

Training for the urban informal sector in developing countries - policy issues for practitioners.

Centre of African Studies - The urban informal economy, local inclusion and achieving a global green transformation



Description: -

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Integration of the Informal Sector

Engaging these providers in to the mainstream health system to provide appropriate drug dosages and referrals may be a feasible way to broadly reach poorer populations. Viberg N, Mujinja P, Kalala W, Kumaranayake L, Vyas S, et al.

Integration of the Informal Sector

Singhal N, McMillan D, Cristobal F, Arciaga R, Hocson W, et al. Variations in sample size and sampling techniques make it difficult to compare across studies. Provider knowledge was variable across studies.

Introduction to Innovation Policy for Developing Countries (Self

Community health workers who were trained by NGOs or governments are not included in the study.

Informal Allopathic Provider Knowledge and Practice Regarding Hypertension in Urban and Rural Bangladesh

Collumbien M, Douthwaite M 2003 Pills, injections and audiotapes: reaching couples in Pakistan. To address this gap we conducted a comprehensive literature review on the informal health care sector in developing countries. Names were cross checked with existing lists to create a comprehensive list, identifying all eligible respondents within the predefined study area.

The informal waste sector: a solution to the recycling problem in developing countries

Bull World Health Organ 79: 1014—1023. What type of material and how much of it can be currently procured in the informal supply-chain? Eligible respondents claimed to hold varying levels of certifications ranging from none at all or a simple Drug License obtained in a few months, a 3—6 month Local Medical Assistant and Family Planning training LMAF degree, a 3—6 month Primary Medical Counselor PMC degree, a 3 year

Diploma in Medical Faculty DMF , a 1 year Rural Medical Practitioner RMP degree. The base line characteristics of the study population were similar in most respects to those in previous Bangladeshi IAP studies , ,.

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American Journal of Public Health 97: 398—400. For example, they are subject to a greater degree of perceived accountability due to their geographic and social proximity to patients; they can better evaluate the trustworthiness of individuals and may offer creative financing for goods or services as a result; and their experiences, qualifications, and track record are all noted within a community, resulting in trust and respect. Thanks to this book, those debates can be based on solid empirical foundations.

The Long Shadow of Informality: Challenges and Policies

Without the economic opportunities generated by such activities, the poor would certainly become a larger burden for the urban authorities.

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