PRIVATE SECTOR

P S P

PROGRAMME

HEALTH SECTOR ASSESSMENT TOOLS SERIES

PART 1: MAPPING OF HEALTH CARE PROVIDERS

The "Health Sector Assessment Tools Series" was developed under the umbrella of the Private Sector Programme (PSP). The series consist of a number of tools for assessing the role and functioning of health care providers in low- and middle income countries. PSP is a collaborative research programme involving academic institutions in China, India, Lao PDR, Sweden, Uganda, United States, Vietnam and Zambia.

You are most welcome to use the tools but please obtain prior approval of the PSP secretariat located at the Division of International Health (IHCAR) at Karolinska Institutet in Stockholm, Sweden. The source of the tools should also be acknowledged in all publications presenting data obtained through the use of the tools.

For further information about the tools or to obtain permission, please contact Project coordinator Dr. Birger Carl Forsberg (birger.forsberg@ki.se) or Mr. Jesper Sundewall (jesper.sundewall@ki.se). You can also visit our website at www.psp.ki.se

MAPPING PRIVATE PROVIDERS

1. Specific objectives

- To establish a sampling frame for detailed facility surveys.

- To describe distribution of all public and private providers (by type of provider, commercial orientation, organizational form, medical system etc)

- To determine associations between provider distribution/density and socioeconomic characteristics of different parts of the study area.

2. Expected output

1.1. A comprehensive list of providers in the area (see spreadsheet below for example)

1.2. A map of all public and private providers in the study area visualizing geographical distribution of different types of providers.

Example from Ujjain (obviously, GIS mapping is not required in all settings):
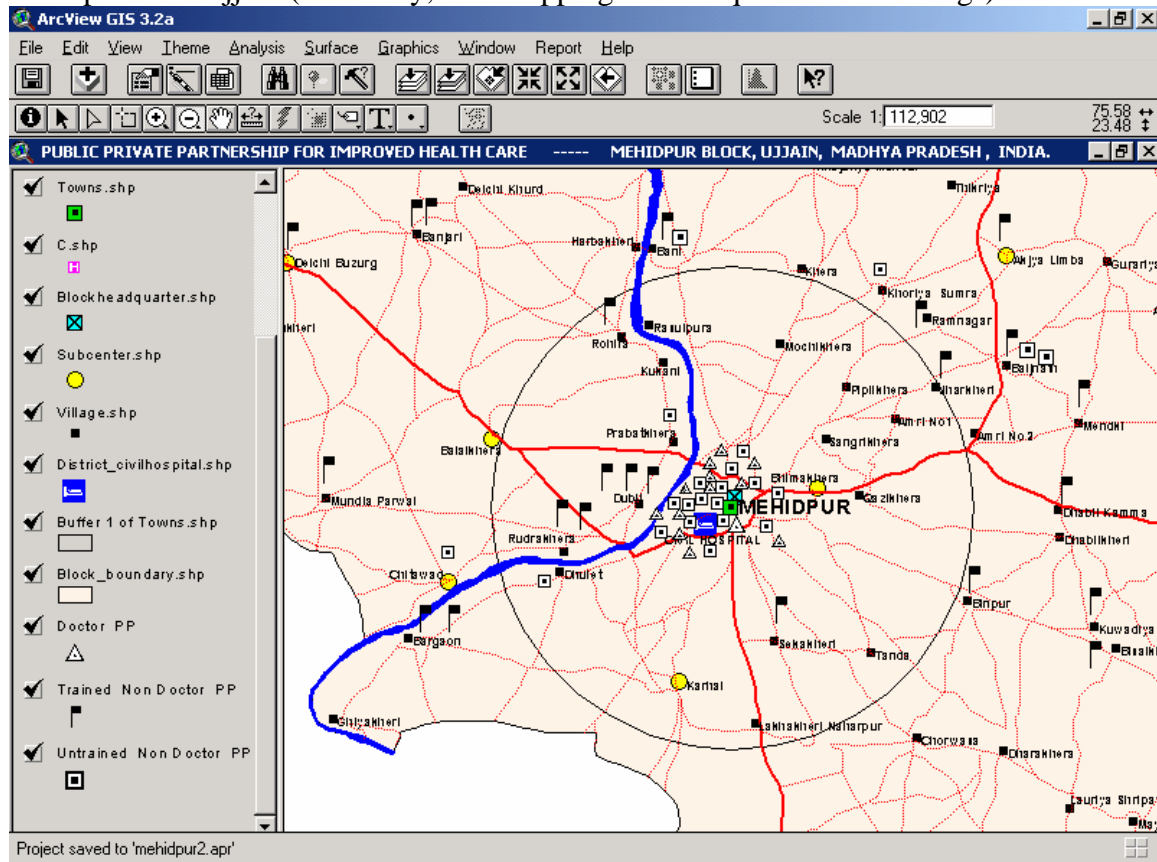
Figure. Section of digitized map of Mehidpur Block with location private providers. Circle indicates 5 km radius from City center. Triangel=Formally trained doctors, Square=Formally trained non-doctor, Black flag=unqualified practitioner.

1.3. Descriptive tables and cross tabulations:

1.3.1. Proportion of different types of providers (according to type of provider, commercial orientation, organizational form, medical system etc)

Example 1:

Provider type	N	%
Practitioner office general		
Practitioner office specialist		
Nursing home / outpatient polyclinic / health centre		
Mobile clinic / ambulance / home visit		
Hospital outpatient clinic		
Dentist services		
Hospital outpatient emergency care		
Pharmacy		
Drug shop		
Diagnostic facility		
Other (specify):		

Example 2 (from Ujjain):

	Qualification / medical degree			
	Qualified doctors	Formally trained non-doctors	Untrained providers	Total
Medical system				
Allopathic	219	556	360	1135 (54.6)
Ayurvedic	84	11	15	110 (5.3)
Homeopathy	24	12	10	46 (2.21)
Other	0	7	777	784 (37.7)
Total	327 (15.8)	586 (28.2)	1162 (56.0)	2075 (100.0)

1.3.2. Provider distribution / density (pop. Per provider) and socioeconomic profile and rural/urban character of subdistricts/villages

Example (from Ujjain): Provider density (population per PP).

	Rural	Urban	Total
A. Qualified doctors	26,860	2,300	5,230
B. Trained non-doctors	1,793	331,163	2,917
C. Untrained non-doctors	968	8,279	1,471
Any provider (A+B+C)	614	1,790	824

3. Sampling

The study should be carried out as a census of all providers in the study area or part of the study area.

Existence of a single sampling frame should not be expected; rather an aim of the mapping is to create a sampling frame for further studies.

The identification of providers can be done using a mix of the following procedures:

Review of registers / provider lists:
- Official registers, e.g. of licensed practitioners
- Medical association member lists
- Insurance companies list of providers
- List from medical representatives of pharmaceutical companies

Interviews and observations:
- Door-to-door sampling through identification of sign posts
- Interview of sub-district or villages leaders / elders / key informants
- Interview of other providers (snowball sampling)
- Interview of patients

4. Data collection approach

The table below is a suggested spreadsheet for the sub-study. Triangulation of different data sources will be needed to obtain the required information. Some data concerning large institutions can probably be obtained from official registers and other written documentation. Some data on individual practitioners can be found on signposts outside clinics. Other data will have to be obtained through brief interviews with providers.

Suggested spreadsheet for data from provider census/ mapping

Provider ID	District / subdistrict	Village name/Nr	GPS code	Name of provider	Address	Ownership A: Gov. B: Non-gov.	Provider type I*	Commercial orientation (A:for-profit B: not-for-profit)	Hospital / institution / group practice				Individual provider				
									Number of staff	Number of beds	Speciali-sation	Medical system**	Formal medical quail-fication	Medical speciality	Medical system**	A:Full time B:Part time	Sex

*Provider type (chose one)
- A. Practitioner office general
- B. Practitioner office specialist
- C. Nursing home / outpatient polyclinic / health centre
- D. Mobile clinic / ambulance / home visit
- E. Hospital outpatient clinic
- F. Dentist services
- G. Hospital outpatient emergency care
- H. Pharmacy
- I. Drug shop
- J. Diagnostic facility
- K. Other (specify):

**Medical system (chose one)
- A. Modern / western
- B. Formal indigenous system (e.g. Aurvedic, Unani/Tibbi, Homeopathy)
- C. Traditional
- D. Combination of modern and indigenous or traditional

***Formal medical qualification (chose one)
- A. Medical doctor (allopathic)
- B. Assistant doctor / clinical officer
- C. Pharmacists
- D. Drug seller
- E. Nurse
- F. Midwife
- G. Nurse aid
- H. Aurvedic practitioner
- I. Unani/Tibbi practitioner
- J. Homeopathic practitioner
- K. Trained TBA
- L. Trained VHW
- M. Lab technician
- N. Other, specify:
- O. No formal medical qualification