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## Systemic Influences on Optimal Equity-Credit Investment.

Background: Ambulatory health care services are a major contributor to the large and inequitable health financing burdens (largely out-of-pocket) faced by households in India. The private sector has a virtual monopoly over ambulatory curative services in rural and urban India. Despite this, there is little knowledge about who these providers are, their numbers, distribution, and activities. Aim: This study describes the numbers, gender, distribution, and characteristics of private individual ambulatory care providers in Madhya Pradesh (60.4 million people), one of India's largest provinces. It discusses the suitability of this provider mix to deal with maternal and child health, a major health priority in the province. Method: A survey enlisting all health care providers was conducted in the 52,117 villages and 394 towns of the province. Results: There were 14,046 private qualified physicians (12.5% women), 57,684 qualified paramedics (3.4% women), and 89,090 unqualified providers (10% women) providing ambulatory services in individual setups. In addition, 55,393 traditional birth attendants provided home-based intranatal care. The macro organization of these providers in this setting is presented. Given the high levels of maternal and child mortality in the province, excessive reliance is placed on less than competent providers as these present lower access barriers. Conclusion: Given the public health priorities in this province (maternal and child health), the provider mix is not optimally suited to the populations' needs. There is a lack of competent qualified care required to deal with the major causes of morbidity and mortality, particularly in rural areas. Access to qualified women providers is low. The lack of a cadre of qualified midwives possibly contributes to some of the high maternal mortality observed in this province.