Assessment Phase 3: ANALYZE

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A private sector assessment combines quantitative and qualitative methods to increase knowledge about the private health sector. In the analytic phase, the team organizes and examines information amassed to develop a clear understanding of the role of the private health sector. Following this step, the team undertakes further analysis to identify key issues, constraints, and potential solutions. The findings inform recommendations that balance opportunities for increased private sector engagement with the realities of context, political will and available funding. The steps in this phase culminate in producing a draft report, which undergoes a quality assurance review before becoming the "master draft" that is sent to external reviewers and local stakeholders for validation and feedback.

Step 1: Analyze Data

In the learning phase, the preliminary analysis step lays the foundation for fieldwork. In this step, further analysis is made possible by additional information gathered during fieldwork. New information contributes to and validates—and in some cases challenges—what is known about the role of the private health sector. Triangulation, or examining data from various sources and viewpoints, underpins the process, and ensures the validity of the findings. This step culminates in analyzing available qualitative and quantitative data, and merging the results to derive key findings.

1.1 Organize

The first task is to synthesize the extensive data collected during fieldwork, combining and comparing it with the results of the desk review and analysis of secondary data produced during the Learn phase. Sources of data include the following.

1. The field guide is the product of the initial desk review and secondary analysis, and serves as a foundation for the assessment effort. The field guide can be a document,

spreadsheet, or PowerPoint presentation.

2. Gray literature and printed documents obtained in country, such as national health laws and regulations, training manuals, or provider registries are essential for ensuring an accurate understanding of the role of the private health sector.
3. Field notes from stakeholder interviews, site visits, and observations conducted during field work are the core output of the learning phase—the only record of what can be as many as 100 or more interviews.
4. If available, the results from primary data collection (surveys or focus groups) will factor into the assessment analyses.

Organizing the data should begin while data collection continues. This process helps the team categorize and interpret what can be copious amounts of information, and begin piecing together an accurate understanding of private sector actors, activities, contributions, and constraints. Data can be organized by the core elements (i.e., policy environment, financing, service delivery, supply chain, and demand), or by themes emerging over the course of the assessment (e.g. gender), or in another way agreed upon by the team. Ideally, the organization aligns with the working outline for the report.

1.2 Triangulate

A key feature of the assessment approach is triangulation, or the process of combining different research methods and sources to study one issue. In the context of a private sector assessment, a triangulated approach means you can combine informant interview notes and observational data to arrive at a balanced understanding. For example, does the information on clientele provided by a private doctor sync with what you observed in the waiting area? Or is information offered by a pharmacist validated by what products and drugs are available in the pharmacy?

Another way to triangulate information is to compare available quantitative data on service utilization, such as Demographic and Health Surveys (DHS) data, with qualitative information gathered at private health facilities. A further example is comparing interview notes on the same topic from different sources (e.g., a public health official, as compared to a private-practice physician). Having more than one team member participate in a stakeholder interview is another way to ensure the accuracy of information. Triangulation is a very useful means of capturing more detail, and also of minimizing the effects of bias and ensuring a balanced assessment.

In practice, triangulation occurs throughout the assessment process. Daily team debriefings [link to typical daily debriefs] present an opportunity to compare and contrast new information that can be further validated or refuted in subsequent interviews with key informants or by site visits. The mid-assessment team meeting serves as a further opportunity for the team to triangulate and verify information.

1.3 Describe (the private sector)

Assessments help create a basic understanding of the private sector and its role in the health system by examining fundamental questions about this sector. Documenting the

private sector and its contributions to health is a cornerstone to any private sector assessment. This task is accomplished by reviewing available gray literature and secondary data, as well as key informant responses to five core questions as follows:

Who is the private sector? ► Types and range of private sector actors engaged in health activities

What is the private sector doing? ► Types and range of private sector activities

For whom? ►Clientele (broken out by sex and age where possible), socioeconomic groups

Where do they render these services and activities? ►Geographic areas or concentrations

And at what price? ►Prices charged, cost to deliver, access to finance

TAKE NOTE ► Before starting any analysis, the team must arrive at an accurate, unbiased description of the private health sector. It may be helpful to visually map out all the private sector actors as part of this process. The team leader may have to step in to mitigate any biases on the part of team members.

1.4 Analyze

Private health sector assessments seek to identify facilitating, as well as limiting, factors affecting the private health sector. Ultimately, a private sector assessment seeks to answer the question: "How can the private health sector contribute to improved health status?" of a given population/in a given country.

As introduced in the Learn phase, teams typically analyze available data on health care provision and use of services, such as the data provided by DHS surveys. Teams may also acquire additional datasets while in country, such as provider or facility registries. These can be analyzed with software such as Stata, SPSS or SAS.

However, the majority of information collected as part of an assessment is qualitative in nature. While there are various methods for analyzing qualitative data, assessment teams typically use Strengths, weaknesses, opportunities, and threats (SWOT) or root cause analyses, or sometimes both. The chosen method should align with the specific objectives of the assessment, but ultimately is at the discretion of the team leader.

<u>Strengths, Weaknesses, Opportunities, and Threats Analysis</u>
Teams often employ a SWOT analysis to identify key issues related to the private health sector, as this method flows easily from the organization and triangulation tasks. Identifying strengths and weaknesses is the first step of a SWOT analysis. When applied to a PSA, a SWOT analysis identifies strengths and weaknesses that are internal to the private health sector, and opportunities and threats from the external environment. This approach could be implemented for each specific aspect of the private health sector, such as service delivery, or applied more broadly to the overall findings on the private health sector. Teams have had success applying the methodology both ways.

Root Cause Analysis

Teams often use a root cause analytical approach to understand the causes of key findings. A root cause analysis helps generate hypotheses about the underlying causes of problems and how they relate to one another; it also helps to broaden one's thinking to look beyond a single "cause." Root causes are best defined as manageable problems that can be addressed through specific interventions. For example, high import taxes on medical products and drugs may be a root cause, whereas unemployment is not. There are many techniques for performing root cause analysis, including a "cause and effect" or "fishbone" diagram. The objective of this exercise is to fully explore all the possible causes impeding or facilitating the private health sector in playing a role to address key health priorities, and prioritizing them to derive actionable recommendations.

Root cause analysis can be conducted on its own, or following a SWOT exercise. In the latter scenario, team members are instructed to think through the underlying causes of the SWOT findings (i.e., using the SWOT findings as the issue or problem). The assessment team in Malawi developed this useful table, which incorporates SWOT and root cause elements, to guide their analysis.

As you embark on analysis of the desk review and interview data, your team is at the perfect juncture to tease out an initial list of gender issues that emerge from your assessment visit and to consider whether and how the project can respond. Complement your SWOT analysis or root cause analysis by conducting an abbreviated GAIM (Gender Analysis and Integration Matrix) exercise:

Gender issues identified from:		Relevance to assessment	How to address?
desk review	stakeholder interviews		

Seek out assistance from a gender focal point on your project, or an in-country gender expert, to help define actions in the last column ("How to address?"). For additional information on the GAIM, reach out to your Gender Focal Point or see a description on Iris Group's website

Step 2: Formulate Findings and Recommendations

The next step involves proposing solutions to address constraints or opportunities uncovered during analysis. Keep in mind that you're constructing an argument—a narrative that nudges key stakeholders toward a set of proposed recommendations. Your argument will be vetted and challenged and it's likely that choices will have to be made regarding which recommendations can be implemented. That said, it's important to remember that you're providing data for decision making and proposing changes, so you'll need to back up your advice with good reasoning.

2.1 Findings

Findings emerge from the qualitative and quantitative analyses. Findings are typically divided into sections by technical area, following the outline established in the field guide. Be sure to highlight gender-relevant findings. Furthermore, be prepared for new or surprising findings that may emerge, as these may require modifications to the original outline. Every assessment report includes a description of the private health sector, sometimes referred to as the private sector "landscape." Though there are many ways the information can be presented, it is useful to have a visual graphic to illustrate the myriad actors and organizations.

Each section starts with a page or less of background information to set the stage. For example, in a section on the policy environment, the background could include a brief history of key national health sector policies, the general business environment, and any regulations pertinent to private health business registration or licensing.

This section is followed by three to eight pages of findings. Findings should be specific and the narrative should be supported by quantitative data (numbers and percentages), quotes or images gathered during fieldwork, as well as tables, figures, or infographics that illustrate key points, trends, and complex information.

Finally, each findings section should summarize the major findings in bullet point format. These can be presented together with corresponding recommendations, as discussed in the next section.

2.2 Recommendations

Recommendations are arguably the most important part of the analysis phase—this is where you'll suggest specific interventions or strategies to address the issues and constraints identified in the assessment.

Recommendations should directly respond to key findings arrived at through data collection and analysis. A process of prioritization is essential to narrowing down findings, and once this is done, recommendations should be developed that align with the most important findings. Use the abbreviated Gender Analysis and Integration Matrix (GAIM) on the previous page to prioritize gender findings and determine at which level(s) you may wish to intervene. Will your resulting program/project/strategy address a root cause? Will it seek to accommodate or transform existing gender norms?

Reviewing previous assessment reports [link to assessment page on SHOPS website?] may be helpful at this stage, to learn what strategies were recommended to address specific private sector constraints in other countries. This table synthesizes key problems affecting service delivery in the private sector, drawing from previous assessments, and links them to potential interventions.

RESOURCE ► When examining the supply chain in Nigeria, our assessment team identified weak regulation of drug vendors as a main area of concern. This lack of enforcement was compromising drug quality without increasing access where it was most needed. Given this finding, we proposed designing a pilot pharmaceutical network that would achieve the following:

- Create a new scope of practice, with higher training levels but a larger range of products and services authorized, with supervision by pharmacists.
- Conduct pooled procurement and distribution for network members.
- Increase access to credit to establish and expand business.
- Strengthen supervision and quality monitoring of retail outlets by a network franchisor.
- Conduct joint branding of all pharmacies in the network to promote quality and increase clientele.

Recommendations should be one-sentence, succinct, and start with an action verb (create, establish, fund, facilitate, coordinate, etc.). They should use a "SMART" format (Specific, Measurable, Attainable, Realistic, Timely). Each recommendation should be followed by a few sentences of explanatory text.

In addition to being "SMART," recommendations should be feasible. Both operational feasibility and political feasibility (i.e., political will) should be considered when developing recommendations. Experience has demonstrated that gauging potential public sector receptivity to proposed private health sector initiatives is essential.

A final consideration for recommendations is timing. Often solutions to identified problems are sequential, building upon intermediate steps. Teams sometimes frame recommendations as near-term (e.g., 6 to 12 months) and longer term (e.g., one to three years). This example from the Tanzania assessment report illustrates near-term and longer-term recommendations.

Recommendations are typically summarized in the Executive Summary, and presented in full within specific technical sections, usually as a short list of bullets following the findings summary. In some reports, there may be a section at the end of the document that consolidates recommendations and highlights the linkages across core areas (e.g., service delivery and health financing) prior to the conclusion section.

TIP ► Recommendations stem from the findings. Link each of your recommendations to the finding that supports it, to highlight the direct connection between assessment and action. You can show this link visually by using a two-columned table: the first column lists the finding, and the respective recommendation is listed adjacently in the second column.

2.3 Distilling Key Findings and Recommendations

By now it may be clear that private health sector assessments generate a high volume of information. One of the challenging aspects of conducting this type of assessment is sorting through the voluminous information, weighing the relative import of each finding, and determining which findings to highlight in terms of their impact on private sector involvement in health. This process of selecting the key findings is followed by developing corresponding recommendations for improving or increasing the private health sector's role, or otherwise facilitating an appropriate role for the sector.

SHOPS developed a template to help the assessment team assign priority levels to the specific issues they have identified in the analysis step. The team should work together to arrive at shared judgments regarding the priority order of the top three to five issues in each core area (i.e., Environment, Financing, Service Delivery, Supply Chain, and Demand). Next, the team can record the key determinants or causes of the main issues, either from earlier root cause analysis, or from team brainstorming at this time. This work should facilitate generating potential solutions to address the causes behind the issues identified, which can be entered in the column on the right.

In Summary: Considerations for prioritizing recommendations

- Is it feasible?
- Is there political will, or potential opposition?
- Does it fill an existing gap or need?
- What is the likely impact?
- Are resources available (individuals, expertise, funding)?
- Does it require policy reform?
- What is the estimated time frame to implement?
- Does it advance gender equality and, if so, how?
- Will it remove a critical barrier or accelerate an opportunity to achieve an outcome of interest?
- Might it generate an unintended consequence?

Once the team has reached consensus on the main findings and corresponding recommendations to enhance the role of the private sector, the next step is to draft the report.

Step 3: Draft Report

The report is the primary output of the assessment—and may be the only public document of your work. All team members contribute to writing the report, which typically includes the following sections:

- Executive Summary—This is a concise overview of main findings and recommendations.
- Introduction—This consists of country context, and an overview of the health system, with an emphasis on the private health sector, health expenditures, and donor environment/summary of development partners and their contributions.
- Approach—This is an overview of the assessment objectives and the methodology used to collect and analyze data.
- Findings—Results of the analysis typically begin with a description of the private health sector, followed by findings according to the agreed-upon framework (such as the core elements SHOPS uses). The outline may have evolved, depending on the findings and "story" that emerges from the assessment.
- Recommendations—These are proposed strategies to mobilize the private health sector to meet priority health needs. They highlight investment opportunities and options for decision makers charged with designing programs and allocating public or donor resources.
- Appendices—These contain additional information such as the scope of work, workshop reports, case studies, references, and a list of stakeholders interviewed.

3.1 Decide How to Present Data

Private health sector assessments generate a substantial amount of data, and sorting through the information and deciding what to highlight can be a challenge. Hopefully this was accomplished during the analysis step, and now you're faced with how best to display the findings. Presenting data in streamlined tables and graphs is an effective way to translate findings. Examples of presenting data on health care seeking, provision of health services, and health care expenditures can be found in many of the previously published assessment reports.

We include a selection of figures, graphs, and text boxes here as additional resources.

- Examples of presenting data on use of health services
- Examples of presenting data on supply of health services
- Example of presenting health expenditure data

RESOURCE ► At the request of USAID, and to help inform policymakers and market leaders as the country prepared to graduate from donor funding, the Paraguay assessment analyzed the contraceptive market, identifying and explaining trends using demographic and health data from 2004 and 2008. The assessment analyzed segmentation by socioeconomic status (wealth quintiles) as well as urban/rural residence, education, and type of method. Segmentation analysis was also used to determine whether changes in method sourcing were due to an influx of new adopters from lower wealth quintiles or whether there was a shift among existing users from paying for services and products to obtaining them for free. These figures and tables demonstrate how we presented our findings in the assessment report.

3.2 Secure Reviewers to Provide Constructive Feedback

Once the team has produced a complete draft report, the document undergoes a quality assurance review. This is an internal review, usually conducted by project supervisors or technical experts (including a gender expert) from the organization tasked with conducting the assessment. The reviewer's task is to identify gaps, correct any errors, and ensure that the recommendations correspond to the findings and are both plausible and actionable.

In addition, some assessment reports also undergo review by external experts, such as private sector experts from the World Bank or IFC, particularly if they helped finance the assessment. In the case of two recent assessments—Kenya and Tanzania—the IFC both co-funded the effort and published the jointly produced reports through its own channels.

Reports are typically 80–120 pages long, and donors and government officials have appreciated having such a comprehensive description and analysis on the private health sector in a single document. However, some have also acknowledged that finding the time to read lengthy reports is a challenge. In light of this, teams are making an effort to be extremely concise, focusing on new information and insights, in an effort to produce reports that are informative while also accessible.

TIP ► SHOPS has begun to produce 12-page briefs [could link to the SHOPS website which houses these briefs] highlighting key findings and recommendations from private health sector assessments. These are more cost-effective to print, and are often distributed to local stakeholders, in addition to broader dissemination of electronic versions.