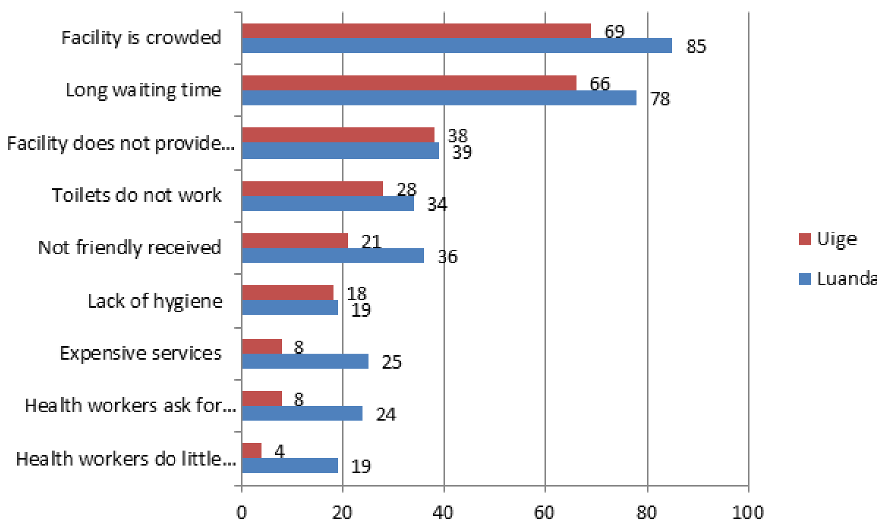

Fig.7 - Quality issues identified as a problem (per cent).

More people in Luanda than in Uíge express concerns about the quality issues raised (Fig.7). It is unclear whether this difference reflects true quality differences or differences in expectations, for instance due to a higher level of education in Luanda. The quality issues that were mentioned by most people are the crowdedness of the health facilities and long waiting time. Next comes the issue that the facility does not provide drugs, mentioned by close to 40 per cent of the respondents in both provinces. A high share of facilities also appears to have non-functioning toilets (28 and 34 per cent, respectively). High cost of services is mentioned much more frequently by respondents from Luanda (25 per cent) than by those from Uíge (8 per cent). This is probably partly due to the higher utilization of private providers in Luanda (13 per cent) compared to Uíge (2 per cent), but it can also be related to the apparent higher incidence of informal payments in Luanda. As much as 24 per cent of the patients in Luanda complain that health workers ask for money for the services, compared to 8 per cent in Uige.

A high share of the patients does not feel they are received in a friendly manner by the health workers (36 per cent in Luanda and 21 per cent in Uíge). In Luanda, many patients are also concerned about the low level of effort of the health workers. There seems to be substantial scope for improved patient satisfaction with the services.

CONCLUSION

The survey has identified substantial inequalities in health service delivery in Angola. Researchers and policy makers need to identify the causes of these inequalities in order to implement effective measures for improved equity.

FOR MORE INFORMATION VISIT THE CEIC-CMI COOPERATION PROGRAM WEBSITE
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ISSN 1892-3933

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