

PRIVATE SECTOR
P S P
PROGRAMME

**HEALTH SECTOR ASSESSMENT
TOOLS SERIES**

***PART 2: FACILITY SURVEY OF PRIVATE
PROVIDERS***

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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

FACILITY SURVEY OF PRIVATE PROVIDERS

Objectives

This instrument is meant to investigate service characteristics and quality as well as factors that determine private sector providers' performance, such as the objective of the provider, the costs of offering services, the levels of the fees, the providers' ability to choose quality levels and to price-discriminate among patients, the ability of the government to steward PSP towards the achievement of public health priorities, and the degree of competition in the market. The parallel household questionnaire is meant, to look into the other factors that determine market performance, attempting to estimate variables such as own, price, income and quality elasticities of demand, and the cross-price/quality elasticities of demand.

Specific objectives

- To describe and compare characteristics of the facilities and services provided
- To determine cost per unit of activity and prices charged for different services
- To assess the relationships between qualities of care, prices paid for care and market structure for outpatient care services' providers. We will attempt to define competition levels (see appendix 1) for each level of service, in other words to break the market for outpatient services into several sub-markets, according to service provided and to geographical location. We expect to measure diminishing competition for increasingly sophisticated services.
- To compare reported practice concerning a set of tracer health issues between different providers. To provide useful information, tracer conditions should have the following characteristics: i) sufficiently prevalent to allow for adequate recruitment; ii) well-defined and reasonably easy to diagnose; iii) amenable to improvement through appropriate treatment; iv) there should be consensus around minimum standards of care. Child health issues, and Tuberculosis are two of the conditions we anticipate will fulfil these criteria.

Sampling

In order to enable an analysis of markets, there is a need to sample clusters according to geographical locality, e.g. villages. Then each village/cluster is a market and a unit of analysis for market analysis. For analysis of characteristics and quality of care, each provider is unit of analysis. Sampling should also be stratified based on information on provider profile of villages, which will be available from the census (see protocol for mapping of providers).

Both public and private providers should be sampled.

Sample size remains to be determined.

Data collection approach

Questionnaire based interviews should be performed as well as an inventory of the clinic.

TENTATIVE FACILITY SURVEY FORM

INTERVIEW INFORMATION

Date of interview	
Name of interviewer	
Facility code (same as in provider mapping study and household survey)	
Name of facility	
Address of facility	
Participated in interview y/n	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, for what reason	<input type="checkbox"/> Facility not found <input type="checkbox"/> Facility not open <input type="checkbox"/> Interviewee refused to participate <input type="checkbox"/> Other, specify:
Name of interviewed person	
Position of interviewed person	<input type="checkbox"/> Owner <input type="checkbox"/> Medically responsible <input type="checkbox"/> Other:

BACKGROUND INFORMATION ON INTERVIEWEE

Age	
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male
Formal medical qualification (completed formal training)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of formal medical qualification	<input type="checkbox"/> Medical doctor (allopathic) <input type="checkbox"/> Assistant doctor / clinical officer <input type="checkbox"/> Pharmacists <input type="checkbox"/> Drug seller <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Nurse aid <input type="checkbox"/> Aurvedic practitioner <input type="checkbox"/> Unani/Tibbi practitioner <input type="checkbox"/> Homeopathic practitioner <input type="checkbox"/> Trained TBA <input type="checkbox"/> Trained VHW <input type="checkbox"/> Lab technician <input type="checkbox"/> Other, specify:
If medical doctor, specify	<input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist, specify:
Informal medical training	
Employment in public health care facility	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify public facility	
Belong to a professional society	<input type="checkbox"/> Yes, specify: <input type="checkbox"/> No
Years in private practice	
Practice full or part time	<input type="checkbox"/> Full time <input type="checkbox"/> Part time

BACKGROUND INFORMATION ON FACILITY

Type of clinic / practice (tick one)	<input type="checkbox"/> Home visit <input type="checkbox"/> Practitioner office general <input type="checkbox"/> Practitioner office specialist <input type="checkbox"/> Nursing home <input type="checkbox"/> Health centre (General Outpatient Centre) <input type="checkbox"/> Specialist/Surgery Outpatient Centre (Polyclinic) <input type="checkbox"/> Mobile clinic <input type="checkbox"/> Ambulance <input type="checkbox"/> Hospital outpatient clinic <input type="checkbox"/> Dentist services <input type="checkbox"/> Hospital outpatient emergency care <input type="checkbox"/> Pharmacy <input type="checkbox"/> Drug shop <input type="checkbox"/> Diagnostic facility (Lab and Imaging Centre) <input type="checkbox"/> Mental health centre <input type="checkbox"/> Other (specify):	
Public or private ownership	<input type="checkbox"/> Public <input type="checkbox"/> Private	
Business orientation	<input type="checkbox"/> For-profit (go to question...) <input type="checkbox"/> Not-for-profit (go to question...)	
Type of for-profit firm	<input type="checkbox"/> Sole Proprietorship Firm <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Co-Operative <input type="checkbox"/> Other, specify:	
Type of not-for-profit firm	<input type="checkbox"/> Non Profit Company <input type="checkbox"/> Society / association <input type="checkbox"/> Registered Trust <input type="checkbox"/> Unregistered Trust <input type="checkbox"/> Other, specify:	
Medical system practiced	<input type="checkbox"/> Modern/western <input type="checkbox"/> Formal indigenous system <input type="checkbox"/> Traditional <input type="checkbox"/> Combination of modern and indigenous or traditional	
If modern, specify any specialisation		
Number of staff, per category		Number
	Medical doctor (allopathic)	
	Assistant doctor / clinical officer	
	Pharmacists	
	Drug seller	

	Nurse	
	Midwife	
	Nurse aid	
	Aurvedic practitioner	
	Unani/Tibbi practitioner	
	Homeopathic practitioner	
	Trained TBA	
	Trained VHW	
	Lab technician	
	Administrative staff	
	Auxillary staff	
	Other, specify:	
What was the top motivating force for its establishment?	<input type="checkbox"/> Public <input type="checkbox"/> For-Profit <input type="checkbox"/> Missionary/ Religious <input type="checkbox"/> Philanthropy <input type="checkbox"/> Voluntary <input type="checkbox"/> Other, specify:	
Ownership status of premises	<input type="checkbox"/> Public <input type="checkbox"/> Owned by this health care institution / practitioner <input type="checkbox"/> Rented from the promoter(s): <input type="checkbox"/> Rented from unrelated person: <input type="checkbox"/> Other, specify:	
Opening hours		
Is a pharmacy attached to the facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dispensing of drugs	<input type="checkbox"/> Always dispensed <input type="checkbox"/> Sometimes dispensed, sometimes prescription to pharmacy <input type="checkbox"/> Always prescription to pharmacy	
Home visits offered from this facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pre-printed referral letter for diagnostic services available in facility	<input type="checkbox"/> Yes, specify and provide a sample to interviewer: <input type="checkbox"/> No	
Pre-printed referral letter for specialist / special treatment facility	<input type="checkbox"/> Yes, specify and provide a sample to interviewer: <input type="checkbox"/> No	
Other remarks		

SERVICES OFFERED BY THIS HEALTH CARE INSTITUTION

Disease specific activities (put "X" in one or several columns for each row)

Disease	Prevents	Deals with this disease	Diagnoses	Treats	Refers (when applicable)	
					To private	To public
Diarrhoea						
ARI						
COPD						
Malaria						
Other trop. Infections						
STI						
TB						
Lepra						
HIV/AIDS						
CVD						
Cancer						
Psychiatric illnesses						
Neurological disorders						
GI-diseases						
Diabetes						
Other						

What are the five most common diseases treated in this facility?

1	
2	
3	
4	
5	

Curative and preventive services

<i>Services</i>	<i>Offered</i>			<i>Service</i>	<i>Offered</i>		
	<i>Not</i>	<i>Rarely</i>	<i>Often</i>		<i>Not</i>	<i>Rarely</i>	<i>Often</i>
General Medicine				MCH			
Specify 5 most commonly offered services in General Medicine				Obstetrics & Gynecology			
1)				Neonatology			
2)				Pediatrics			
3)							
4)							
5)							
Emergency Services (24 h)				Other MCH (Please Specify):			
Specify 3 most commonly offered services in Emergency							
1)				Preventive services			
2)							
3)							
General Surgery				Immunisation			
Other surgery (specify):				Antenatal care			
Specific Specialty Services				Well Baby Clinic			
Cancer (Oncology)				Family planning			
Cardiology				Other preventive activities			
Anti tuberculosis treatment: Please specify:				Screening			
Dental Services							
Ophthalmic surgery				Mammography			
Orthopedics				Other (specify):			
Physiotherapy							
Psychiatry							
Neurology							
Urology							
Dermatology							
Burns							
Gastroenterology							
Other specialties (Please, specify):							

Basic diagnostic and other equipment available in the facility

<i>Equipment</i>	<i>Available in facility</i>	
	<i>Yes</i>	<i>No</i>
Examination bed		
Thermometer		
Steriliser		
Stethoscope		
Blood pressure manometer		
Othoscope		
Torch		
Reflex hammer		
Weighing scale		
Microscope		
Other (Please specify):		

Diagnostic and curative services/facilities available

<i>Diagnostic service</i>	<i>Available in facility</i>		<i>Diagnostic service</i>	<i>Yes</i>	<i>No</i>
	<i>Yes</i>	<i>No</i>			
Radiology (X-ray)			Eye testing		
Ultrasound ECG			Gastroscopy /endoscopy		
CT Scan MRI			Allergy test		
ECG			Peritoneal dialysis		
Biochemistry laboratory			Haemodialysis		
Microbiology laboratory			Pap smear		
Pathology laboratory			Bronchoscopy		
Blood Bank			Hormone test		
Treadmill analysis			Mammography		
Contact lens clinic			Operation theatre		
ECHO cardiography			Other, specify		
Holter monitor					

Participation by facility / practitioner in health programmes

<i>Health programme</i>	<i>Yes</i>	<i>No</i>	<i>Type of involvement</i>
Immunisation programme			
Family planning			
Antenatal care			
Integrated Management of Childhood Illnesses (IMCI)			
Well baby clinic / IMCI			
Leprosy control			
Tuberculosis control			
Blindness control			
Malaria control			
AIDS control			
Other, specify			

**Would you like to participate in any of
These national health programmes?**

If yes, How?

Referral and services

Referral and services

Does this health care institution receive patients regularly referred by other health care providers?

If yes, what are the health care institutions from where or who are the providers from whom, you regularly receive cases?

Health Provider Id	HP Name	Service Type	No. of referrals in a year

Does this health care institution have any policy on how to refer patients to other providers?

If yes, what are the health care institutions to whom patients are referred?

HP Id	HP Name	Service Type	No. of referrals in a year

FREQUENCY OF ACTIVITIES

Basic Facility Statistics:

Indicator	Reporting period*	Statistic	Exact or Estimate
Number of outpatients visits			
Number of day-surgeries performed			
Cumulative OP			
Breakdown by five most common diseases treated in this facility:			
1			
2			
3			
4			
5			
If the facility offers IP services:			
Number of inpatients admissions			
Average bed occupancy			
Average length of stay			
Number of deliveries			
Number of Caesarian sections			
Other			

*Our preferred reporting period is for 1 month. Request for data relating to preceding 1 month and mention this period in this column. If, however, the health care institution does not have information for the preceding 1 month, collect for whatever period information is available and record that period in this column.

See attached form to identify costs and different sources of revenue for the facility

FEE AND SERVICE CHARGES INFORMATION

What are the charges for the following services?

Services	Rates
OP Consultation General	

OP Consultation Specialists

Five most common diseases treated in this facility (please, specify service):

- 1
- 2
- 3
- 4
- 5

What type of fee schedules does this health care institution use?

Published ⁵ schedule (Amount)	Not published but widely known (amount)	Fixed on case to case basis.	Fixed on case to case basis, based on clients' ability to pay
--	---	------------------------------	---

⁵Try to obtain a copy of the published tariff.

Are payments in kind accepted? Money equivalent
If yes, which payments in-kind are more common? (list the 4 more significant ones)

- 1
- 2
- 3
- 4

When were the above tariffs last fixed or revised, and how often are they revised ?

Charges for IP services where they exist

Services	Rates
Normal delivery	
Caesarian sections	
Other	

Charges for Diagnostic Services

Services	Rates
Chem. lab.	
Microbio. Lab	
Pathology lab.	
ECG	
X-ray	
Ultrasound	
CT-scan	
MRI	
Endoscopy	
Other...	

Revenue income:

Please rank the following items on their contribution to total revenues at this health care facility.

Give 1 for the item that contributes the most, to 7 for the item that contributes the least.
Gone up or down w.r.t. last year.

Revenue source	Rank	Gone up () Or down ()	Remarks
Patient fees for physician services			
Patient fees for nurses' services			
Patient fees for midwife service			
Pharmacy sales			
Laboratory services			
Insurance payments			
Other (please, specify):			

COMPETITION

Are there any national or state guidelines to regulate prices for health services / health goods (such as medicines and other medical non-durables)?

Yes

No

Don't know

Who sets such guidelines?

In setting your prices, do you consider such National guidelines?

Yes, I do

No, I don't.

Other (please explain:)

In setting your prices, do you consider what your immediate competitors charge for the same services?

Yes, I do

No, I don't.

Other (please explain:)

Please list the 3 facilities that you consider as your major competitors in this area for the services you provide:

Name:	Public or private, and, if private, their commercial orientation	Services where competition is felt
1. Facility		
2. Facility		
3 Facility		

SERVICES TO THE POOR

For patients who are very poor, do you offer help with paying for your services?

Yes

No

If yes, how do you help these patients?

Free care	
Discount prices	
Deferred payment	
Payment in kind	
Less expensive care	
Free samples of medicines	
Other	
.....	
.....	
.....	

How do you determine which patients are sufficiently poor to get help?

Doctor's discretion	
Recommendation from local representative	
Social welfare agent makes assessment	
Use poverty card	
Other	
.....	
.....	
.....	

Do you keep records on assistance given to the poor?

How many patients have you offered help with paying for services during the last month?

QUALITY CONTROL (needs to be expanded)

Inspections and quality control by health authority

Services	Frequency	Type of control

What kind of medical records are maintained by the facility?

Does this health care institution use written medical protocols/ therapeutic guidelines?

When was it last updated?

INFORMATION SOURCES

What textbooks are available in the facility?

Is there a drug directory (e.g. MIMS) in the facility?

What information brochures are available in the facility?

What medical journals are available in the facility?

From where do you usually get new scientific information? (Please tick one or several)

- Public health care services / health authorities
- Medical journal
- TV / Radio / Newspaper
- Pharmaceutical company
- Special training course
- Other, specify: _____

How many times last three months did you have contact with pharmaceutical representatives in this facility? ___ times /month

CASE SCENARIOS

ARI scenario

1. Ask the practitioner to consider the following scenario (and give no additional information at this point):
“Assume that a mother comes to you with a child of 1 year of age and says that the child has had runny nose and slight fever for 2 days and asks what she can give him/her”
2. Ask the provider what additional information s/he would you like to have from the mother and what advice and treatment the provider suggests? Explain to the provider that you can give additional information about the case if s/he requires.

The interviewer should give the following information only if directly prompted by a specific question by the PP:

- If PP asks of the child is sweating at night? The interviewer should answer no
- If PP asks if the child has rapid or difficult breathing? The interviewer should answer no
- If PP asks if the child has water/pus coming out his ear? The interviewer should answer no
- If PP ask whether the child has convulsions, the interviewer should answer no
- If PP ask about child’s feeding during illness, the interviewer should say that the mother had reduced feeding because of the child’s illness.

3. Interviewer fills the following (circle the correct answer):

Did PP ask if the child is sweating at night?	Yes	No
Did PP ask if the child has rapid or difficult breathing?	Yes	No
Did PP ask if the child has water/pus coming out his ear?	Yes	No
Did PP ask of the child has convulsions?	Yes	No
Did PP ask about child’s feeding during illness?	Yes	No
What did the PP advise?		
Continue feeding during illness?	Yes	No
Give the child fluids?	Yes	No
Explain signs which requires coming back/or seeking immediate medical care?	Yes	No
Did PP recommend or give medicine?	Yes	No
If yes, what:		

Did PP recommend to take any test?
If yes, what:

Yes

No

Where do you normally refer a severe case of ARI to?:

Remarks:

Diarrhoea scenario

1. Ask the practitioner to consider the following scenario (and give no additional information at this point):
“Assume that a mother comes to you with a child of 1½ years and says that the child has diarrhoea with 3 motions per day since 2 days and asks what she can give him/her”

2. Ask the provider what additional information s/he would you like to have from the mother and what advice and treatment the provider suggests? Explain to the provider that you can give additional information about the case if s/he requires.

The interviewer should give the following information only if directly prompted by a specific question by the PP:

- If the PP asks: any blood or mucous in stool? The interviewer should answer: no
- If the PP asks about the feeding of the child while sick? The interviewer should answer: I stopped feeding him because of the diarrhoea.
- If the PP asks about whether the child is weak/doesn't play as usual: The interviewer should answer: no
- If PP says s/he would pinch the skin of the child to determine if there was sign of dehydration: The interviewer should say that the skin elasticity was normal.

3. Interviewer fills the following (circle the correct answer):

Did PP ask if there is blood or mucous in stools?	Yes	No
Did PP ask whether the child is weak/doesn't play as normal?	Yes	No
Did PP ask about nutrition of the child while sick?	Yes	No
Did PP pinch the skin of the child to check for dehydration?	Yes	No
What did the PP advise?		
ORS?	Yes	No
Plenty of fluids?	Yes	No
Continue feeding?	Yes	No
Treat with antibiotics?	Yes	No
Treat with antidiarrhoeals?	Yes	No
Explain signs that require immediate medical attention?	Yes	No

Did PP recommend or give any other medicine(s)?
If yes, what:

Yes

No

Did PP recommend to take any test?
If yes, what:

Yes

No

Where do you normally refer a severe case of diarrhoea to?

Remarks:

APPENDIX 1

Following McPake (2002) we will compare two approaches for measuring competition.

I. Hirschman-Herfindahl Index

This takes the sum of the squares of the proportions of the market occupied by each service provider. For example, 5 providers each occupying 20% of the market, $HHI = 5*(0.2^2) = 5*0.04 = 0.2$. The index varies from just greater than 0 (competitive) to 1 (monopoly).

In detail, the method we will use will arrive at an estimate of the total volume of OP services' utilisation for each tracer health issue (in each geographical sub-market, defined by the values of the cross-price elasticities), using health service the Utilisation survey's and the Facility's survey data to estimate the total and the share of the total health service use for each provider, starting from the largest one and in decreasing order.

The exclusion of smaller providers results in a negligible under-estimate of the HHI.

WILL THIS BE BASED ON INFORMATION FROM BPOTH MAPPING CENSUS AND THE FACILITY SURVEY??

II. The perceived alternatives method

Following McPake (2002) we will test a method of understanding the extent to which users of OP service perceive that there are alternative providers to the one they have chosen through an exit or patient poll at selected health facilities. A number of patients will be selected at each of the 5 largest health facilities among public and larger private facilities in each of the districts where the study is conducted. The short questionnaire will contain the following questions:

1. Before choosing this facility to consult from your condition, did you consider consulting any other provider? If so which one? (Name and address of facility/provider). What were the reasons you decided to choose this facility?
2. If no, where would you have gone if this facility were closed? (Name and address of facility/provider). For what reasons would you not normally consider using this facility/provider?

The measure of competition will be based on the yes/no response to question 1. Further understanding of the nature of competition and the limitations of the measure will be provided by analysis of responses to the sub-questions and question 2.

A comparison of the two measures of competition will be made. The second method should provide a measure of the extent to which users of services are willing to travel. The two methods taken together should provide a robust understanding of how the markets for OP child health and Tuberculosis services differ in the districts selected for the study.

The hypothesis we seek to test within this part of the work is the following one:

Access to hospital services will be more less costly, or less inequitable where competition is greater. This hypothesis has two implications which further explain our operational definition of access:

- (a) Fees for services will tend to be lower where competition is greater;
- (b) The quality differential between low and high cost service providers will be narrower in more competitive areas.