



Assessment Phase 2: LEARN



Plan



Learn



Analyze



Share



Act

The learning phase—especially the fieldwork step—is the cornerstone of the assessment process. Building on a comprehensive desk review, supported by secondary data analysis, the team synthesizes available information to further refine the approach and focus of in-country data collection. Fieldwork consists of interviews with local stakeholders, and site visits to address information gaps and gather insights and perceptions from multiple perspectives on the role of the private health sector. Before leaving the country, the team typically convenes a debriefing with key stakeholders, sharing preliminary findings and recommendations.

Information gathered in this phase should answer:

- What are pressing public health concerns in the country? How does the public health sector view the contributions of the private health sector?
- Who comprises the private health sector? What services do they provide and to whom?
- What are the main barriers to private sector expansion?
- What strategic health areas can and should the private sector expand into?
- What are the gendered barriers and opportunities presented by private sector expansion? Is private sector growth likely to have a differentiated impact on women and men, girls and boys?
- How and to what degree is gender equality woven into the donor's stated priorities? If the assessment is supported by USAID, look at how gender is addressed in the Country Development Cooperation Strategy or health office gender assessment.

Step 1: Complete Desk Review

The desk review serves an important function in the assessment, providing a foundation upon which to build the subsequent steps. Desk review activities include scanning the literature, analyzing secondary data, and creating a reference list so that all documents are organized and easily accessible to all team members.

In consultation with the team leader, the team coordinator leads the desk review process. The purpose of this step is to:

- Understand the country context including priority health issues.
- Identify key themes, gaps, and opportunities by analyzing available secondary data.
- Gather data and information to inform the final report.

1.1 Scan the Literature

Scan journal articles, reports and other gray literature, and laws and regulations related to the health domains, gender and technical areas of interest. It's easy to get into the weeds, so keep focused on the scope of the assessment and the information you'll need for the preliminary synthesis and to write the final report. More specifically:

- Context such as basic health indicators selected according to the assessment's priority (for the introduction and to set the stage for each of the technical areas) (Examine sex-disaggregated data to detect any gendered patterns that may suggest differential treatment of women and men, girl children and boy children.)
- Basic indicators of gender equality, such as sex-disaggregated educational levels, GBV prevalence, women's control over income and resources, maternal mortality ratio, etc. (See the DHS, the World Bank's database <http://datatopics.worldbank.org/gender/>, previous gender assessments.)
- An overview of the health system and key players
- Policy environment and active development partners
- Health expenditures

Common information sources to inform a private health sector assessment include:

- Population, Health, and Nutrition Data
- Business Environment Data
- Regional Resources
- Private Sector Assessment Reports
- National Health Plans and Policies
- Health Expenditures
- Feasibility Studies for Health Insurance Programs

1.2 Analyze Secondary Data

Once teams have reviewed available information, the next step is to begin to analyze publicly available data, such as demographic and health information, household health expenditures, and other relevant data. Look for trends, gaps, and opportunities for the private sector to contribute to improving health outcomes such as:

- Trends in the use of the private health sector by service type (family planning, HIV/AIDS, etc.) and by wealth quintile through analysis of DHS data
- Trends in public and private financing of health care through analysis of National Health Accounts [if available]

Most secondary sources are publicly available datasets, such as Demographic and Health Surveys. These provide important data on health-seeking behaviors—including gender-influenced behaviors—and can be used to gauge reliance on the private health sector for specific health services. Commonly used data sources are summarized below:

Demographic and Health Surveys and AIDS Indicator Surveys

USAID supports ongoing population-based surveys that provide data on health-seeking behavior for priority health areas, including maternal and child health, family planning, and HIV/AIDS. Demographic and Health Survey (DHS) data are available for a majority of developing countries, while AIDS Indicator Survey (AIS) data are limited to high-HIV prevalence countries. To access DHS and AIS data from the Demographic and Health Survey (DHS) Program website, select either the DHS or AIS filter. Further guidance on how to analyze these data for a private health sector assessment is available.

Service Provision Assessments

SPA surveys provide information on service delivery at the health facility level. Information includes levels and types of health facilities and limited measures on quality of care. The extent to which private health facilities are included in an SPA is often based on the existence (and robustness) of a registry of such facilities. Look at the sex ratios of providers and supervisors at all levels—are women and men well-represented at the management level? To access SPA data, click on the link above and choose the SPA filter option.

National Health Accounts

NHAs track health spending from the source to point of care, and, of particular interest for a private sector assessment, provide data on health spending disaggregated by sector. NHA data can be accessed through the Health Systems 20/20 database, a Web-based tool that compiles and analyzes country data from multiple sources, provides charting options, and generates automated country fact sheets, helping users to assess the performance of various countries' health systems. See WHO NHA Methods for guidance on using and analyzing NHA data.

Living Standards Measurement Survey Finder

The World Bank's LSMS Survey Finder provides data on household health expenditures. Select "Health & Fertility" and choose a country and survey year. Consider sex-disaggregated data on household decision-making, expenditures, etc.

1.3 Create a Reference List

The team coordinator should create an annotated, linked list of all resources, organized by technical area or health focus (e.g., service delivery or HIV/AIDS). Using Excel enables each technical area to have its own worksheet. An organized and annotated list, including links to

resources if feasible, aids assessment team members in preparing for fieldwork.

TIP ► All content must be properly cited and verifiable—this will boost the credibility of findings and recommendations, as well as expedite the report-writing process.

Step 2: Commence/Initiate Preliminary Analysis

Before starting fieldwork, it's important for the team to take the time to do some higher-level thinking about what the desk review has revealed to date and then document learning, gaps, possible opportunities, and team roles in a field guide.

2.1 Preliminary Analysis of Available Information

While this step could be done individually by team members and later consolidated, we recommend convening the team to jointly discuss and agree on the following:

- What is known—What do we know about the context? What have we gleaned from the literature? And what has the secondary analysis revealed?
- Emerging themes and opportunities—Keeping in mind the objectives of the assessment, what trends and issues are emerging? Do you see any opportunities for the private health sector?
- What does the desk review tell us about the gender-related barriers and opportunities afforded to women and men? Has the review uncovered quantitative data that call for qualitative information gathering to understand what's driving quantitative disparities?
- Gaps and questions—What remains to be discovered, verified, and addressed during fieldwork? Which team members are best positioned to gather this information?

The output of this session can be summarized in a Word document or in a PowerPoint presentation, and should focus on key themes.

2.2 Preparing the Field Guide

Next, the team coordinator leads the preparation of the field guide (sometimes referred to as a “zero draft”), which summarizes the data gathered during the desk review and key issues emerging from the team discussion, and includes a detailed outline of the report with each section assigned to a specific team member. The field guide could take the form of a detailed matrix, annotated outline, or draft report. The key is to consolidate what is known about the private health sector, and identify gaps to address during the field research. Be sure to have the project's gender focal point or other gender expert review the field guide to ensure adequate prompts on gender throughout.

All team members should review the field guide prior to conducting fieldwork. It is key because it provides a big-picture view of the assessment, a common vision of who needs to do what during the in-country visit, and a shared framework for the final report. This helps the team:

- Focus on conducting and processing key informant interviews.
- Pinpoint emerging issues that can be explored by tailoring and aligning stakeholder interview questions.
- Coordinate work—who is responsible for what? How will we collect missing information? (Etc.)
- Prepare for the analysis phase.
- Start writing the report—the summary can be used to develop the background section and the outline provides an excellent overview of who is responsible for each module.

TAKE NOTE ► Setting expectations and deadlines early on in the process, and scheduling a team meeting to engage in higher-level thinking prior to departure, can ensure timely preparation well in advance of the fieldwork. Advance preparation is key to a successful assessment!

Step 3: Conduct Fieldwork

With the field guide in hand, the team is ready to begin in-country data collection. Fieldwork is critical to verifying information, filling in gaps, and answering key questions about the private health sector.

This step involves:

- Key informant interviews with stakeholders from the public and private health sectors, including site visits. Remember that a breadth of stakeholders, including women's NGOs and professional associations, will yield a more representative snapshot.
- Additional data collection, such as hard copy documents (grey literature) which may be available only in country
- Travel to other regions to ensure a balanced view of the private health sector
- Daily team debriefs to share notes and findings from interviews and site visits

Fieldwork is critical to verifying information, filling in gaps, and answering key questions:

- Who are the key actors in the private health sector? To what degree do women and men occupy leadership and decision-making roles within these organizations?
- What specific health services and products are delivered by private providers? At what price?
- What population groups do they serve (gender, income, urban/rural, key populations, and marginalized groups)?
- How is the private health sector organized? What are the linkages with the overall health system?
- What are the sources of private health expenditures?
- Who are the providers? Look at the occupational distribution by sex (as a proxy for gender-based barriers to entry) within provider organizations. Are there any gender differences in access to financing/capital among private providers?

TAKE NOTE ► Your team only gets ONE SHOT to carry out quality fieldwork. Missing a key stakeholder interview or failing to collect important data while in the field can undermine an assessment. Be meticulous about advance research and planning: identify informants, prepare interview guides, and establish a fieldwork schedule and a process for keeping it up to date (it will change). Interview as many stakeholders as possible and to capture diverse perspectives that you can use to triangulate findings—even if this means staying in country a little longer.

3.1 Key Informant Interviews

Team members typically conduct stakeholder interviews related to their particular area of expertise, or to the technical area as assigned to them. (That said, you may be asked to conduct an interview or include questions for another team member.) Interviews serve three purposes:

1. Address information gaps or validate information to ensure an accurate description of private sector contributions to health.

2. Gauge perceptions and attitudes about the role of the private sector in health.
3. Vet ideas for potential private sector interventions or public-private partnerships generated during the discovery phase.

Identifying Key Informants

Each team member creates a list of informants for his or her assigned area and gives it to the team coordinator prior to fieldwork.

The donor and local partners can assist with identifying key informants. Draw from the range of health sector stakeholders—including public officials, not-for-profit health entities, for-profit health providers, women’s NGOs or associations, private insurers, professional associations, distributors, and medical institutions.

TIP ► Key informants for HIV/AIDS-focused assessments:

- National HIV/AIDS program coordinator
- Members of the national HIV/AIDS committee (if one exists)
- Business coalition on HIV/AIDS (if one exists)
- Companies with HIV workplace programs
- Chair of country coordinating mechanism (Global Fund)
- Networks of People Living with HIV and AIDS (PLWHA) and other key populations
- NGOs and public sector counterparts engaged in GBV prevention and response

TIP ► Key informants for family planning-focused assessments:

- Maternal and child health directorates at the Ministry of Health
- Public and private pharmaceutical wholesalers and distributors
- Retail outlets in the informal marketplace
- Local affiliates of family-planning focused international NGOs (e.g., MSI, PSI, IPPF)

Scheduling Interviews

The local logistics consultant, with direction from the team lead and assistance from the team coordinator, is responsible for developing and updating the consolidated interview schedule for all team members.

Begin developing the schedule two to four weeks in advance of the initiation of fieldwork. During fieldwork, the team coordinator and local logistics consultant must work coordinate closely to ensure that available time is used efficiently for meetings.

Fieldwork requires flexibility. Meeting times frequently change, or ad hoc meetings may be arranged with little advance notice, so team members must be patient and adaptable. Depending on the size of the country, it is not unusual for a team to interview upwards of 100 individuals over a two-week period.

TIP ► Use a Google Calendar [[link to Using Google Calendar to Manage Fieldwork](#)] to organize the schedule, which shows informants by assigned team member(s), day and time, location, and informant contact information. Team members can access the calendar remotely to identify conflicts or make schedule changes to allow an additional member to attend a particular interview. The calendar can be color-coded by team member or subject matter, which can help ensure all technical areas are covered and make efficient use of each team member's time.

Preparing for and Conducting Interviews

Team members are responsible for formulating interview questions. To facilitate this process, we have provided common questions typically asked during an assessment by stakeholder group. These should serve as a starting point, but may need to be adapted according to the objectives of the assessment.

Begin interviews with a brief overview of the purpose of the assessment, the process, and the expected outputs, as well as an explanation as to why the informant was selected to participate. It is important to let the interviewees know how the information they provide will be used/represented in the report (e.g., will any information be attributed to an interviewee as an individual?). In all cases, be sure to document the sex of the key informant interviewed. The team should review tips for conducting key informant interviews prior to fieldwork, which include prompts about gendered power dynamics that can affect interview data.

TIP ► Convene all team members for a fieldwork kickoff meeting on the day before you begin interviews. This meeting should include introductions, a review of the field guide (assignments, key issues, and information gaps), expectations, guidance on conducting stakeholder interviews, and the most current schedule, as well as the process that will be used to keep it up to date.

- Private Sector Interviews
- Public Sector Interviews
- Site Visits

3.2 Additional Data Collection

An important aspect of fieldwork is identifying and collecting documents that may not be published or publicly available. These forms of “gray literature” often contain information that is very germane to the assessment, such as statistics on the number of private health facilities in the country. Gray literature also may provide valuable information that expands upon or helps explain any gendered findings from the initial desk review. Common examples of documents obtained during fieldwork include:

- Ministry of Health or Ministry of Finance strategic plans, and budgets if available
- Policies, laws, and norms that govern the provision of health services, and that may affect demand for and supply of specific health services (determine to what extent these apply to the private sector, and any accreditation procedures that may actually be in place)
- Policies and laws regulating private practice and business practices,
- Conditions of participation for major private or national health insurance plans
- Statements of covered benefits, premiums, and provider payment levels for major health insurance plans

Primary Research

Private sector assessments typically stop short of conducting primary data collection, and instead focus on leveraging existing data and information and supplementing this with information gleaned from key informant interviews. In selective instances, teams have convened limited focus groups or conducted brief surveys, but this is the exception more than the rule. Given the limited time in country—typically two weeks—and considerable breadth of most assessments, adding on primary data collection is not generally feasible. Increasingly, such research requires approval from an in-country review board, which can be a lengthy process. Teams often find that available data and information is sufficient for informing the assessment and generating recommendations.

TIP ► While formal surveys or focus groups are not typically part of an assessment, group interviews are fairly commonplace. These are sometimes the result of a stakeholder request—for example, the Ministry of Health may prefer for several staff to be interviewed jointly. In other instances, the team may initiate group interviews, in an effort to maximize input from multiple informants and perspectives in the shortest amount of time. Group interviews work best when conducted with members of the same stakeholder group, such as private providers or labor union representatives. Consider the gender and/or power dynamics within the group and create opportunities to hear from those who may feel less empowered to voice their opinions.

3.3 Travel Outside the Capital

Based on the assessment scope, size of the country, and reach of the private health sector, teams may wish to travel to one or more regions outside the capital to conduct interviews and site visits. Such regional visits add perspective to the assessment, as the situation is often quite different outside the capital, and new issues—as well as opportunities—may emerge. If regional visits are planned, teams often take advantage of the weekend to travel, minimizing time away from data collection.

TIP ► When scheduling regional travel, check in with assessment teammates to determine any individual needs that relate to the travel schedule. Consider any safety and security needs, or other accommodations, to ensure meaningful participation by team members (e.g. is a team-member breastfeeding? Does a team member have a physical disability? Does s/he have family responsibilities that preclude weekend travel? Is it socially acceptable for female and male colleagues to travel together?). The local consultant is instrumental in planning and scheduling appointments during regional visits.

3.4 Daily Digest

Teams typically meet at the end of the day to update one another of their key impressions of the day, and give team members the chance to revise and modify the focus of their

activities based on information gathered. A typical agenda for these meetings includes brief updates from each team member, identification of priority issues, and a review of the remaining schedule of interviews and site visits.

TIP ► Based on our collective experience, we distilled our top five fieldwork tips for a successful private health sector assessment.

Step 4: Debrief Key Stakeholders

After the team has concluded fieldwork, they often arrange a debriefing with the donor, which provides an opportunity to present preliminary impressions. Increasingly, other key stakeholders—representing both the public and private sectors—are invited to participate in this debriefing, which serves at least three purposes:

1. It encourages the assessment team to take a first cut at distilling everything they've learned and identifying key findings and recommendations.
2. It provides an opportunity for the team to vet their initial impressions and adjust them as necessary, based on stakeholder feedback.
3. It generates excitement and momentum around the findings, and potential opportunities for increased engagement of the private health sector.

Most commonly, the team prepares a PowerPoint presentation of key findings and preliminary recommendations to share with local stakeholders. Often, this becomes the basis for the assessment report. This meeting is also a good opportunity to review the scope of work, remaining tasks, and estimated time frame for submitting the report to the donor.

RESOURCE ► In Botswana, the assessment team issued “save the date” postcards to all stakeholders interviewed during course of the fieldwork, inviting them to a scheduled debriefing at the conclusion of the assessment. This was in part because, due to a limited budget, it wasn't clear that a later debriefing with stakeholders would be possible. However, scheduling the debriefing in advance, inviting all participating stakeholders, and convening a larger group was so successful that this has emerged as a best practice.