

Assessing the Role of Private Providers in Nigeria's Health System

Full Abstract

Background

Use of private health providers in developing countries, even among the poor, is high.¹² Yet, data on private health providers such as their total number and the types of services they provide is often limited. In many countries, official lists of private providers are often incomplete or nonexistent and private providers rarely submit official reporting data to government agencies. Lack of data on private health providers limits policymakers' efforts to improve their overall health systems or track and monitor disease prevalence and other health statistics.

In Nigeria, prior to this study, data on private providers was fragmented and incomplete. Although many private providers were registered with one of several different professional associations and government agencies, no comprehensive listing of all private providers existed. Further, private providers do not officially report to any government agency and thus policymakers have little knowledge of the types of services provided by private providers, the overall number of patients treated by private providers, or private providers' capacity.

This lack of data hinders policymakers' efforts to improve Nigeria's overall health system. This is particularly true for efforts to increase access to family planning services. Nigeria has one of the world's highest fertility rates (5.7) and a relatively low use of modern methods of contraception (9.7%). 37.8% of women who use a modern method of family planning access this method from a private provider suggesting that efforts to increase access to family planning should take into account the role played by private providers. (DHS 2007)

Key Research Questions

This study will attempt to answer the following key research questions:

1. What is the geographic distribution of private health facilities throughout these six states of Nigeria?
2. How comprehensive and accurate are official lists of private health facilities?
3. What techniques are most effective in locating private health facilities?
4. What types of medical services do private facilities provide in these states?

¹ Berman, P., & Laura, R. (1996). "The role of private providers in maternal and child health and family planning services in developing countries". *Health Policy and Planning*, 11(2), 142-155.

² Hanson, K., & Berman, P. (1998). "Private health care provision in developing countries: a preliminary analysis of levels and compositions". *Health Policy and Planning*, 13:195-211.

5. What is the volume of services delivered by private providers in these states?
6. How knowledgeable are private doctors and nurses when it comes to family planning services in these states?
7. Is there a discrepancy between these private providers' knowledge and practice when it comes to delivery of family planning services? (i.e. – does providers' behavior differ from their knowledge of best practices?)
8. What provider characteristics, such as education, location, or patient load, are most associated with higher quality of services in these states?

Methods

In 2012, Abt Associates conducted a systematic mapping of all private health facilities in Lagos and five other states of Nigeria to gain a better understanding of the role played by private providers in these areas. All hospitals, clinics, pharmacies, and small establishments employing only nurses (known as “nursing homes” in Nigeria) in these six states were identified and surveyed. Prior to data collection, a comprehensive list of private facilities was created by compiling existing lists of private providers from various government agencies and other organizations. Data on location (including GPS coordinates), physical infrastructure, services provided, and staff was then collected at each facility through a set of surveys. In addition, data on the quality of service delivery was collected separately at a limited number of facilities through the use of “vignette” and “mystery client” surveys.³ Lastly, information on the financial flows of the facility, borrowing behavior, and attitudes towards the facility as a business were collected. The table below summarizes the different types of data collected from private health facilities.

Summary of Data Collected⁴

Category	Data collected
Location	GPS coordinates
	Address
Infrastructure	Availability of medical equipment such as x-ray machine
	Number of rooms
	Access to piped water, electricity, etc.
Services offered	Medical services offered (with a focus on family planning)
Staff	Number of staff by type
	Training and qualifications of each staff member
Patient numbers	Number of patients receiving treatment at the facility by service
Pharmacy	Availability of common drugs
	Availability of various tests and diagnostics

³ “Vignette” surveys are surveys in which the provider is presented with a hypothetical patient and is asked to request the appropriate information and make a prescription. “Mystery client” surveys are surveys in which a highly trained surveyor poses as a patient with a specific condition.

⁴ Please note that this is not intended to be a comprehensive list of all data collected.

Quality of services delivered	Score on “vignette” survey
	Score on “mystery client” survey
Finances	Loans outstanding
	Financial flows
	Record-keeping

After the initial mapping and surveying, a second round of more intensive mapping was conducted in a limited number of geographic areas of Lagos. The goal of this second smaller but more intensive round of mapping was to estimate the percentage of private health facilities not found during the first phase of mapping. In the second round of mapping, a limited number of areas were first selected through stratified spatial random sampling. In each selected area, surveyors systematically walked through the entire area searching for any private facilities which were not identified in the first phase of mapping.

The table below presents the estimated number of private health facilities by type and state.

Estimated Number of Private Facilities by Type and State (based on preliminary data)

Facility Type	Estimated number of facilities						
	Lagos	Abia	Edo	Kaduna	Benue	Nasarawa	Total
Clinics and hospitals	1600	257	202	248	131	121	2559
Nursing homes	800	160	130	111	1	2	1204
Community pharmacies	2000	Unknown	106	Unknown	Unknown	Unknown	2106
Total	4400	417	438	359	132	123	

Plan for Analysis

In the first half of this paper, we describe the methods used to identify and survey private facilities and provide lessons learned over the course of the mapping activity that may be relevant for those who seek to conduct similar mapping exercises elsewhere. In particular, for those private facilities which were not included in any official list, we analyze which techniques, whether it was snowball sampling, informal questioning of residents, or street by street walk-throughs, that were most effective in finding these facilities. We present results from the second, more intensive, facility-search conducted in a limited set of areas in Lagos and estimate the share of private facilities that were overlooked during the first phase of mapping. We compare characteristics of private facilities which were included on the original official lists, private facilities which were located during the first phase of mapping, and private facilities which were located during the second more intense phase of mapping.

In the second half of this paper, we analyze data gathered through the mapping activity to document the geographic distribution, services offered, and quality of family planning services of private health providers in these six states of Nigeria.

Discussion and Policy Implications

Results from this study will allow policymakers in Nigeria to more accurately forecast the effect of potential policies and programs which involve private health facilities. For example, these data may

allow the government to estimate the number of facilities which would participate in a program providing free vaccines or other drugs to private providers or allowing private providers to participate in trainings offered to public providers. The data may also allow supervising agencies to craft more appropriate regulations for private providers. This study may also provide guidance to funding agencies or governments elsewhere which seek to gather more accurate data on the role played by private providers in their overall health systems.