Government of Malawi



Ministry of Health

Malawi Health Sector Employee Census

Ministry of Health P.O. Box 30377 Capital City Lilongwe 3 Malawi

Conducted by

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Foreword

- Under Construction by the MoH-

Acknowledgements

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Thirdly, the Centre would like to thank Zonal Supervisors, District Health Officers (DHOs), Assistants District Statisticians, CHAM, Owners of private health facilities, NGOs and companies that own clinics for participating in the census and for assisting our Research Assistants (R/As) in many ways. The Centre would also like to thank Senior Management in the Ministry of Health for supervising field data collection and providing comments and suggestions at various stages of the census. In particular, the Centre would like to acknowledge the role played by the Census Coordinating Team (CCT) which was headed by the Department of Planning & Policy Development in the Ministry during the entire period of the census (names of the CCT members are in Annex 9 at the end of this report). The Centre also acknowledges the support that it received from the Central Monitoring, Evaluation and Research Division (CMERD) in the Ministry of Health right from the inception stage until the very end including conducting the data verification and mop-up activities so as to ensure that all staff in the sector have been captured in the census.

Lastly, Centre for Social Research would like to thank all Field Supervisors, R/As and Drivers for a job well done. Names of the Supervisors and Research Assistants are contained in Annex 9 at the end of this report.

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Centre for Social Research

Executive Summary

The Ministry of Health, through the Centre for Social Research conducted a census of Human Resources in the Health (HRH) sector in November/December 2007. The key objectives of the census included obtaining primary HRH data and information in the form of a "snap-shot picture" of current availability, numbers, profiles, skills-mix, and distribution of trained health workers, including management and support staff, employed in registered public and private sector health facilities across all districts of Malawi. The HRH Data Census will help calculate and refine accurate and reliable HRH baseline data to facilitate effective sector-wide HRH planning, implementation and monitoring, within the scope of the HRH M&E Framework. The primary objective is to ensure that targeted and adequate policies, strategies and programmes are developed, implemented and monitored in order to address the current inadequacy and mal-distribution of HRH in the country.

Data collection took place in all the districts of the country between 20th November and 15th December, 2007 using 107 Research Assistants and 23 Supervisors and staff were interviewed in person. Health workers who were not interviewed during this period were followed up by the Ministry of Health in March and May 2008 utilising the services of Research Assistants provided by CSR, after the staff lists generated from the census were verified by DHOs. The results of the census presented in this report are therefore resulting from the data collection exercises that took place in November/December 2007 and March and May 2008. All the data from the census were entered in Epi info using computer facilities at the Centre for Social Research but analysis was done in SPSS. The analysis plan was guided by an indicator matrix that was provided by the MoHP at the start of the census.

Results of the Census

- There were 1,030 health facilities and institutions in Malawi and out of these, 850 (83%) were providing primary care to patients, 98 (10%) were providing secondary care, 6 (1%) were providing tertiary care while 76 (7%) were administration, health project offices and research and training institutions;
- Out of the 1030 health facilities and institutions in the country, government was operating 516 (or 50%), CHAM was operating 166 (or 16%), NGOs were operating 70 (7%), the private sector was operating 209 (20%) and the rest were being operated by statutory organisations (n=23, 2%) and companies (n=46, 5%).
- Of the 516 facilities and institutions that were being operated by government, 437 (85%) were primary care facilities, 51 (10%) were secondary care facilities, 5 (1%) were tertiary care facilities while 23 (5%) were administration, project offices and research and training institutions. In CHAM (n=166), the distribution was 69%, 25%, 1% and 5%, respectively for primary, secondary, tertiary and administration/training institutions.
- The results of the Census also revealed that the facility population ratio is 1:13,824; and is 1:8863 in the North, 1:16,047 Central Region and 1:16,047 Southern Region. In urban areas, one facility serves an average of 9,870 people while in rural areas the average is 14,749 people per facility. At district level, the population per facility is highest in Phalombe (23,942 people per facility) and lowest in Likoma at 2,774 people per facility.

- Using information extracted from the recent Government Gazette, only 39% of the facilities that were identified in the census were registered by the Medical Council of Malawi (MCM); 54% of the government facilities, 23% of the CHAM facilities, 49% of the NGO facilities, 9% of the private sector facilities, and 39% of the facilities run by companies and 57% of the facilities run by statutory institutions;
- Overall, a total of 33,766 health workers were enumerated in the country with HSAs constituting 30% of all the staff working in the sector, Nurses (13%), Physicians (1%), Clinical officers (2%), Medical Assistants (2%), Technicians (4%), management and support staff making up 29% of the staff in the sector.
- A total of 248 Physicians were enumerated in the census and of these, 182 (73%) were males while 66 (27%) were males. Sixty percent (60%) of the Physicians were of Malawi origin whereas 40% were foreigners.
- Overall, there were 4450 Nurses in the country (3052 Nurse/midwives or 69% of all the Nurses in the country; 982 Nurse Technicians or 22%; and 416 Auxiliary Nurses or 9%), 698 Clinical Officers, 711 Medical Assistants and 1314 technicians belonging to various fields;
- Of the 33,766 staff in the health sector, 21754 (64%) were employed by the government, 8399 (25%) were employed by CHAM, 1104 (3%) are employed by NGOs, 1705 (5%) were employed by the private sector while the rest (2%) were employed by companies and statutory organisations.
- The results of the census also show that qualified health service providers constituted 71% of all the staff in the sector and there is no major difference across regions or Zones but among urban, semi-urban and rural areas. In urban areas, health service providers constituted 59% of all the staff in the sector, 69% in semi-urban areas and only 77% of the staff in rural areas. At district level, the proportions range from 61% in Lilongwe to 85% in Kasungu;
- The results of the census also show that at national level, there are 2.67 nurses for every clinician (doctor, clinical officer and medical assistant); 2.6 nurses per clinician in the NZ, 2.4 nurses per clinician in the CEZ, 2.6 nurses per clinician in the CWZ, 2.7 nurses per clinician in the SEZ and 3.1 nurses per clinician in the SEZ. In urban areas, the nurse to clinician ratio is 3.0 to 1, 3.5 to 1 in semi-urban areas and 2.0 to 1 in rural areas.
- The results of the census also show a Physician Population ratio of 1:53176 at national level; Nurse population ratio of 1:2964; Clinician Population ratio of 1:7959 and HAS population ratio of 1:1313 using the 2007 mid-year projected population estimates (www.nso.malawi.net).

Recommendations

On the basis of the general distribution of health facilities and staff in the country, we recommend the following:

 to institute measures to address staffing gaps observed in the zones and districts. Zones and districts that have poor coverage have been highlighted throughout the report. One way would be to address the reasons why some staff leave Government facilities for other service providers and these are highlighted in chapter 8 of the report.

- to consider deploying more staff to rural areas with additional personal incentives (such as financial allowances) alongside improvements in social amenities and housing conditions
- as rural areas (and facilities) are underserved by the highly qualified staff, it
 would be good to consider introducing a rural area visitation programme by
 professionals (especially Physicians and Clinical Officers) during which the
 officers would visit rural facilities at least once every two weeks to treat and
 examine patients who would otherwise have not had the chance of
 accessing such level of care and the Ministry could consider motivating such
 staff through additional allowances for such undertakings
- for future censuses to be successful without major hassles, it would be good to
 plan for the census in advance and to consider lobbying the professional
 registration bodies (the Medical Council of Malawi; Medicines, Poisons and
 Pharmacy Board and the Nurses and Midwives Council of Malawi) to be part
 of the Census Coordinating Team to ensure 100% compliance.

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List of acronyms used

Acronym	Name in Full
BLM	Banja La Mtsogolo
CCT	Census Coordination Team
CEZ	Central East Zone
CHAM	Christian Health Association of Malawi
CHSU	Community Health Sciences Unit
CO	Clinical Officer
CSR	Centre for Social Research
CWZ	Central West Zone
DAPP	Develop Aid from People to People
DfID	Department for International Development
DHO	District Health Office(r)
EHP ESCOM	Essential Health Package Electricity Supply Commission of Malawi
HA	Health Assistant
HMIS	Health Management Information System
HRH	Human Resources for Health
HSA	Health Surveillance Assistant
HSS	Health Systems Strengthening
HTC	HIV Testing and Counseling
HTI	Health Training Institution
JCE	Junior Certificate of Education
KCN	Kamuzu College of Nursing
M&E	Monitoring and Evaluation
MA	Medical Assistant
MACRO	Malawi AIDS Counseling Resource Organization
MoH	Ministry of Health
MoLG	Ministry of Local Government
MSCE	Malawi School Certificate of Education
N/MW	Nurse/Midwife
NAC	National AIDS Commission
NGO NHS	Non-Governmental Organisation National Health Service
NZ	North Zone
PoW	Programme of Work
PSI	Population Services International
PSLC	Primary School Leaving Certificate
R/A	Research Assistant
SEZ	South East Zone
SWAp	Sector Wide Approach
SWZ	South West Zone
UN	United Nations
UNC	University of North Carolina

1.0 BACKGROUND

1.1 Addressing the HRH crisis in the Health Sector in Malawi

Malawi is one of the countries in the developing world that has been heavily hit by the critical shortage of human resource in the health sector required to effectively provide an essential health package. According to the Ministry of Health, in 2002 there were 19,919 health workers in Malawi including support staff. The majority of the health workers, estimated at 69%, were within the public sector (Hornby and Oczan. 2003). This analysis however did not include the vacancy levels within the health sector particularly in the MoH. In 2003 even though the Ministry of Health had 21,337 established posts of health workers, only 16,397 posts were filled thus representing 77% of the established positions in the sector. However, the proportion of vacancies varied from one cadre to another and the situation was quite critical if the vacancy rates among specialists were taken into account. For example in 2004 among the Surgeons, Pathologists, Medical Specialists and Obstetricians the vacancy rates were 98%, 100%, 95% and 92%, respectively (MoH 2004). Among the nurses and clinical officers within the public sector vacancy rates of up to 64% and 27%, respectively, were reported in 2004. A number of factors can help to explain the existence of high vacancy rates within the health sector in Malawi and these include the fact that a good proportion of health workers have resigned and either joined the private sector or health NGOs or have migrated to overseas countries for better remuneration. The results of a GTZ-supported human resource capacity needs assessment in the health sector have also showed that death constitutes one of the factors contributing to shortage of HR in the health sector. For example in 2005 alone 491 health workers left the Ministry and 44% of these (n=214) were due to deaths (GTZ 2007).

The Government of Malawi acknowledges the human resource crisis prevailing in the health sector and this explains why there are attempts to improve retention and management of health workers. Currently, Malawi with support from donors is implementing a 6 year Emergency Human Resource Plan (EHRP) as one way of addressing the HRH crisis. In order to address the low remuneration package within Malawi's health sector and consequently improve health workers' retention, the Government of Malawi implemented a 52% salary top-up in April 2005 targeting 11 priority cadres. In addition to salary top-ups, the Ministry of Health has also approved the payment of both monetary and non-monetary incentive packages with the aim of attracting health workers to rural and hard to reach and underserved areas, which have been jointly identified by CHAM and MoH. Donors are also supporting the incentives package for tutors at Health Training Institutions (HTIs) since 2004. The Global Fund has also provided funds through HIV/AIDS, Malaria and Health Systems Strengthening (HSS) Grants for expansion of HTIs, payment of salary top-ups and salaries for UN volunteer Medical doctors to work in district hospitals and 5 supervisors for the ART programme. The HSS Grant focuses on strengthening of health systems and includes recruitment and payment of salary top-ups for HSAs, Nurses, Medical Doctors, Clinical Officers and Nurse Tutors. These initiatives are geared towards significantly reducing vacancy levels among various cadres of health workers and this has particularly been noted after salary top-ups financed with assistance from the DFID and the Global Fund as can be seen in Figure 1 below:

100 80 68 64 57.6 55 60 Before 45 % After 40 32 30 20 11 0 Physicians Nurses Clinical Staff Other Staff Cadre of staff

Figure 1: Vacancy levels among different cadres in MoH before and after salary top-ups

It is evident from Figure 1 above that the introduction of a wide array of initiatives including salary top ups led to a significant decrease in the vacancy levels for some cadres in the Ministry of Health. While the vacancy rate was 68% for doctors in 2005; by January 2007 this had gone down to 45%. For clinical staff the vacancy rate went down from 32% in 2005 to 11% in 2007. There has also been a major drop in vacancy rates among other professional staff from 64% to 30% in January 2005. In addition to these initiatives, it should also be noted that there have been other attempts by the MoH to address HRH crisis and these include the intensification of the recruitment efforts. For example in the years 2005 and 2006, all KCN graduates were recruited by the MoH unlike in the past and health workers who retired or left the Ministry for other reasons but were willing and prepared to rejoin the Ministry were re-engaged. A total of 465 health workers were re-engaged following the recruitment drive.

The MoH acknowledges the existence of the HRH crisis and the available vacancy levels but the challenge remains that of establishing exactly how many health workers are working currently in the health sector in Malawi . Therefore it was decided to conduct a fresh HRH census. Against this background a 'Headcount' exercise was undertaken in August 2005, covering MoH facility based staff to gather data on the actual numbers and distribution of staff deployed (established staff in post) as well as vacancy trends and levels. The main aim of this headcount exercise was to verify and reconcile staff records with the new government payroll system. This was an important first step in institutionalizing the regular collation and management of accurate and up-to-date staffing information for subsequent use in key HRH planning and decision-making. The results of the exercise were also meant to be used as the basis for monitoring the impact on recruitment and staff retention of the 52% salary top-up incentives that were introduced in April 2005. Unfortunately the headcount encountered fundamental implementation failures as not all staff in the health sector were enumerated. A repeat of the census was therefore essential to address the challenges that were encountered in the 2005 census.

1.2 Major Providers of Health Services in Malawi

Major providers of health care in Malawi are the Ministry of Health, the Christian Hospitals Association of Malawi (CHAM; an umbrella organization for Christian-owned health facilities) and the Ministry of Local Government (MoLG), which own 64%, 26% and 5% of all health facilities, respectively. Other significant but small providers of health care services include: Banja La Mtsogolo (BLM): a not-for-profit Non-

Governmental Organization [NGO] which specializes in the delivery of sexual and reproductive health services. The organization operates clinics in cities and semi-urban areas throughout Malawi and had 31 facilities at the end of 2006; Malawi AIDS Counseling Resource Organization (MACRO): an NGO specializing in HIV counselling and testing which currently operates in the urban areas; large private companies (mostly provide clinical outpatient services exclusively to employees and their families); and stand-alone general practitioners, many of whom are operating in urban areas.

1.3 Rationale for Conducting the HRH Census

The Government of Malawi developed and has been implementing a Sector Wide Approach (SWAp) joint Programme of Work (PoW) for 2004-2010 for the health sector which encompasses a 6-year Emergency Pre-service Training Plan and the Essential Health Package (EHP) aimed at ensuring the delivery of health services addresses the needs of all Malawians. The SWAp programme of work incorporates a comprehensive development and implementation programme for HRH policy objectives and system requirements to address the critical HRH situation in Malawi. Within the context of ongoing health systems strengthening initiatives as described earlier, the MoH aims to collate and maintain accurate high-quality, and timely HRH data to inform the development, decision-making, implementation and monitoring of comprehensive sector-wide HRH policies, plans and practices.

It is against this background that a 'Headcount' exercise was undertaken in August 2005, covering MoH facility based staff to gather data on the actual numbers and distribution of staff deployed (established staff in post) as well as vacancy trends and levels. The main aim of this headcount exercise was to verify and reconcile staff records with the new government payroll system. This was an important first step in institutionalizing the regular collation and management of accurate and up-to-date staffing information for subsequent use in key HRH planning and decision-making. The results of the exercise were also meant to be used as the basis for monitoring the impact on recruitment and staff retention of the 52% salary top-up incentives that were introduced in April 2005. Unfortunately the headcount encountered fundamental implementation failures as not all staff in the health sector were enumerated. A repeat of the census was therefore essential to address the challenges that were encountered in the 2005 census.

1.4 Main Objective of the Census

The main objective of the HRH Census was to obtain primary HRH data on current availability, numbers, profiles, skills-mix, and distribution of trained health workers, including management and support staff, employed in registered public and private sector health facilities in Malawi

2.0 METHODOLOGY AND APPROACH

2.1 Terms of Reference for the Census

Detailed ToRs for the HRH census are appended at the end of this report in Annex 1. Following award of the contract to the consultants, discussions on the ToRs were held in mid November during which it was agreed that due to constraints of time, the consultants should only concentrate on the headcount exercise, data management and compilation and drafting of the census report. The Ministry would handle the other aspects of the ToR including linking the database with the existing systems.

MoH was responsible for providing relevant documents, creating awareness about the census among all the stakeholders through the mass media (both electronic and print media), officially informing all stakeholders with letters of introduction and supervision of data collection for quality assurance. MoH also provided an initial list of facilities in Malawi which showed that there were 1660 facilities including both public and private facilities. During the census this list was used to cross-check with DHOs the actual existence of the facilities and their locations. It was observed that the list which was provided by the Ministry included health posts which are essentially community out-posts of other health centres and rural hospitals and a good number of private facilities had been closed after the owners relocated to other districts or had died. In all the Districts, the list which came from the Ministry differed from the list of facilities which are actually operating in the Districts.

The Centre for Social Research (CSR) was responsible for the implementation of the census including recruitment, training and deployment of data collectors, field supervision, management of data and compilation of the census report. The Centre for Social Research also drafted the study tools, which were shared with the Ministry of Health and other stakeholders. Following a 2-week period of reflection and internal discussion, the HRH Census Coordination Team (CCT) established by the Ministry of Health produced final drafts of the tools, which were slightly modified after a pilot survey to suit the local conditions for data collection.

2.2 Recruitment and training of data collectors

Names of potential Research Assistants (R/As) were obtained from the pool of R/As which is maintained at the Centre for Social Research and a total of 153 potential Research Assistants were short-listed for written interviews which took place on October 30 2007. After the interviews, 107 R/As and 23 Supervisors were offered a place to take part in the training, which started on November 12 2007. Members of the HRH CCT assisted in facilitating and supervising the training. The training focused on interviewing techniques, briefing on health care delivery in the country, review of study tools and field logistics. The training lasted 3 days after which a pilot survey was conducted in 8 health facilities in Zomba on November 15. The results of the pilot survey were discussed on November 15 and 16 after which the tools were finalized. The major observations/lessons from the pilot included: differences in the number of digits on the employment numbers for health workers engaged in the public service; lack of advance notice to the facilities; and, the resistance that some private and public facilities were giving to the field team(s). This information was communicated to the Ministry of Health for its action and/or advice, which was received before the teams were deployed to their respective districts.

2.3 Deployment of field teams for data collection

Twenty-three (23) field teams were dispatched on November 20, 2007 and each team had a Field Supervisor, 4-5 R/As and a Driver. Each team was assigned to collect data from 1-2 districts. The teams started collecting data from the remote facilities before going to the district hospitals and other major facilities because of the onset of rains. As stated above, the MoH provided a list of facilities in each district and these were in turn given to all the 23 Field Supervisors. When data collection was finished in the first districts, all the teams were regrouped and sent to collect data in the urban areas of Blantyre, Lilongwe and Mzuzu. Data collection took longer (25 days) than the planned 15 days because health workers had no knowledge of the census as the Ministry's communications to the DHOs and the private sector were not received in good time. This caused unnecessary delays because the R/As were at times sent back until the in-charges of facilities and owners of private clinics received official communication from the DHOs or from their respective head offices.

2.4 Data collection Process

At each facility, the first exercise was to contact the person in-charge of the facility so as to introduce the team and purpose of the visit. The Supervisors led in this exercise and they showed introductory letters from the MoHP and identity cards from the Centre for Social Research. After authorization was granted, the persons in-charge of the facilities were asked to provide lists of their staff and where these exist, they were provided useful guides as to determining which member of staff has been interviewed or not. The persons in-charge also provided facility level information through answering questions contained in a facility level tool (see annex ___ at the end of this report). As the interviews with the persons in-charge were going on (administered by the Supervisors or his/her delegate), the rest of the R/As were also interviewing other staff who were available (see Annex for a copy of the questionnaire). At most facilities, interviews were taking place in specially assigned rooms because the in-charge of the facilities did not want R/As to disturb clinic sessions that were going on. As this was a head count exercise, staff were supposed to be interviewed in person. However, because some staff had left for holidays, the persons in-charge of the facilities provided skeletal information concerning these members of staff pending further follow up by the MoHP.

2.5 Supervision of data collection

Supervision of data collection was done at four levels, namely:

- Each field team had a Supervisor and these provided the day-to-day supervision of data collection and they stayed with the R/As throughout the entire period of the census in addition to interviewing some of the health workers on their own. The Field Supervisors (together with the DHOs and/or District Assistant Statisticians) were also responsible for contacting the facilities in advance before visiting them;
- 2. Five CSR Researchers provided both physical and 'telephone' supervision to all the field teams on a daily basis. They were also responsible for transporting the completed questionnaires to Zomba for data entry.

- 3. HR and HMIS (Assistant Statistician) officers from each DHO accompanied the teams in their respective districts to the field and they also provided very useful information with regard to location of the facilities and contact details.
- 4. The Census Coordination Team (CCT) and some Directors in the Ministry visited some of the teams in the field for the purpose of quality assurance and they had the opportunity of discussing with the field teams their logistical and technical concerns.

2.6 Development of database

A data entry screen was developed in Epi Info by the Data Manager at the Centre for Social Research. At the time when negotiations for the census were being held, this database was supposed to be sent to the districts where data entry would have taken place. However, this was changed by CSR because some districts reported that they had no computer facilities and that it would not have been feasible to arrange for computers and enter the data within the time-frame as was requested by the Ministry.

2.7 Management of data from the Census

Questionnaires from interviews with staff in each facility were put in separate envelopes to ensure that they did not get mixed up. Envelopes were only sealed upon confirmation that all the staff at the respective facilities had been interviewed and no envelope was transported to Zomba if interviews had not been exhausted. This was a departure from the original plan where CSR was required to enter all the data whilst still being in the districts so as to allow for data verification by the DHOs and the change in the plan was necessitated by reasons explained in section 2.5 above.

2.8 Challenges and lessons for future censuses

- Need for advance notice: At the beginning of the census, some DHOs, CHAM facilities and owners of most private facilities and NGOs had not received in advance any communication about the census and staff were therefore not readily available/willing to be interviewed. As a result, data collection took longer at most facilities than would have been the case if notices were sent out in advance. This was particularly a big challenge with regard to the coverage of HSAs in the remote areas where there are no telephone facilities;
- Not all DHOs, Facility In-Charges, CHAM facility managers and owners of private facilities were willing to release staffing returns so that CSR Enumerators could verify with their list after or before conducting the interviews at the facilities;
- Some staff (both in CHAM and Government facilities) refused to be interviewed citing irrelevance of similar exercises that were conducted in the past. For such staff, the only information that was collected were their names and position;.
- In a number of instances, staff had been out of their duty stations attending training or workshops or were on holiday and field teams have had to revisit such staff when they returned to their stations. This increased the travel and

time-costs. In some very few cases, staff on holiday were followed up to the place where they had gone for holiday and were interviewed there;

- Problems were encountered with regard to transport arrangements to Likoma because the few boats that could be hired in Nkhatabay/Nkhotakota were all occupied. It was gathered that the DHO boat in Nkhatabay was also not functional at the time of the census. This affected the census in that ad hoc arrangements were made for Likoma where the field team had to board a ship (Illala) meant for the general public, which takes one week before coming back to Nkhatabay. Dropping the team in Likoma would therefore have meant staying on Likoma for 1 week even after all the staff had been interviewed. As such, about 5-6 staff on Likoma were missed out because they did not come to the dock for the interviews on the date that the R/As had arranged with the DHO;
- The supervision from the MoH HRH CCT had been very useful to the data collection process; firstly because it provided a chance for the teams to ask questions on technical issues that could have been difficult without their presence; secondly, the presence of MoH staff was a morale booster to the field teams especially upon receiving positive feedback and encouragement on their observations; thirdly, in some facilities and to some staff, this was proof that the MoH had ordered the census.

2.9 Coverage of the Census and the Mop-up Exercise

The census was a mandatory exercise. As such all facilities and staff working in the health sector were under obligation to participate in the census. However, for reasons beyond the control of the Centre for Social Research, this was not the case because some institutions initially refused to take part in the census.

In January 2008, a draft database was circulated to all the zones, central hospitals and districts so as to allow the DHOs and Zone Managers to verify the completeness and accuracy of the census. A follow-up workshop was organised in mid-February involving DHOs, District Human Resource Officers, the Census Coordinating Team (CCT) from the Ministry and Centre for Social Research. A major recommendation from workshop was that a mop-up exercise was needed to interview those staff who were on holiday or were completely missed and to visit facilities that refused to participate in November/December or were completely missed out. The mop-up exercise was organised by the Ministry of Health but data collection was conducted by some of the R/As who took part in the main census under the direct supervision of the CCT members and District Assistant Statisticians. The first mop-up exercise took place in March 2008 and after noting that some facilities were still missing and that some staff (notably Physicians) had still refused data collection, the MoHP physically went around to collect the data from such institutions and individuals in May 2008.

2.10 Data Analysis

Analysis of the data was guided by a matrix of indicators that was provided by the MoHP at the start of the census (see Annex 8 at the end of this report). All the data was analysed in SPSS. For purposes of regional disaggregation of findings from the census, Malawi was divided into three administrative regions namely North, Centre and South as used in official government documents. The Northern Region has six districts namely Chitipa, Karonga, Rumphi, Mzimba, Nkhatabay and Likoma where as the Central Region has nine districts namely Kasungu, Nkhotakota, Ntchisi, Mchinji, Salima, Dowa, Lilongwe, Dedza and Ntcheu. In the Southern Region are 13 districts namely Balaka, Mangochi, Machinga, Zomba, Phalombe, Mulanje, Thyolo, Blantyre, Mwanza, Chiradzulu, Chikwawa, Nsanje and Neno.

Secondly, the MoHP also asked CSR to disaggregate findings of the census by Health Sector Zones. The health sector in Malawi is divided into five zones namely: Northern Zone (comprising all the districts in the Northern Region); Central East Zone (comprising Kasungu, Nkhotakota, Ntchisi, Salima and Dowa), Central West (comprising Lilongwe, Mchinji, Dedza and Ntcheu), South East Zone (comprising Balaka, Mangochi, Machinga, Zomba, Phalombe and Mulanje); and, South West Zone (comprising Thyolo, Blantyre, Chiradzulu, Mwanza, Neno, Chikwawa and Nsanje).

Thirdly, the MoH also asked CSR to disaggregate the findings of the census according to location f the facilities i.e. urban, semi-urban or rural. Urban areas were defined to include all areas designated as within the boundaries of the cities of Blantyre, Zomba, Lilongwe and Mzuzu, the four major cities in Malawi. Semi-urban areas included all the district headquarters popularly known as the 'Boma' and major trading centres in the country while rural areas include all areas outside of the urban and semi-urban centres.

3.0 HEALTH FACILITIES AND INSTITUTIONS IN MALAWI

This Chapter presents findings on the number of health facilities and health institutions in Malawi and the results are disaggregated by zones, regions, level of care, facility ownership status and districts. A full list of facilities that were identified in the Census is provided in Annex 4 at the end of this report.

3.1 Number of facilities disaggregated by region, zone, location and level of care

The census identified a total of 1030 facilities in the country distributed across the three regions and five health zones as shown in Table 1 below. There were 954 health facilities that deal with patients directly, of which 850 provide primary level care (representing 83% of all facilities in the country), 98 (10%) provide secondary level of care while 6 (1%) provide tertiary care. In the category called 'other' includes ministry headquarters, zone offices, health projects offices and research and training institutions which add up to 76.

Table 1: Number of facilities in Malawi disaggregated by Region, Zone, Location and Level of Care

		Level of Care Provided by the Facility					
		Primary	Secondary	Tertiary	Others		
Total	Count	850	98	6	76	1030	
Total	% within Malawi	82.5	9.5	0.6	7.4	100	
Region	70 WILLIII WAIAWI	02.0	0.0	0.0	7	100	
North	Count	151	22	2	6	181	
1401111	% within region	83.4	12.2	1.1	3.3	100	
Centre	Count	307	39	1	39	386	
Ochic	% within region	79.5	10.1	0.3	10.1	100	
South	Count	392	37	3	31	463	
Coun	% within region	84.7	8.0	0.6	6.7	100	
	70 Within region	04.7	0.0	0.0	0.7	100	
Zone							
North	Count	151	22	2	6	181	
	% within Zone	83.4	12.2	1.1	3.3	100	
Central East	Count	110	17	0	5	132	
	% within Zone	83.3	12.9	0.0	3.8	100	
Central West	Count	197	22	1	34	254	
	% within Zone	77.6	8.7	0.4	13.4	100	
South East	Count	173	17	2	10	202	
	% within Zone	85.6	8.4	1.0	5.0	100	
South West	Count	219	20	1	21	261	
	% within Zone	83.9	7.7	0.4	8.0	100	
Location							
Urban	Count	169	6	6	53	234	
	% within Location	72.2	2.6	2.6	22.6	100	
Rural	Count	646	63	0	15	724	
	% within Location	89.2	8.7	0.0	2.1	100	
Semi-Urban	Count	35	29	0	8	72	
	% within Location	48.6	40.3	0.0	11.1	100	

Out of the 850 facilities that provide primary care, 151 are in the Northern Region (NR), 307 are in the Central Region (CR) while 219 are in the Southern Region (SR). In the Northern Region, there were 181 facilities in total and out of these, 151 (83%) were providing primary care, 22 (12%) were providing secondary level care 2 (1%) were providing tertiary care while 6 (3%) were administrative, project offices and training institutions. The distribution of health facilities in the CR and SR is as shown in Table 1 above.

The findings of the census also show that 646 of the 950 primary level facilities in the country (68%) are in rural areas whereas 169 (18%) are in urban areas and 35 (4%) are in semi-urban areas mainly at the district centres and major trading centres. There were 234 facilities in the urban areas of the country and out of these, 72% (n=169) were primary level facilities, 3% (n=3) were secondary level facilities, 3% (n=6) were tertiary level facilities while 23% were administration, project offices, training and research institutions. In rural areas, the distribution was 89% n=646), 9% (n=63), 0% and 2% (n=15) for primary, secondary, tertiary and administration facilities, respectively.

3.2 Number of facilities disaggregated by region, zone, location and ownership

Out of the 1030 facilities that were identified in the census, government operates 516 (50%), CHAM operates 166 (16%) NGOs were running 70 (7%) while the private sector was operating 209 (20%) of the facilities and statutory organisations and companies were operating 23 (2%) and 46 (3%) of the facilities, respectively. The distribution of the facilities according to ownership status across regions, zones and location is as shown in Table 2 below. The South Eastern and South Western Zones have high numbers of facilities run by companies mainly because of tea estates in Thyolo and Mulanje and the sugar plantations in Chikwawa.

Facilities owned by statutory organisations include clinics, research sites and training institutions run by university colleges and large government companies such as ESCOM and the Water Boards. The NGO category includes clinics that are run by Banja La Mtsogolo (BLM), Life Line Ministries, Project HOPE and Development Aid from People to People (DAPP).

Table 2: Distribution of health facilities in Malawi disaggregated by Ownership, Region, Location and Zone

				-				
			•					Total
		Government	CHAM	NGO	Private	Statutory	Company	
Total	Count	516	166	70	209	23	46	1030
	% within Malawi	50.1	16.1	6.8	20.3	2.2	4.5	100
Region								
North	Count	103	29	8	31	4	6	181
	% within region	56.9	16.0	4.4	17.1	2.2	3.3	100
Centre	Count	192	61	31	90	5	7	386
	% within region	49.7	15.8	8.0	23.3	1.3	1.8	100
South	Count	221	76	31	88	14	33	463
	% within region	47.7	16.4	6.7	19.0	3.0	7.1	100
Zone								
North	Count	103	29	8	31	4	6	181
	% within Zone	56.9	16.0	4.4	17.1	2.2	3.3	100
Central East	Count	78	19	12	19	0	4	132
	% within Zone	59.1	14.4	9.1	14.4	0.0	3.0	100
Central West	Count	114	42	19	71	5	3	254
	% within Zone	44.9	16.5	7.5	28.0	2.0	1.2	100
South East	Count	103	51	10	23	2	13	202
	% within Zone	51.0	25.2	5.0	11.4	1.0	6.4	100
South West	Count	118	25	21	65	12	20	261
	% within Zone	45.2	9.6	8.0	24.9	4.6	7.7	100
Location								
Urban	Count	60	9	31	109	17	8	234
	% within Location	25.6	3.8	13.2	46.6	7.3	3.4	100
Rural	Count	426	149	17	91	6	35	724
	% within Location	58.8	20.6	2.3	12.6	8.0	4.8	100
Semi-Urban	Count	30	8	22	9	0	3	72
	% within Location	41.7	11.1	30.6	12.5	0.0	4.2	100

3.3 Distribution of facilities according to level of care and ownership

Out of the 516 facilities that were being run by the Government, 85% (n=437) provide primary care, 51 (10%) provide secondary care, 5 (1%) provide tertiary care while 23 (5%) were administration, project offices and training institutions (Table 3 below). Among the 166 facilities that were being operated by CHAM, 115 (69%) were primary level facilities, 41 (25%) were secondary level facilities, 1 (1%) was tertiary level facility while 9 (5%) were administration and training institutions. In the NGO sector, 29 of the 70 facilities (41%) were either HTC sites or were providing home-based care services to patients.

Table 3: Distribution of health facilities by Level of Care and Ownership

		Ownership of Facility				Total		
		Government	CHAM	NGO	Private	Statutory	Company	
Primary	Count	437	115	40	196	16	46	850
	% within Ownership	84.7	69.3	57.1	93.8	69.6	100.0	82.5
Secondary	Count	51	41	1	5	0	0	98
	% within Ownership	9.9	24.7	1.4	2.4	0.0	0.0	9.5
Tertiary	Count	5	1	0	0	0	0	6
	% within Ownership	1.0	0.6	0.0	0.0	0.0	0.0	0.6
Others	Count	23	9	29	8	7	0	76
	% within Ownership	4.5	5.4	41.4	3.8	30.4	0.0	7.4
Total	Count	516	166	70	209	23	46	1030
	%	100	100	100	100	100	100	100

3.4 Distribution of health facilities disaggregated by ownership status and District

Table 4 below shows the distribution of the 1030 facilities in the country ownership status and district. As can be seen from the Table, there are some variations in the numbers of facilities across the districts. Lilongwe and Blantyre districts have the highest numbers of health facilities (154 and 113 facilities, respectively) followed by Mzimba (89 facilities) and this is largely due to the high numbers of private clinics in the urban areas of these districts and their vastness both in terms of population and/or geographical size.

Of the 10 health facilities that were identified in Chitipa, government runs 7 (70%) of them where as CHAM and the private sector were running 2 (20%) and 1 (10%) of the facilities. In absolute terms, CHAM had more facilities in Mangochi (n=16), Lilongwe (n=14), Ntcheu (n=14) and Zomba (n=14) districts compared to the other districts. Details are presented in Table 4 below.

Table 4: Distribution of heath facilities and health institutions in Malawi disaggregated by District and Ownership Status

					p of Facil	-		
District		Government	CHAM	NGO	Private	Statutory	Company	N
Total	Count	516	166	70	209	23	46	1030
	%	50.1	16.1	6.8	20.3	2.2	4.5	100
Chitipa	Count	7	2	0	1	0	0	10
	%	70.0	20.0	0.0	10.0	0.0	0.0	100
Karonga	Count	14	3	2	3	1	0	23
	%	60.9	13.0	8.7	13.0	4.3	0.0	100
Rumphi	Count	13	7	1	7	0	1	29
	%	44.8	24.1	3.4	24.1	0.0	3.4	100
Mzimba	Count	50	13	4	17	3	2	89
	%	56.2	14.6	4.5	19.1	3.4	2.2	100
Nkhatabay	Count	18	1	1	3	0	3	26
	%	69.2	3.8	3.8	11.5	0.0	11.5	100
Likoma	Count	1	3	0	0	0	0	4
	%	25.0	75.0	0.0	0.0	0.0	0.0	100
Kasungu	Count	23	3	1	3	0	2	32
J	%	71.9	9.4	3.1	9.4	0.0	6.3	100
Nkhotakota	Count	14	6	4	2	0	2	28
	%	50.0	21.4	14.3	7.1	0.0	7.1	100
Ntchisi	Count	11	1	0	1	0	0	13
	%	84.6	7.7	0.0	7.7	0.0	0.0	100
Mchinji	Count	12	3	2	7	0	0	24
,	%	50.0	12.5	8.3	29.2	0.0	0.0	100
Salima	Count	13	4	3	6	0	0	26
	%	50.0	15.4	11.5	23.1	0.0	0.0	100
Dowa	Count	17	5	4	7	0	0	33
	%	51.5	15.2	12.1	21.2	0.0	0.0	100
Lilongwe	Count	58	14	15	59	5	3	154
	%	37.7	9.1	9.7	38.3	3.2	1.9	100
Dedza	Count	21	11	1	3	0	0	36
200.20	%	58.3	30.6	2.8	8.3	0.0	0.0	100
Ntcheu	Count	23	14	1	2	0	0	40
	%	57.5	35.0	2.5	5.0	0.0	0.0	100
Balaka	Count	9	5	2	2	0	0	18
	%	50.0	27.8	11.1	11.1	0.0	0.0	100
Mangochi	Count	23	16	2	6	1	1	49
wangeen.	%	46.9	32.7	4.1	12.2	2.0	2.0	100
Machinga	Count	17	6	1	6	0	0	30
Madriiriga	%	56.7	20.0	3.3	20.0	0.0	0.0	100
Zomba	Count	27	14	3.3	3	1	1	49
2011104	%	55.1	28.6	6.1	6.1	2.0	2.0	100
Phalombe	Count	10	5	0.1	0.1	0	0	15
Thaiombe	%	66.7	33.3	0.0	0.0	0.0	0.0	100
Mulanje	Count	17	55.5	2	6	0.0	11	41
widianje	%	41.5	12.2	4.9	14.6	0.0	26.8	100
Thyolo	Count	31	7	4.9	14.0	0.0	20.0	54
TTYOIO	%	57.4	13.0	3.7	9.3	0.0	16.7	100
Blanture	70 Count	28	13.0	3. <i>1</i> 13	9.3 50	11	6	113
Blantyre								
Muones	%	24.8	4.4	11.5	44.2	9.7	5.3	100
Mwanza	Count	4	0	2	1	0	0	7

	%	57.1	0.0	28.6	14.3	0.0	0.0	100
Chiradzulu	Count	13	3	2	3	0	0	21
	%	61.9	14.3	9.5	14.3	0.0	0.0	100
Chikwawa	Count	22	3	1	2	1	5	34
	%	64.7	8.8	2.9	5.9	2.9	14.7	100
Nsanje	Count	12	5	0	2	0	0	19
	%	63.2	26.3	0.0	10.5	0.0	0.0	100
Neno	Count	8	2	1	2	0	0	13
	%	61.5	15.4	7.7	15.4	0.0	0.0	100

3.5 Distribution of health facilities disaggregated by district and level of care

Table 5 below shows the distribution of health facilities and other health institutions according to level of care they provide by district. Generally, there are some variations across the districts with some districts such as Mwanza, Machinga and Ntchisi having only one secondary level facility. Lilongwe has a total of 154 facilities out of which 33 (21% are administration or health project offices whereas 110 (71%) are primary care facilities.

Table 5: Distribution of health facilities and health institutions in Malawi disaggregated by level of care and district

		Level of Care Provided by Facility				
District		Primary	Secondary	Tertiary	Others	Total
Malawi	Count	850	98	6	76	1030
IVIAIAWI	%	82.5	9.5	0.6	7.4	100
Chitipa	Count	8	9.5	0.0	0	100
Critipa	% within district	80.0	20.0	0.0	0.0	100
Karonga	Count	17	20.0	0.0	1	23
Karonya	% within district	73.9	21.7	0.0	4.3	100
Rumphi	Count	24	5	0.0	4.3	29
Kumpiii	% within district	82.8	17.2	0.0	0.0	100
Mzimba	Count	75	7	2	5	89
MZIIIDA	% within district	84.3	7.9	2.2	5.6	100
Nkhatabay	Count	24	2	0	0	26
INKIIalabay	% within district	92.3	7.7	0.0	0.0	100
Likoma	Count	3	1.7	0.0	0.0	4
LIKUIIIa	% within district	75.0	25.0	0.0	0.0	100
Kasungu	Count	27	25.0	0.0	0.0	32
Nasuriyu	% within district	84.4	15.6	0.0	0.0	100
Nkhotakota	Count	23	3	0.0	2	28
INKIIOlakola	% within district	82.1	10.7	0.0	7.1	100
Ntchisi	Count	12	10.7	0.0	0	13
INICITIST	% within district	92.3	7.7	0.0	0.0	100
Mohinii	Count	18	5	0.0	1	24
Mchinji	% within district	75.0	20.8	0.0	4.2	100
Salima	Count	22	20.8	0.0	4.2	26
Sallilla	% within district	84.6	7.7	0.0	7.7	100
Dowo	Count	26	6	0.0	1.7	33
Dowa	% within district	78.8	18.2	0.0	3.0	100
Lilongwe	Count	110	10.2	0.0	33	154
Liloligwe	% within district	71.4	6.5	0.6	21.4	100
Dedza	Count	32	4	0.0	0	36
Deuza	% within district	88.9	11.1	0.0	0.0	100
Ntcheu	Count	37	3	0.0	0.0	40
Nicheu	% within district	92.5	7.5	0.0	0.0	100
Balaka	Count	14	3	0.0	1	18
Dalaka	% within district	77.8	16.7	0.0	5.6	100
Mangochi	Count	42	7	0.0	0	49
Mangoon	% within district	85.7	14.3	0.0	0.0	100
Machinga	Count	29	14.3	0.0	0.0	30
Macminga	% within district	96.7	3.3	0.0	0.0	100
Zomba	Count	40	2	2	5	49
Zomba	% within district	81.6	4.1	4.1	10.2	100
Phalombe	Count	11	2	0	2	15
Thalombe	% within district	73.3	13.3	0.0	13.3	100
Mulanje	Count	37	13.3	0.0	13.3	41
widiarije	% within district	90.2	4.9	0.0	4.9	100
Thyolo	Count	48	4.9 5	0.0	4.9	54
TTYOIO	% within district	88.9	9.3	0.0	1.9	100
Blanturo	% within district	94	9.3	0.0	1.9	113
Blantyre	% within district	83.2	2.7	0.9	13.3	100
Mwanza						
Mwanza	Count	6	1	0	0	7

	% within district	85.7	14.3	0.0	0.0	100
Chiradzulu	Count	15	3	0	3	21
	% within district	71.4	14.3	0.0	14.3	100
Chikwawa	Count	31	3	0	0	34
	% within district	91.2	8.8	0.0	0.0	100
Nsanje	Count	15	3	0	1	19
	% within district	78.9	15.8	0.0	5.3	100
Neno	Count	10	2	0	1	13
	% within district	76.9	15.4	0.0	7.7	100

3.6 Population per facility

Using the projected 2007 mid-year population estimates for Malawi (see: www.nso.malawi.net) and the 954 health facilities that provide direct care to patients in the country (hospitals, health centres and clinics), each facility serves an average of 13,824 people and the ratio of population to facility is highest in the Central Region (16,047 people per facility on average) followed by the Southern Region at 14047 people per facility on average. In rural and semi-urban areas, one facility serves an average of 14,749 people compared to 9,870 people per facility in the urban areas (Table 6). Rural and semi-urban estimates treated as one because the population estimates which were used do not show the distinction. At district level, Phalombe has the highest population per facility at 23,942 people per facility followed by Kasungu at 20,316 people per facility.

Table 6: Estimates of population per health facility disaggregated by Region, Zone and Districts

Malawi	13187632		Population per facility
	1318/632	954	13824
Regions			
North	1550966	175	8863
Centre	5568238	347	16047
South	6068428	432	14047
300111	0000420	432	14047
Location			
Urban	1786434	181	9870
Rural	11401198	773	14749
Zones			
North	1550966	175	8863
Central East	2037299	127	16042
Central West	3530939	220	16050
South East	3135134	192	16329
			12222
South West	2933294	240	12222
Districts			
Chitipa	168880	10	16888
Karonga	250775	22	11399
Rumphi	156616	29	5401
Mzimba	764518	84	9101
Nkhatabay	199083	26	7657
Likoma	11094	4	2774
Kasungu	650103	32	20316
Nkhotakota	301604	26	11600
Ntchisi	231165	13	17782
Mchinji	440162	23	19137
Salima	342979	24	14291
Dowa	511448	32	15983
Lilongwe	1951278	121	16126
Dedza	646292	36	17953
Ntcheu	493207	40	12330
Balaka	324896	17	19112
Mangochi	778338	49	15884
Machinga	440492	30	14683
Zomba	723020	44	16432
Phalombe	311250	13	23942
Mulanje	557138	39	14286
Thyolo	592630	53	11182
Blantyre	1158047	98	11817
, Mwanza & Neno	179019	19	9422
Chiradzulu	299738	18	16652
Chikwawa	463888	34	13644
Nsanje	239972	18	13332

3.7 Status of Statutory Registration of the Health facilities

3.7.1 Status of registration by Regions, Zones and Districts

All health facilities (clinics, health centres, hospitals and health training and research institutions are required to register with the government of Malawi through the Medical Council of Malawi (MCM) for them to practice in the country and the registration is supposed to be renewed annually. District Health Officers (DHOs) are responsible for registering all government health centres, clinics and hospitals that are in their jurisdiction whereas Central Hospitals and CHAM and the private sector are supposed to register directly with the MCM without going through DHOs. The 2007 list of registered facilities and health professionals was released in the November 2007 issue of the Malawi Government Gazette (2,955 Vol. XLIV No. 48) under the Medical Practitioners and Dentists ACT (Cap 36:01) from page 183 to page 216. During the analysis of the census data, it was decided to compare the list of facilities that was derived from the census with the official list of facilities registered by the MCM. The results of the analysis are presented in Table 8 below.

Only 39% of the facilities were registered, 41% of the facilities in the Northern Region, 40% of the facilities in the Central Region and 38% of the facilities in the Southern Region (Table 7). Only a quarter of the facilities in the urban areas were registered compared to 65% in semi-urban areas and 41% in rural areas. Across the districts, Nsanje followed by Mwanza had the highest proportions of registered facilities (71% and 63%, respectively) whereas none of the four facilities in Likoma were registered. In the rest of the districts, the proportion of registered facilities ranged from 13% in Phalombe to 55% in Dowa district.

Table 7: Status of statutory registration among health facilities at the time of the census

	Is Facility Registered?					
	Total Facilities	No	Yes	% Registered		
Total	1030	625	405	39.3		
Regions						
North	181	106	75	41.4		
Centre	386	231	155	40.2		
South	463	288	175	37.8		
Location						
Urban	234	175	59	25.2		
Rural	724	425	299	41.3		
Semi-Urban	72	25	47	65.3		
Zones						
North	181	106	75	41.4		
Central East	132	70	62	47.0		
Central West	254	161	93	36.6		
South East	202	129	73	36.1		
South West	261	159	102	39.1		
Districts						
Chitipa	10	5	5	50.0		
Karonga	23	11	12	52.2		
Rumphi	29	19	10	34.5		
Mzimba	89	54	35	39.3		
Nkhatabay	26	13	13	50.0		
Likoma	4	4	0	0.0		
Kasungu	32	18	14	43.8		
Nkhotakota	28	13	15	53.6		
Ntchisi	13	8	5	38.5		
Mchinji	24	11	13	54.2		
Salima	26	16	10	38.5		
Dowa	33	15	18	54.5		
Lilongwe	154	110	44	28.6		
Dedza	36	21	15	41.7		
Ntcheu	40	19	21	52.5		
Balaka	18	11	7	38.9		
Mangochi	49	32	17	34.7		
Machinga	30	19	11	36.7		
Zomba	49	28	21	42.9		
Phalombe	15	13	2	13.3		
Mulanje	41	26	15	36.6		
Thyolo	54	40	14	25.9		
Blantyre	113	72	41	36.3		
Mwanza	7	2	5	71.4		
Chiradzulu	21	13	8	38.1		
Chikwawa	34	18	16	47.1		
Nsanje	19	7	12	63.2		
Neno	13	7	6	46.2		

3.7.2 Status of registration by ownership of facilities

Figure 2 below shows the status of registration among the health facilities that were identified during the census disaggregated by ownership status of the facilities. The private sector had only 9% of its facilities registered with the MCM, 23% of the CHAM facilities and 54% of the government facilities.

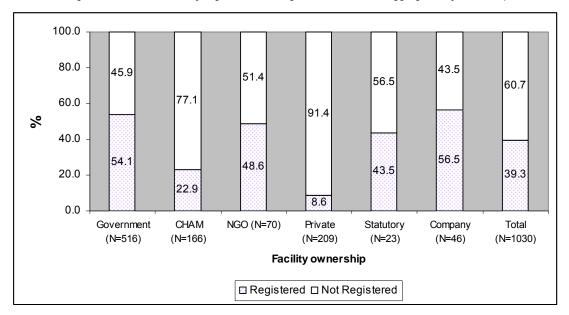


Figure 2: Status of statutory registration among health facilities disaggregated by ownership status

4.0 STAFFING LEVELS IN THE HEALTH SECTOR

This chapter presents overall staffing levels in the health sector disaggregated by health sector zones, gender, location of work (rural, urban or semi-urban), level of facility and ownership of the facilities.

4.1 Distribution of Staff according Profession

A total of 33,766 staff were enumerated in the census and out of these, 10046 were Health Surveillance Assistants (HSAs) representing 30% of all the staff, 9739 were Health Management and Support staff representing 29%, 5681 were Hospital Attendants representing 17%, while Nurses (of all categories) constituted 13% of the staff (n=4450). The census enumerated a total of 248 Physicians and these constituted 1% of all the staff working in the health sector whereas Clinical Officers (C/O) and Medical Assistants (M/A) constituted 4% of the staff in the sector (698 C/Os and 711 M/As, respectively).

As the findings presented in Figure 3 below illustrate, Technicians belonging to various technical fields constitute 4% of the staff in the health sector (n=1314) whereas semi-skilled staff (HTC Counselors, home craft workers, carpenters etc) constitute 1% of the staff in the sector. Generally, the findings of the census show that Malawi has fewer qualified health professionals working in the health sector compared to the situation in Tanzania where in 2002 (MoH, Tanzania 2004), the findings of an appraisal of human resources showed that health attendants constituted the largest cadre within the health workforce (38%), followed by the group of nursing cadres (27% in Tanzania; 13% in Malawi) and the group of medical cadres (14% in Tanzania; 3% in Malawi).

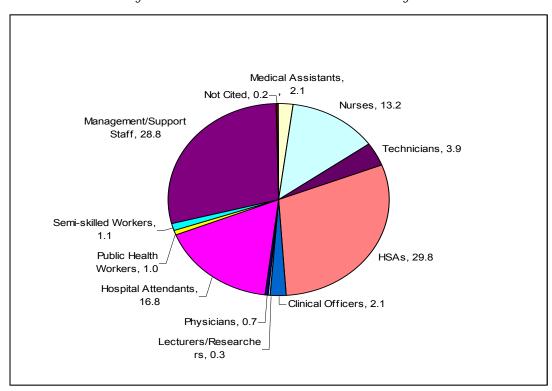


Figure 3: Distribution of staff in the health sector according to Profession

4.2 Distribution of staff belonging to various professions according to sex of the staff and profession

Out of the 33,766 staff who were enumerated in the Census, 19,047 were males representing 56% whereas 14,719 were females representing 44% of the staff (Table 8). Of the 248 Physicians who were enumerated, 182 (73%) were males whereas 66 (27%) were females. For Clinical Officers, 91% were males whereas 9% were females. Among the Nurses, 88% were females while males constituted 12%. Generally, males dominate most of the professions except nursing, hospital attendants and the semiskilled workers (home craft workers, home-based care workers etc.).

Table 8: Distribution of staff in the health sector according to sex of the staff and profession

		Ger	nder	
Profession		Male	Female	Total
All Staff	Count	19047	14719	33766
	% within Profession	56.4	43.6	100
Physicians	Count	182	66	248
_	% within Profession	73.4	26.6	100
Clinical Officers	Count	638	60	698
	% within Profession	91.4	8.6	100
Medical Assistants	Count	589	122	711
	% within Profession	82.8	17.2	100
Nurses	Count	515	3935	4450
	% within Profession	11.6	88.4	100
Technicians	Count	1036	278	1314
	% within Profession	78.8	21.2	100
Lecturers/Researchers	Count	54	48	102
	% within Profession	52.9	47.1	100
HSAs	Count	6183	3863	10046
	% within Profession	61.5	38.5	100
Hospital Attendants	Count	2148	3533	5681
	% within Profession	37.8	62.2	100
Public Health Workers	Count	292	34	326
	% within Profession	89.6	10.4	100
Semi-skilled Workers	Count	57	312	369
	% within Profession	15.4	84.6	100
Management/Support Staff	Count	7309	2430	9739
-	% within Profession	75.0	25.0	100
Not Cited	Count	44	38	82
	% within Profession	53.7	46.3	100

4.3 Regional distribution of the staff belonging to various professions

Table 9 below shows the regional distribution of staff belonging to various categories. Overall, 46% of the 33,766 staff were working in the Southern Region (n=15369) whereas 39% (n=13082) were working in the Central Region and 16% (n=5315) were working in the northern region. Chapter 6 below compares staff distribution according to the results of the census with the 2007 mid-year population estimates.

Out of the 248 Physicians who were enumerated in the census, 118 (48%) were working in the Southern Region (SR) while 105 (42%) were working in the Central

Region (CR) and 25 (10%) were working in the Northern Region (NR). Generally, the distribution of the staff belonging to the various categories is similar with 43-48% of the staff working in the SR, 36-42% working in the CR and 8-18% working in the NR (Table 9).

Table 9: Regional distribution of the staff belonging to various professions

			Regions		
Profession		North	Centre	South	Total
All Staff	Count	5315	13082	15369	33766
7 th Otan	% across regions	15.7	38.7	45.5	100
Physicians	Count	25	105	118	248
•	% across regions	10.1	42.3	47.6	100
Clinical Officers	Count	123	251	324	698
	% across regions	17.6	36.0	46.4	100
Medical Assistants	Count	132	261	318	711
	% across regions	18.6	36.7	44.7	100
Nurses	Count	753	1590	2107	4450
	% across regions	16.9	35.7	47.3	100
Technicians	Count	206	489	619	1314
	% across regions	15.7	37.2	47.1	100
Lecturers/Researchers	Count	8	49	45	102
	% across regions	7.8	48.0	44.1	100
HSAs	Count	1284	4010	4752	10046
	% across regions	12.8	39.9	47.3	100
Hospital Attendants	Count	994	2173	2514	5681
	% across regions	17.5	38.3	44.3	100
Public Health Workers	Count	70	117	139	326
	% across regions	21.5	35.9	42.6	100
Semi-skilled Workers	Count	52	155	162	369
	% across regions	14.1	42.0	43.9	100
Management/Support Staff	Count	1644	3833	4262	9739
-	% across regions	16.9	39.4	43.8	100
Not Cited	Count	24	49	9	82
	% across regions	29.3	59.8	11.0	100

Out of the 4450 Nurses who were enumerated in the census, 47% (n=2107) were working in the SR, 36% (n=1590) were working in the CR while 17% (n=753) were working in the NR. The categories of Lecturers/Researchers and Health Management and Support Staff exclude Medical Doctors as these have been treated as Physicians in this categorisation. Nurses working as Lecturers or Tutors in training institutions were also excluded from the category of Lecturers/Researchers and were treated as Nurses. Details concerning positions or professions were not obtained for 82 health workers because they not interviewed in person and the other staff who provided their names were not sure of the exact details.

4.4 Distribution of staff belonging to various professions according to Zones

The distribution of the staff belonging to various professions across the five zones is shown in Table 10 below. Overall, a quarter of the staff (n=8464) were working in the Central West Zone (CWZ), 24% (n=8035) were working in the South West Zone (SWZ), 22% (n=7334) were working in the South East Zone (SEZ), 14% (n=4618) were working in the Central East Zone (CEZ) while 16% (n=5315) were working in the North Zone (NZ). As the findings presented in Table 10 illustrate, the CEZ, SEZ and NZ had fewer Physicians in proportionate terms (4%, 9% and 10% of all Physicians, respectively) compared to the SWZ (39%) and CWZ (38%).

Table 10: Distribution of staff belonging to various professions according to Zones

				Zones			
Profession		North	Central East	Central West	South East	South West	Total
All Staff	Count % across Zones	5315 15.7	4618 13.7	8464 25.1	7334 21.7	8035 23.8	33766 100
Physicians	Count % across Zones	25 10.1	10 4.0	95 38.3	23 9.3	95 38.3	248 100
Clinical Officers	Count % across Zones	123 17.6	81 11.6	170 24.4	131 18.6	193 27.7	698 100
Medical Assistants	Count % across Zones	132 18.6	126 17.7	135 19.0	161 22.6	157 22.1	711 100
Nurses	Count % across Zones	753 16.9	531 11.9	1059 23.8	864 19.4	1243 27.9	4450 100
Technicians	Count % across Zones	206 15.7	120 9.1	369 28.1	259 19.7	360 27.4	1314 100
Lecturers/Researchers	Count % across Zones	8 7.8	0 0.0	49 48.0	13 12.7	32 31.4	102 100
HSAs	Count % across Zones	1284 12.8	1747 17.4	2263 22.5	2586 25.7	2166 21.6	10046 100
Hospital Attendants	Count % across Zones	994 17.5	762 13.4	1411 24.8	1323 23.3	1191 21.0	5681 100
Public Health Workers	Count % across Zones	70 21.5	42 12.9	75 23.0	71 21.8	68 20.9	326 100
Semi-skilled Workers	Count % across Zones	52 14.1	68 18.4	87 23.6	101 27.4	61 16.5	369 100
Management/Support Staff	Count % across Zones	1644 16.9	1129 11.6	2704 27.8	1799 18.5	2463 25.3	9739 100
Not Cited	Count % across Zones	24 29.3	2 2.4	47 57.3	3 3.7	6 7.3	82 100

4.5 Distribution of staff according to level of care provided by the facilities

Table 11 below shows the distribution of staff in the health sector according to the level of care being provided by the facilities where they were found working during the census. Approximately one third (32%) of the Physicians were working in health facilities that provide secondary care, 19% were working in primary level care facilities (mainly private clinics and hospitals), 20% were working in facilities that provide tertiary care 29% were working in training institutions, research projects and in other administration positions. Half of the Nurses (50%) were working in facilities that provide secondary care to patients, 28% in primary level facilities, 17% in tertiary level facilities and 5% in administration, research and training institutions.

Table 11: Distribution of the staff according to level of care provided by the facilities

	Level of Care provided by the Facility							
Profession		Primary	Secondary	Tertiary	Others	Total		
VII Ot-ft	Onwah	45000	42050	2052	0.400	22700		
All Staff	Count	15089	13258	2953	2466	33766		
	% within level of care	44.7	39.3	8.7	7.3	100		
Physicians	Count	47	78	50	73	248		
	% within level of care	19.0	31.5	20.2	29.4	100		
Clinical Officers	Count	221	333	99	45	698		
	% within level of care	31.7	47.7	14.2	6.4	100		
Medical Assistants	Count	487	197	13	14	711		
	% within level of care	68.5	27.7	1.8	2.0	100		
Nurses	Count	1263	2228	755	204	4450		
	% within level of care	28.4	50.1	17.0	4.6	100		
Technicians	Count	352	629	207	126	1314		
	% within level of care	26.8	47.9	15.8	9.6	100		
Lecturers/Researchers	Count	4	18	9	71	102		
	% within level of care	3.9	17.6	8.8	69.6	100		
HSAs	Count	7411	2507	30	98	10046		
	% within level of care	73.8	25.0	0.3	1.0	100		
Hospital Attendants	Count	1998	2690	948	45	5681		
·	% within level of care	35.2	47.4	16.7	0.8	100		
Public Health Workers	Count	53	193	9	71	326		
	% within level of care	16.3	59.2	2.8	21.8	100		
Semi-skilled Workers	Count	207	130	10	22	369		
	% within level of care	56.1	35.2	2.7	6.0	100		
Management/Support								
Staff	Count	3025	4237	802	1675	9739		
	% within level of care	31.1	43.5	8.2	17.2	100		
Not Cited	Count	21	18	21	22	82		
	% within level of care	25.6	22.0	25.6	26.8	100		

The distribution of the staff belonging to various professionals presented in Table 12 above also show that Medical Assistants are predominantly working in primary level facilities (69%) whereas Clinical Officers are proportionately more in secondary facilities (48%) than in primary level facilities (32%). As expected, HSAs are predominantly working in facilities that provide primary level care (74%) and very few are working in facilities that provide tertiary care (n=30, <1%). Management and Support Staff are predominantly working in secondary level facilities mainly in district hospitals and district health offices that are attached to district hospitals.

4.6 Distribution of the staff belonging to various professions according to ownership status of the facilities

Table 12 below shows the distribution of the staff belonging to various professions according to the ownership status of the facilities where they were found working during the census. Sixty-four percent (62%) of the staff were working in facilities owned by the government, 25% were working in CHAM facilities, 5% were working in private facilities, 3% were working in NGOs that provide health services, 2% were working in statutory institutions that provide health services and 1% were working in clinics run by companies. Forty-four percent (44%) of the 248 Physicians who were enumerated in the census were working government facilities, 16% were working in CHAM facilities, 20% were working in private clinics and hospitals and 17% were working in statutory-operated institutions mainly at the College of Medicine either as Lecturers or Researchers.

Two-thirds of the Nurses (65%) were working in government facilities, 22%in CHAM facilities, 4% were working in NGOS that provide health services, 7% were working in private clinics while the rest were working in clinics run by statutory organisations and companies. The majority of the HSAs were found working in government facilities (80%) followed by CHAM facilities 18%. The 9 HSAs who were found working in facilities run by statutory organisations were attached to research project sites mainly in Blantyre and Thyolo.

Table 12: Distribution of the staff belonging to various professions according to ownership status of the facilities

			Owne	ership (of Facil	ity		
Professions		Government	СНАМ	OĐN	Private	Statutory	Company	Total
110103310113		2175	839	110	170		29	3376
All Staff	Count % across owner	4 64.4	9 24.9	3.3	5 5.0	506 1.5	8 0.9	6 100
Physicians	Count % across	108	40	7	49	43 17.	1	248
Clinical Officers	owner Count % across	43.5 404	16.1 117	2.8 69	19.8 74	3 17	0.4 17	100 698
Medical Assistants	owner Count	57.9 480	16.8 117	9.9 15	10.6 66	2.4 8	2.4 25	100 711
Nurses	% across owner Count	67.5 2872	16.5 956	2.1 187	9.3 320	1.1 88	3.5 27	100 4450
Technicians	% across owner Count	64.5 671	21.5 392	4.2 58	7.2 156	2.0 27	0.6 10	100 1314
Lecturers/Researchers	% across owner Count	51.1 43	29.8 40	4.4 9	11.9 0	2.1 9	0.8	100 102
	% across owner	42.2	39.2 179	8.8	0.0	8.8	1.0	100 1004
HSAs	Count % across	8070	0	50	51	9	76	6
Hospital Attendants	owner Count	80.3 3776	17.8 166 0	0.5	0.5 120	0.1	0.8 74	100 5681
riospital Attendants	% across owner	66.5	29.2	0.7	2.1	0.2	1.3	100
Public Health Workers	Count % across	286	26	8	0	5	1	326
Semi-skilled Workers	owner Count % across	87.7 72	8.0 259	2.5 29	0.0 9	1.5 0	0.3	100 369
Management/Support	owner	19.5	70.2 299	7.9	2.4	0.0	0.0	100
Staff	Count % across	4924	30.7	614	855 8.8	287	65 0.7	9739
Not Cited	owner Count % across	50.6 48	8	19	5	2.9	1	82
	owner	58.5	9.8	23.2	6.1	1.2	1.2	100

4.7 Distribution of staff belonging to various professions according to location of work

The distribution of staff in health sector according to their location of work (rural, urban or semi-urban) is shown in Table 13 below. Slightly more than half of the staff in the health sector (53%) were working in facilities that are in rural areas and the remaining 43% were working in urban areas (24%) and semi-urban areas (23%). Of the 248 Physicians who were enumerated, 70% work in urban areas, 18% work in rural areas and 12% work in semi-urban areas mainly in District Hospitals, CHAM hospitals and in private clinics.

Of the 4450 Nurses who were enumerated, 35% work in the urban areas, 32% work in rural areas while 33% work in se-urban areas. The trend is reversed for Medical Assistants as there are more Medical Assistants in rural (68%) and semi-urban areas (19%) compared to the urban areas (14%). Technicians (belonging to various technical fields) were working mainly in the urban areas (43%) followed by rural areas (32%) and semi-urban areas (25%).

Table 13: Distribution of staff belonging to various professions according to location of work

	Location of facility							
Professions		Urban	Rural	Semi-Urban	Total			
All Staff	Count % within location	8224 24.4	17789 52.7	7753 23.0	33766 100			
Physicians	Count % within location	173 69.8	45 18.1	30 12.1	248 100			
Clinical Officers	Count % within location	249 35.7	188 26.9	261 37.4	698 100			
Medical Assistants	Count % within location	99 13.9	480 67.5	132 18.6	711 100			
Nurses	Count % within location	1565 35.2	1402 31.5	1483 33.3	4450 100			
Technicians	Count % within location	567 43.2	420 32.0	327 24.9	1314 100			
Lecturers/Researchers	Count % within location	70 68.6	32 31.4	0 0.0	102 100			
HSAs	Count % within location	659 6.6	8015 79.8	1372 13.7	10046 100			
Hospital Attendants	Count % within location	1368 24.1	2756 48.5	1557 27.4	5681 100			
Public Health Workers	Count % within location	77 23.6	80 24.5	169 51.8	326 100			
Semi-skilled Workers	Count % within location	34 9.2	285 77.2	50 13.6	369 100			
Management/Support Staff	Count % within location	3310 34.0	4064 41.7	2365 24.3	9739 100			
Not Cited	Count % within location	53 64.6	22 26.8	7 8.5	82 100			

4.8 District-wise distribution of staff

This section presents the distribution of staff belonging to the various professions according to the districts where they were found working during the census. The findings are presented zone by zone.

4.8.1 Districts in the North Zone

Table 14 below shows the distribution of staff belonging to various professions according to their districts of work in the North Zone. A total of 414 health workers were enumerated in Karonga including one Physician (<1% of all staff in the district), 9 Clinical Officers (2%), 15 Medical Assistants (4%) and 47 Nurses who constituted 115 of the all the health workers in the District. The distribution of the health workers in the rest of the districts in the Zone was as shown in Table 14 below. In absolute terms, Mzimba had the largest number of Physicians (15 out of 25 or 60% of all the Physicians in the Zone). The proportion of qualified health professionals (Physicians, Clinical officers, Medical Assistants and Nurses) among all the staff in the District was lowest in Likoma (12%) and highest in Mzimba (21%). In Chitipa qualified health professionals constituted 17% of all the staff in the district, 19% in Karonga, 17% in Rumphi and 18% in Nkhatabay.

Table 14: Distribution of staff belonging to various professions according to District of work in the North Zone

				Dis	trict			
Professions		Chitipa	Karonga	Rumphi	Mzimba	Nkhataba y	Likoma	Total
					290			531
All Staff	Count % within	414	677	724	2	546	52	5
	District	100	100	100	100	100	100	100
Physicians	Count	1	5	2	15	1	1	25
	% within							
	District	0.2	0.7	0.3	0.5	0.2	0.2	0.5
Clinical Officers	Count	9	16	16	71	11	0	123
	% within	0.0	0.4	0.0	0.4	0.0	0.0	0.0
	District	2.2	2.4	2.2	2.4	2.0	0.0	2.3
Medical Assistants	Count % within	15	20	20	60	15	2	132
	District	3.6	3.0	2.8	2.1	2.7	3.9	2.5
Nurses	Count	47	90	87	455	70	4	753
Naioco	% within	11.	13.	12.	400	12.	-	700
	District	4	3	0	15.7	8	7.8	14.2
Technicians	Count	13	29	11	138	12	3	206
. commonario	% within	.0	_0	• •	.00		J	200
	District	3.1	4.3	1.5	4.8	2.2	5.9	3.9
Lecturers/Researchers	Count	0	0	0	8	0	0	8
	% within							
	District	0.0	0.0	0.0	0.3	0.0	0.0	0.2 128
HSAs	Count	137	203	190	561	183	10	4
	% within	33.	30.	26.		33.	19.	
	District	1	0	2	19.3	7	3	24.2
Hospital Attendants	Count	82	110	154	555	81	12	994
·	% within	19.	16.	21.		14.	23.	
	District	8	2	3	19.1	8	5	18.7
Public Health Workers	Count	9	10	13	26	11	1	70
	% within							
	District	2.2	1.5	1.8	0.9	2.0	2.0	1.3
Semi-skilled Workers	Count % within	3	9	4	32	2	2	52
	District	0.7	1.3	0.6	1.1	0.4	3.9	1.0
Management/Support		-	-	-			-	164
Staff	Count	98	182	225	966	158	15	4
	% within	23.	26.	31.		28.	29.	
	District	7	9	1	33.3	9	3	30.9
Not Cited	Count	0	3	2	15	2	2	24
	% within District	0.0	0.4	0.3	0.5	0.4	3.9	0.5
	טוטנווטנ	0.0	0.4	0.5	0.5	0.4	ა.უ	0.5

4.8.2 Districts in Central East Zone

The distribution of health workers belonging to various professions who were enumerated in the Central East Zone is presented in Table 15 below. There were 1026

health workers in Kasungu half of whom were HSAs (52%), 17% were management and support staff, 13% were hospital attendants. The proportion of qualified health professionals (Physicians, Clinical officers, Medical Assistants and Nurses) in Kasungu was 14% and Technicians constituted 2% of the staff in the District. Across the districts in the Zone, the proportions of qualified health professionals among all staff ranged from 14% in Kasungu to 19% in Nkhotakota and in Salima, Dowa and Ntchisi Districts, the qualified professionals constituted 17%, 16% and 15% of all the staff in the district, respectively.

Table 15: Distribution of staff belonging to various professions according to District of work in the Central East

			Dis	strict			
Professions		Kasungu	Nkhotakota	Ntchisi	Salima	Dowa	Total
	Count	1026	941	492	932	1227	4618
	% within District	100	100	100	100	100	100
Physicians	Count	0	4	1	2	3	10
	% within District	0.0	0.4	0.2	0.2	0.2	0.2
Clinical Officers	Count	18	22	6	16	19	81
	% within District	1.8	2.3	1.2	1.7	1.5	1.8
Medical Assistants	Count	24	32	11	23	36	126
	% within District	2.3	3.4	2.2	2.5	2.9	2.7
Nurses	Count	99	121	57	117	137	531
	% within District	9.6	12.9	11.6	12.6	11.2	11.5
Technicians	Count	20	35	9	25	31	120
	% within District	1.9	3.7	1.8	2.7	2.5	2.6
HSAs	Count	537	257	204	325	424	1747
	% within District	52.3	27.3	41.5	34.9	34.6	37.8
Hospital Attendants	Count	134	147	83	175	223	762
	% within District	13.1	15.6	16.9	18.8	18.2	16.5
Public Health Workers	Count	10	10	6	10	6	42
	% within District	1.0	1.1	1.2	1.1	0.5	0.9
Semi-skilled Workers	Count	6	27	1	13	21	68
	% within District	0.6	2.9	0.2	1.4	1.7	1.5
Management/Support Staff	Count	177	286	114	226	326	1129
	% within District	17.3	30.4	23.2	24.2	26.6	24.4
Not Cited	Count	1	0	0	0	1	2
	% within District	0.1	0.0	0.0	0.0	0.1	0.0

4.8.3 Districts in Central West Zone

A total 1,115 health workers were enumerated in Ntcheu District, 3 Physicians (<1% of all staff in the District), 12 Clinical Officers (1%), 17 Medical Assistants (2%) and 122 Nurses (10%). There were 86 Physicians in Lilongwe District (91% of all the Physicians in the Zone), 3 Physicians each in Mchinji, Dedza and Ntcheu Districts. The proportion of qualified health professionals (Physicians, Clinical officers, Medical Assistants and Nurses) among all the staff the District was highest in Lilongwe (19%) and followed by Mchinji (15%), Dedza (14%) and was lowest in Ntcheu qt 13%. Details for the rest of the cadres of staff are presented in Table 16 below.

Table 16: Distribution of staff belong to various professions according to District of work in the Central West Zone

			Dist	rict		
Professions		Mchinji	Lilongwe	Dedza	Ntcheu	Total
All Staff	Count	976	5140	1233	1115	8464
All Stall	% within District	100	100	100	100	100
	70 WIGHIN DISTRICT	100	100	100	100	100
Physicians	Count	3	86	3	3	95
	% within District	0.3	1.7	0.2	0.3	1.1
Clinical Officers	Count	17	126	15	12	170
	% within District	1.7	2.5	1.2	1.1	2.0
Medical Assistants	Count	23	71	24	17	135
	% within District	2.4	1.4	1.9	1.5	1.6
Nurses	Count	107	707	133	112	1059
	% within District	11.0	13.8	10.8	10.0	12.5
Technicians	Count	32	276	32	29	369
	% within District	3.3	5.4	2.6	2.6	4.4
Lecturers/Researchers	Count	0	49	0	0	49
	% within District	0.0	1.0	0.0	0.0	0.6
HSAs	Count	347	936	536	444	2263
	% within District	35.6	18.2	43.5	39.8	26.7
Hospital Attendants	Count	200	807	200	204	1411
	% within District	20.5	15.7	16.2	18.3	16.7
Public Health Workers	Count	8	50	11	6	75
	% within District	8.0	1.0	0.9	0.5	0.9
Semi-skilled Workers	Count	6	34	22	25	87
	% within District	0.6	0.7	1.8	2.2	1.0
Management/Support Staff	Count	233	1952	257	262	2704
	% within District	23.9	38.0	20.8	23.5	31.9
Not Cited	Count	0	46	0	1	47
	% within District	0.0	0.9	0.0	0.1	0.6

4.8.4 Districts in South East Zone

The distribution of heath workers belonging to various professions in the South East Zone is presented in Table 18 below. A total of 1,453 health workers were enumerated in Mangochi District including 6 Physicians (<1% of all the staff in the District), 25 Clinical officers (2%), 40 Medical Assistants (3%) and 151 Nurses (10%). In all the Districts, HSAs constituted approximately a third of the staff that were enumerated. The proportion of qualified health professionals (Physicians, Clinical officers, Medical Assistants and Nurses) among all the staff the District were highest in Zomba and Mulanje Districts (17% in each) followed by Balaka and Machinga (16%), Mangochi (15%) and was lowest in Phalombe at 12%. Details concerning the distribution of the rest of the staff belonging to other professions was as shown in Table 17 below.

Table 17: Distribution of staff belong to various professions according to District of work in the South East Zone

				Dis	trict			
Professions		Balaka	Mangochi	Machinga	Zomba	Phalombe	Mulanje	Total
			145		229		122	733
All Staff	Count % within	719	3	963	7	679	3	4
	District	100	100	100	100	100	100	100
Physicians	Count % within	0	6	1	14	1	1	23
	District	0.0	0.4	0.1	0.6	0.1	0.1	0.3
Clinical Officers	Count % within	11	25	18	53	6	18	131
	District	1.5	1.7	1.9	2.3	0.9	1.5	1.8
Medical Assistants	Count % within	11	40	25	33	16	36	161
	District	1.5	2.8	2.6	1.4	2.4	2.9	2.2
Nurses	Count	92	151	107	301	59	154	864
	% within	12.	10.4	11.	40.4	0.7	40.0	44.0
Taabaisiaaa	District	8	10.4	1	13.1	8.7	12.6	11.8
Technicians	Count % within	22	53	26	100	22	36	259
La atamana (Da a a a a a la ana	District	3.1	3.6	2.7	4.4	3.2	2.9	3.5
Lecturers/Researchers	Count % within	0	0	0	6	0	7	13
	District	0.0	0.0	0.0	0.3	0.0	0.6	0.2 258
HSAs	Count	269	560	373	642	268	474	6
	% within	37.		38.		39.		
	District	4	38.5	7	27.9	5	38.8	35.3 132
Hospital Attendants	Count % within	106 14.	255	183 19.	465	115 16.	199	3
	District	7	17.5	0	20.2	9	16.3	18.0
Public Health Workers	Count % within	6	12	8	25	7	13	71
	District	0.8	8.0	8.0	1.1	1.0	1.1	1.0
Semi-skilled Workers	Count % within	13	30	18	27	8	5	101
	District	1.8	2.1	1.9	1.2	1.2	0.4	1.4
Management/Support	.	4	66 t	000	000	. . -	000	179
Staff	Count	188	321	203	630	177	280	9
	% within District	26. 1	22.1	21. 1	27.4	26. 1	22.9	24.5
Not Cited	Count	1	0	1	1	0	0	3
	% within District	0.1	0.0	0.1	0.0	0.0	0.0	0.0

4.8.5 Districts in South West Zone

Table 18 below shows the distribution of health workers who were enumerated in the South East Zone according to the District of work. In Neno, 253 health workers were

enumerated including 2 Physicians (1% of all the staff in the District), 7 Clinical Officers (3%) 10 Medical Assistants (4%) and 24 Nurses (10%). The proportion of qualified health professionals (Physicians, Clinical officers, Medical Assistants and Nurses) among all the staff the District was highest in Blantyre (25%) and Mwanza (24%) followed by Thyolo (18%), Neno and Chiradzulu (17% in each District), Nsanje (16%) and was lowest in Chikwawa (14%).

Table 18: Distribution of staff belong to various professions according to District of work in the South East Zone

	District								
Professions		Thyolo	Blantyre	Mwanza	Chiradzulu	Chikwawa	Nsanje	Neno	Total
FIOICSSIOIIS		150	364						803
	Count % within	4	0	318	781	887	652	253	5
	District	100	100	100	100	100	100	100	100
Physicians	Count % within	7	84	0	1	1	0	2	95
	District	0.5	2.3	0.0	0.1	0.1	0.0	8.0	1.2
Clinical Officers	Count % within	40	92	12	14	18	10	7	193
	District	2.7	2.5	3.8	1.8	2.0	1.5	2.8	2.4
Medical Assistants	Count % within	34	56	12	14	17	14	10	157
	District	2.3	1.5	3.8	1.8	1.9	2.1	4.0	2.0 124
Nurses	Count	186	710	52	102	89	80	24	3
	% within	40.4	40.5	16.	13.	10.	12.	٥.	45.5
	District	12.4	19.5	4	1	0	3	9.5	15.5
Technicians	Count % within	33	227	14	26	25	24	11	360
	District	2.2	6.2	4.4	3.3	2.8	3.7	4.3	4.5
Lecturers/Researchers	Count % within	12	17	0	0	0	3	0	32
	District	0.8	0.5	0.0	0.0	0.0	0.5	0.0	0.4 216
HSAs	Count	509	712	95	239	358	189	64	6
	% within			29.	30.	40.	29.	25.	
	District	33.8	19.6	9	6	4	0	3	27.0 119
Hospital Attendants	Count	251	476	44	143	132	113	32	1
	% within	40.7	40.4	13.	18.	14.	17.	12.	440
5 11: 11 11: 11.	District	16.7	13.1	8	3	9	3	6	14.8
Public Health Workers	Count % within	15	25	8	7	7	4	2	68
	District	1.0	0.7	2.5	0.9	8.0	0.6	8.0	0.8
Semi-skilled Workers	Count % within	20	7	1	4	12	10	7	61
Management/Support	District	1.3	0.2 122	0.3	0.5	1.4	1.5	2.8	0.8 246
Staff	Count	397	8	80	231	228	205	94	3
	% within		00 =	25.	29.	25.	31.	37.	00 -
	District	26.4	33.7	2	6	7	4	2	30.7
Not Cited	Count % within	0	6	0	0	0	0	0	6
	District	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.1

5.0 DETAILED CALSSIFICATION AND DISTRBUTION OF SELECTED HEALTH PROFESSIONAL STAFF

5.1 Physicians

5.1.1 Distribution of Physicians according to nationality

Of the 248 Physicians who were enumerated in the census, 148 (60%) were Malawians by nationality whereas 40 were non-Malawians (Figure 4). Among the male Physicians, 62% were Malawians whereas 39% were not and among the female Physicians, 60% were Malawians whereas 40% were non-Malawian.

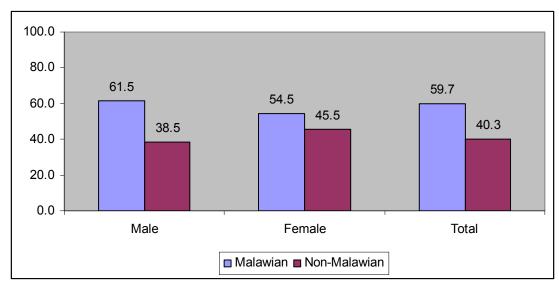


Figure 4: Nationality of the Physicians working in Malawi

5.1.2 Distribution of Physicians according to area of specialisation and nationality

During the census, all Physicians who are Specialists were asked to state their area of specialization. For Physicians who were not interviewed in person, this information was provided by the human resource departments in their institutions. During the analysis of the census data, the areas of specialization as reported by the respondents of the census were cross-checked with the official list of Physicians and their areas of specialization as documented in the Government Gazette of November 2007 (2,955 Vol. XLIV No. 48). The results showed that of the 248 physicians who were enumerated in the Census, 77% (n=191) were general practitioners whereas the rest were specialized in various medical fields. A total of 10 Physicians specialized in surgery were enumerated in the census, 4 Malawians (40%) and 6 non-Malawians (60%). The details concerning various areas of specialization are presented in Table 19 below.

Table 19: Distribution of Physicians in Malawi disaggregated by nationality and areas of specialisation

		Na	tionality	
Area of specialization		Malawian	Non-Malawian	Total
All Physicians	Count	148	100	248
•	% of all Physicians	59.7	40.3	100
General Practitioners	Count	118	73	191
	% of all Physicians	61.8	38.2	77.0
Radiology	Count	1	0	1
	% of all Physicians	100	0	0.4
Surgery	Count	4.0	6.0	10
3. 3.	% of all Physicians	40	60	4.0
Obstetrics and Gaenecology	Count	4	3	7
3,	% of all Physicians	57.1	42.9	2.8
Pediatrics	Count	3	5	8
	% of all Physicians	37.5	62.5	3.2
Ophthalmology	Count	1	1	2
. 37	% of all Physicians	50.0	50.0	8.0
Psychiatry	Count	1	0	1
,	% of all Physicians	100.0	0.0	0.4
ENT	Count	1	0	1
	% of all Physicians	100.0	0.0	0.4
Physician	Count	5	2	7
•	% of all Physicians	71.4	28.6	2.8
Urology	Count	0	2	2
	% of all Physicians	0.0	100.0	8.0
Anesthesiology	Count	0	2	2
	% of all Physicians	0.0	100.0	8.0
Osteopathy	Count	0.0	1.0	1
	% of all Physicians	0	100	0.4
Dental	Count	3	2	5
	% of all Physicians	60.0	40.0	2.0
Orthopedics	Count	0	1	1
	% of all Physicians	0.0	100.0	0.4
Hematology	Count	1	0	1
	% of all Physicians	100.0	0.0	0.4
Physiotherapy	Count	1	1	2
	% of all Physicians	50.0	50.0	0.4
Anatomy	Count	1	0	1
	% of all Physicians	100.0	0.0	0.4
Pathology	Count	2	0	2
	% of all Physicians	100.0	0.0	8.0
Optition	Count	1	1	2
	% of all Physicians	50.0	50.0	8.0
Immunology	Count	1	0	1
	% of all Physicians	100.0	0.0	0.4

5.1.3 Distribution of Physicians according to Region of Work and area of specialisation

The distribution of the Physicians across the three Regions of the country was as shown in Table 20 below. Of the 25 Physicians who were in the Northern Region, 23 (92%)

were General Practitioners and only two were Specialists, one in Dentistry and the other in immunology. The distribution of the Physicians in the Central and Southern Regions according to their areas of specialization was as shown in Table 20 below.

Table 20: Distribution of Physicians in Malawi disaggregated by areas of specialisation and Region of work

		Region		
Area of specialization	North	Centre	South	Total
General Practitioners	23	84	84	191
Radiology	0	0	1	1
Surgery	0	5	5	10
Obstetrics and Gaenecology	0	2	5	7
Pediatrics	0	2	6	8
Ophthalmology	0	1	1	2
Psychiatry	0	0	1	1
ENT	0	0	1	1
Physician	0	3	4	7
Urology	0	2	0	2
Anesthesiology	0	1	1	2
Osteopathy	0	0	1	1
Dental	1	2	2	5
Orthopedics	0	1	0	1
Hematology	0	0	1	1
Physiotherapy	0	1	1	2
Anatomy	0	0	1	1
Pathology	0	0	2	2
Optition	0	1	1	2
Immunology	1	0	0	1
Total	25	105	118	248

5.1.4 Distribution according to Zone of Work and area of specialisation

Table 21 below shows the distribution of the Physicians according to their areas of specialization and zone of work. There was only one specialist in the Central East Zone and was specialized in optition whereas the Central West and South West Zones had several specialists mainly in surgery, pediatrics and obstetrics and gaenecology.

Table 21: Distribution of Physicians disaggregated by Zone of work and areas of specialisation

				Zone			
	Nort	Central		Central	South	South	Tota
Area of specialization	h	East		West	East	West	l
General Practitioners	23		9	75	17	67	191
Radiology	0		0	0	0	1	1
Surgery	0		0	5	0	5	10
Obstetrics and							
Gaenecology	0		0	2	1	4	7
Pediatrics	0		0	2	1	5	8
Ophthalmology	0		0	1	0	1	2
Psychiatry	0		0	0	1	0	1
ENT	0		0	0	0	1	1
Physician	0		0	3	1	3	7
Urology	0		0	2	0	0	2
Anesthesiology	0		0	1	0	1	2
Osteopathy	0		0	0	0	1	1
Dental	1		0	2	1	1	5
Orthopedics	0		0	1	0	0	1
Hematology	0		0	0	0	1	1
Physiotherapy	0		0	1	0	1	2
Anatomy	0		0	0	0	1	1
Pathology	0		0	0	0	2	2
Optition	0		1	0	1	0	2
Immunology	1		0	0	0	0	1
Total	25	1	10	95	23	95	248

5.1.5 Distribution of Physicians according to areas of specialisation and level of care provided by their facilities

The distribution of Physicians according to the level of care being provided by their facilities was as shown in Table 22 below. Out of the 47 Physicians who were working in primary care facilities, 35 were General Practitioners, 2 were Surgeons, 2 were Pediatricians and 3 were Dentists.

Table 22: Distribution of Physicians in Malawi according to areas of specialisation and level of care provided by their facilities

	Level of Care provided by Facility					
Area of specialization	Primary	Secondary	Tertiary	Others	Total	
General Practitioners	35	66	30	60	191	
Radiology	1	0	0	0	1	
Surgery	2	3	4	1	10	
Obstetrics and Gaenecology	1	2	4	0	7	
Pediatrics	2	2	1	3	8	
Ophthalmology	0	1	1	0	2	
Psychiatry	0	0	1	0	1	
ENT	0	0	0	1	1	
Physician	2	1	1	3	7	
Urology	0	0	2	0	2	
Anesthesiology	0	1	1	0	2	
Osteopathy	0	0	0	1	1	
Dental	3	1	1	0	5	
Orthopedics	0	0	1	0	1	
Hematology	0	0	0	1	1	
Physiotherapy	1	0	1	0	2	
Anatomy	0	0	0	1	1	
Pathology	0	0	1	1	2	
Optition	0	1	1	0	2	
Immunology	0	0	0	1	1	
Total	47	78	50	73	248	

5.1.6 Distribution of Physicians according to areas of specialisation and ownership of facilities

The results of the census show that of the 108 Physicians working in government facilities, 84 (78%) were General Practitioners, 4 (4%) were Surgeons and another 4 (4%) were specialized in Obstetrics and Gaenecology and three were Physicians. The rest of the distribution was as shown in Table 23 below.

Table 23: Distribution of Physicians in Malawi disaggregated by nationality and areas of specialisation

	Ownership of Facility						
	Governme	CHA	NG	Privat	Statutor	Compan	Tota
Area of specialization	nt	M	0	е	у	у	ı
General Practitioners	84	34	4	35	33	1	191
Radiology	0	0	0	1	0	0	1
Surgery	4	1	0	4	1	0	10
Obstetrics and							
Gaenecology	4	1	0	2	0	0	7
Pediatrics	2	0	1	2	3	0	8
Ophthalmology	1	1	0	0	0	0	2
Psychiatry	1	0	0	0	0	0	1
ENT	0	0	0	0	1	0	1
Physician	3	0	0	2	2	0	7
Urology	2	0	0	0	0	0	2
Anesthesiology	1	0	0	1	0	0	2
Osteopathy	0	0	1	0	0	0	1
Dental	2	2	0	1	0	0	5
Orthopedics	1	0	0	0	0	0	1
Hematology	0	0	0	0	1	0	1
Physiotherapy	1	0	0	1	0	0	2
Anatomy	0	0	0	0	1	0	1
Pathology	1	0	0	0	1	0	2
Optition	1	1	0	0	0	0	2
Immunology	0	0	1	0	0	0	1
Total	108	40	7	49	43	1	248

5.1.7 Status of Registration among Physicians

As stated above, all qualified health professionals wanting tot practice in Malawi are obliged to register with the Medical Council of Malawi (MCM) for them to be allowed to practice and the registration is supposed to be renewed annually. The 2007 list of registered facilities and health professionals was released in the November 2007 issue of the Malawi Government Gazette (2,955 Vol. XLIV No. 48) under the Medical Practitioners and Dentists ACT (Cap 36:01) from page 183 to page 216. A supplementary list was also released in December 2007 containing health professionals that had registered after the first list was released. During the analysis of the census data, it was decided to compare the list of Physicians that was derived from the census with the official list of Physicians as documented by the Government of Malawi in November 2007 so as to compare the two lists and to compare with the responses from the Physicians who were asked to state if in 2007 they were registered by MCM or not.

The MCM, register according to the Government Gazette (referenced above), had a total of 327 Physicians and only 33% (n=107) were captured in the census whereas 67% were missed. It is not very clear why the 220 Physicians were missed and the list from MCM does not contain details concerning facilities where the registered Physicians are practicing their professions. The list of the Physicians who appear in the MCM list but were missed by the census is appended at the end of this report in Annex 1. As stated above, the census enumerated 248 Physicians and of these, 57% (n=141) do not appear in the MCM register whereas 43% (n=107) appear in the MCM register (Figure 5). From the interviews which were conducted with the Physicians during the census, 43% of the 248 Physicians reported to be registered (n=107) and

cross comparisons between the two lists show that the 107 Physicians who reported to have registered are all appearing in the MCM register.

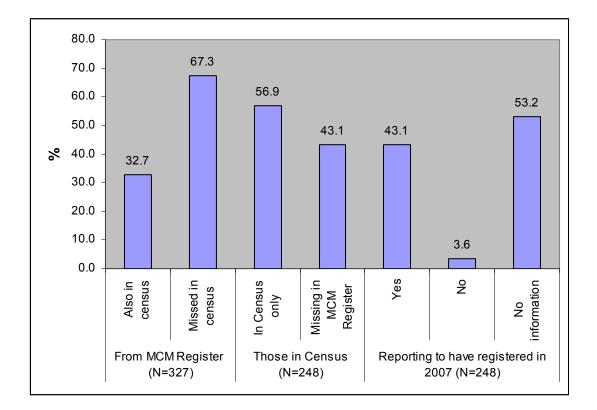


Figure 5: Status of registration among Physicians

5.2 Clinical Officers and Medical Assistants

5.2.1 District-wise distribution of Clinical Officers and Medical Assistants

The district-wise distribution C/Os and M/As at the time of the census was as shown in Table 24 below and as would be observed, 18% of the C/Os were working in Lilongwe District, 13% were in Blantyre, 10% were in Mzimba and 8% were in Zomba. Among the M/As the distribution is also the same with the four districts and Mangochi taking a good proportion of the M/As. Chapter 6 below compares the distribution of staff belonging to various professions with the 2007 mid-year population estimates.

Table 24: District-wise distribution of Clinical Officers and Medical Assistants

	Category	Category of staff					
	Clinical Officers	Medical Assistants	Total				
Total (N)	698	711	1409				
Chitipa	1.3	2.1	1.7				
Karonga	2.3	2.8	2.6				
Rumphi	2.3	2.8	2.6				
Mzimba	10.2	8.4	9.3				
Nkhatabay	1.6	2.1	1.8				
Likoma	0.0	0.3	0.1				
Kasungu	2.6	3.4	3.0				
Nkhotakota	3.2	4.5	3.8				
Ntchisi	0.9	1.5	1.2				
Mchinji	2.4	3.2	2.8				
Salima	2.3	3.2	2.8				
Dowa	2.7	5.1	3.9				
Lilongwe	18.1	10.0	14.0				
Dedza	2.1	3.4	2.8				
Ntcheu	1.7	2.4	2.1				
Balaka	1.6	1.5	1.6				
Mangochi	3.6	5.6	4.6				
Machinga	2.6	3.5	3.1				
Zomba	7.6	4.6	6.1				
Phalombe	0.9	2.3	1.6				
Mulanje	2.6	5.1	3.8				
Thyolo	5.7	4.8	5.3				
Blantyre	13.2	7.9	10.5				
Mwanza	1.7	1.7	1.7				
Chiradzulu	2.0	2.0	2.0				
Chikwawa	2.6	2.4	2.5				
Nsanje	1.4	2.0	1.7				
Neno	1.0	1.4	1.2				

5.2.2 Status of Registration among Clinical Officers and Medical Assistants

Figure 6 below shows the status of registration among C/Os and M/As in Malawi. Overall, half of the C/Os and M/As reported to be registered with the MCM whereas the other half reported not have registered or renewed their registration with the MCM.

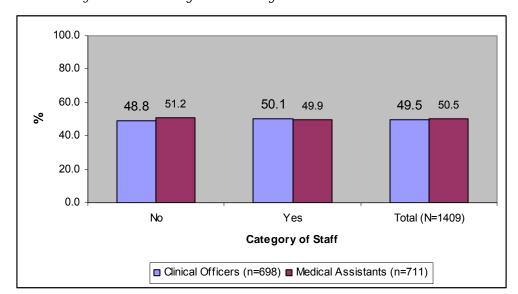


Figure 6: Status of Registration among Clinical Officers and Medical Assistants

5.3 5.3 Nurses

In earlier sections, Nurses belonging to Nurses/Midwives, Nurse Technicians and Auxiliary nursing categories were all lumped together as nurses. In this section, the three categories are treated separately so as to discuss the distribution of each category by Region, Zone, Districts, level of care being provided by their facilities, location of work and ownership of their facilities.

5.3.1 Distribution of Nurses belonging to various categories across Regions, Zones and Location of work

The census enumerated a total of 3052 Nurses/Midwives, 982 Nurse Technicians and Auxiliary in Malawi. Of the 3052 Nurses who were enumerated, 495 (16%) were working in the Northern Region, 1061 (35%) were working in the Central Region and 1496 (49%) were working in the Southern Region. The distribution among Nurse Technicians across the three Regions was 16% in the North, 40% in the Centre and 45% in the South whereas among the Auxiliary Nurses, the distribution was 26% in the North, 33% in the Centre and 41% in the South (Table 25).

Table 25: Distribution of Nurses belonging to various categories across Regions, Zones and Location of work

		Cate		Total	
		Nurses/Midwives	Nurse Technicians	Auxiliary	Nurses
All Staff	Count	3052	982	416	4450
	% of Total	100	100	100	100
Region					
North	Count	495	152	106	753
	% of Total	16.2	15.5	25.5	16.9
Centre	Count	1061	391	138	1590
	% of Total	34.8	39.8	33.2	35.7
South	Count	1496	439	172	2107
	% of Total	49.0	44.7	41.3	47.3
Zone					
North	Count	495	152	106	753
	% of Total	16.2	15.5	25.5	16.9
Central East	Count	315	147	69	531
	% of Total	10.3	15.0	16.6	11.9
Central West	Count	746	244	69	1059
	% of Total	24.4	24.8	16.6	23.8
South East	Count	579	220	65	864
	% of Total	19.0	22.4	15.6	19.4
South West	Count	917	219	107	1243
	% of Total	30.0	22.3	25.7	27.9
Location					
Urban	Count	1189	254	122	1565
	% of Total	39.0	25.9	29.3	35.2
Rural	Count	991	388	23	1402
	% of Total	32.5	39.5	5.5	31.5
Semi-Urban	Count	872	340	271	1483
	% of Total	28.6	34.6	65.1	33.3

The distribution of Nurses belonging to various nursing categories according to the location of their work showed that Nurses/Midwives were proportionately more in the urban areas (39%) compared with the rural areas (33%) and semi-urban areas (29%). However, Nurse Technicians were proportionately more in the rural areas (40%) than in the urban areas (26%) and semi-urban areas (35%). The Auxiliary Nurses were found more in the semi-urban areas (65%) than in the urban areas (29%) and rural areas (6%).

5.3.2 District-wise distribution of Nurses belonging to various categories

Table 26 below shows the district-wise distribution of Nurses belonging to the three categories of Nurses namely Nurse/Midwives, Nurse Technicians and Auxiliary Nurses. Of the 3052 Nurse/Midwives in Malawi, 18% were working in Blantyre, 17% were in Lilongwe and 10% were in Mzimba. The distribution for the rest of the cadres across the districts was as shown in Table 27 below.

Table 26: District-wise distribution of Nurses belonging to different nursing categories

		Category of Nurses		Total
	Nurses/Midwives	Nurse Technicians	Auxiliary Nurses	
Total in Malawi	3052	982	416	4450
Chitipa	0.8	0.9	3.1	1.1
Karonga	1.8	1.7	4.1	2.0
Rumphi	2.1	0.9	3.1	2.0
Mzimba	9.5	11.2	13.0	10.2
Nkhatabay	1.8	0.6	2.2	1.6
Likoma	0.1	0.1	0.0	0.1
Kasungu	2.2	2.2	2.6	2.2
Nkhotakota	2.5	3.7	2.2	2.7
Ntchisi	1.0	1.2	3.1	1.3
Mchinji	2.6	1.7	2.9	2.4
Salima	1.8	4.5	4.6	2.6
Dowa	2.9	3.4	4.1	3.1
Lilongwe	17.1	15.7	7.2	15.9
Dedza	2.8	3.1	4.3	3.0
Ntcheu	2.0	4.4	2.2	2.5
Balaka	2.4	1.1	1.7	2.1
Mangochi	3.8	2.7	2.2	3.4
Machinga	2.3	1.7	4.6	2.4
Zomba	7.1	6.8	3.8	6.8
Phalombe	1.0	3.0	0.0	1.3
Mulanje	2.3	7.0	3.4	3.5
Thyolo	4.4	4.0	3.1	4.2
Blantyre	18.1	10.2	13.7	16.0
Mwanza	1.0	1.3	1.9	1.2
Chiradzulu	2.1	2.7	2.4	2.3
Chikwawa	2.4	1.0	1.4	2.0
Nsanje	1.5	2.1	3.1	1.8
Neno	0.5	0.9	0.0	0.5

5.3.3 Distribution of Nurses according to level of care provided by their facilities and category of Nurses

Of the 3052 Nurse/Midwives who were enumerated in the Census, 44% were working in facilities that provide secondary care whereas 32% were in facilities that provide primary care, 18% were in facilities that provide tertiary care while 6% were in administration or project offices and research and training institutions. Among the Nurse Technicians, the majority (61%) were working in facilities that provide secondary care followed by primary care level facilities (25%) and tertiary level facilities (12%). Details are presented in Table 27 below.

Table 27: Distribution of Nurses according to level of care provided by their facilities and category of Nurses

	Cate		Total	
Level of Care provided by Facilities	Nurses/Midwives	Nurse Technicians	Auxiliary	Nurses
Total in Malawi	3052	982	416	4450
Primary	32.2	24.6	9.4	28.4
Secondary	43.8	61.0	70.0	50.1
Tertiary	18.1	12.3	19.7	17.0
Others	5.9	2.0	1.0	4.6

5.3.4 Distribution of Nurses according to ownership status of their facilities and category of Nurses

The findings of the census presented in Table 28 below showed that the majority of the Nurses regardless of category were working in Government facilities, 65% of the Nurse/Midwives, 53% of the Nurse Technicians and 86% Auxiliary Nurses. CHAM facilities had 19% of the Nurse/Midwives, 37% of the Nurse Technicians and 7% of the Auxiliary Nurses.

Table 28: Distribution of Nurses according to ownership status of their facilities and category of Nurses

Ownership of Facilities	Nurses/Midwive s	Category of Nurses Nurse Technicians	Auxiliary Nurses	Tota I
				445
Total in Malawi	3052	982	416	0
Government	65.4	53.0	85.8	64.5
CHAM	18.5	36.8	7.0	21.5
NGO	4.6	3.1	3.8	4.2
Private for profit	7.9	6.5	3.4	7.2
Statutory Organisation	2.7	0.5	0.0	2.0
Company	0.8	0.2	0.0	0.6

5.3.5 Status of Statutory Registration among Nurses

The statutory registration professional body for Nurses in Malawi is the Nurses and Midwives Council of Malawi (NMCM) and all Nurses are required by law to register with the NMCM annually for them to practice in the country. In the census, all the nurses regardless of category were asked to state if they were registered by the NMCM at the time of the census. The findings on this are presented in Figure 7 below. Overall, 62% of the Nurses reported to be registered with the NMCM at the time of the census, 68% of the Nurse/Midwives, 67% of the Nurse Technicians and 6% of the Auxiliary Nurses.

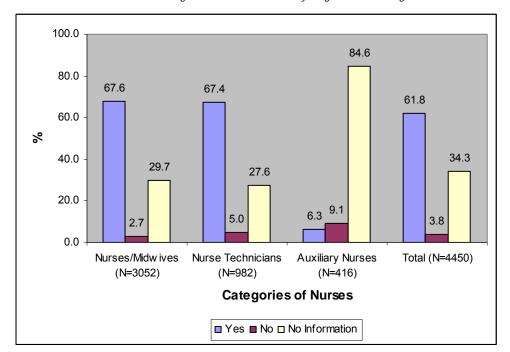


Figure 7: Status of Statutory Registration among Nurses

5.3.6 Proportion of Nurses with Midwifery Skills

In addition to the regular nursing course (either at degree, diploma or certificate levels), Nurses are supposed to undertake another training on midwifery skills for them to qualify and be able to professionally work in antenatal clinics and maternity wards. In the census, all the nurses were asked to state if they had midwifery skills, a question to which 67% of the Nurses answered in the affirmative, 75% of the Nurse/Midwives, 67% of the Nurse Technicians and 8% of the Auxiliary Nurses (Figure 8 below). When asked where they undertook the midwifery training, almost all the Nurse/Midwives and Nurse Technicians that reported to have the skills cited recognized health training institutions (some in Malawi others abroad) whereas among the Auxiliary Nurses there was visible division with almost half citing on-the-job training while the other half citing training institutions.

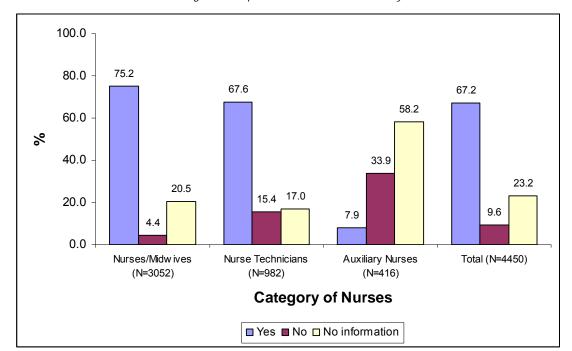


Figure 8: Proportion of Nurses with Midwifery Skills

5.4 Technicians

5.4.1 Distribution of technicians across Regions disaggregated by category of Technicians

In earlier Chapters, the discussion on the distribution of Technicians lumped together Technicians that have various skills into one category of Technicians. In this section, the various categories of Technicians are presented separately. The census enumerated a total of Laboratory Technicians and Laboratory Aides in the country and of these, nearly half (49%) were working in the Southern Region, 36% were working in the Central Region and 15% were in the Northern Region (Table 29). Generally, the distribution of the Technicians was in favour of the Southern Region, perhaps reflecting population issues and geographical coverage. A discussion on the population to qualified health personnel is presented later in the report.

Table 29: Distribution of technicians across Regions disaggregated by category of Technicians

			Regions		
		North	Centre	South	Total
All Technicians	Count	206	489	619	1314
	% across regions	15.7	37.2	47.1	100.0
Laboratory Personnel	Count	71	174	236	481
	% across regions	14.8	36.2	49.1	100.0
Radiography Personnel	Count	0	3	6	9
	% across regions	0.0	33.3	66.7	100.0
Dental Personnel	Count	39	85	91	215
	% across regions	18.1	39.5	42.3	100.0
Pharmacy Personnel	Count	43	116	139	298
	% across regions	14.4	38.9	46.6	100.0
Physiotherapy Personnel	Count	0	3	6	9
	% across regions	0.0	33.3	66.7	100.0
Optical Personnel	Count	0	2	5	7
	% across regions	0.0	28.6	71.4	100.0
Anesthetic Personnel	Count	13	35	40	88
	% across regions	14.8	39.8	45.5	100.0
Ophthalmology Personnel	Count	4	6	7	17
	% across regions	23.5	35.3	41.2	100.0
Orthopedic Personnel	Count	16	24	34	74
	% across regions	21.6	32.4	45.9	100.0
Radiography Personnel	Count	19	37	47	103
	% across regions	18.4	35.9	45.6	100.0
Rehabilitation Assistants	Count	0	4	7	11
	% across regions	0.0	36.4	63.6	100.0
Leprosy Assistants	Count	1	0	1	2
	% across regions	50.0	0.0	50.0	100.0

5.4.2 Distribution of technicians across Zones disaggregated by category of Technicians

The distribution of Technicians belonging to various categories across the five Health Zones was as shown in Table 30 below. Generally, the South West Zone and Central West Zone had proportionately more of the Technicians regardless of category except for Leprosy Assistants who were only enumerated in the North and South West Zones.

Table 30: Distribution of Technicians across Zones disaggregated by category of Technicians (%)

			Zones			
	North	Central East	Central West	South East	South West	N
All Technicians	206	120	369	259	360	1314
	15.7	9.1	28.1	19.7	27.4	100.0
Laboratory Personnel	14.8	7.7	28.5	19.5	29.5	481
Radiography Personnel	0.0	11.1	22.2	11.1	55.6	9
Dental Personnel	18.1	6.0	33.5	22.3	20.0	215
Pharmacy Personnel	14.4	10.4	28.5	22.5	24.2	298
Physiotherapy Personnel	0.0	0.0	33.3	0.0	66.7	9
Optical Personnel	0.0	14.3	14.3	28.6	42.9	7
Anesthetic Personnel	14.8	17.0	22.7	18.2	27.3	88
Ophthalmology Personnel	23.5	17.6	17.6	17.6	23.5	17
Orthopedic Personnel	21.6	9.5	23.0	12.2	33.8	74
Radiography Personnel	18.4	11.7	24.3	17.5	28.2	103
Rehabilitation Assistants	0.0	0.0	36.4	9.1	54.5	11
Leprosy Assistants	50.0	0.0	0.0	0.0	50.0	2

5.4.3 Distribution of Technicians belonging to various categories according to location of work

Table 31 below shows the distribution of Technicians belonging to various categories according to location of work. Of the 481 Laboratory Technicians who were enumerated, 42% were working in urban areas, 37% were working in rural areas whereas 22% were in semi-urban areas. Generally, it would appear that most Technicians are working either in urban or semi-urban areas except for Pharmacy Assistants, Dental Assistants and Laboratory Assistants (Table 31).

Table 31: Distribution of Technicians belonging to various categories according to location of work

		Location of Facility		
	Urban	Rural	Semi-Urban	N
All Technicians	567	420	327	1314
% within location	43.2	32.0	24.9	100.0
Laboratory Personnel	41.6	36.6	21.8	481
Radiography Personnel	55.6	0.0	44.4	9
Dental Personnel	41.4	35.8	22.8	215
Pharmacy Personnel	41.6	40.9	17.4	298
Physiotherapy Personnel	88.9	11.1	0.0	9
Optical Personnel	57.1	14.3	28.6	7
Anesthetic Personnel	31.8	15.9	52.3	88
Ophthalmology Personnel	41.2	5.9	52.9	17
Orthopedic Personnel	56.8	8.1	35.1	74
Radiography Personnel	47.6	20.4	32.0	103
Rehabilitation Assistants	100.0	0.0	0.0	11
Leprosy Assistants	0.0	50.0	50.0	2

5.4.4 Distribution of Technicians belonging to various categories according to level of care provided by their facilities

The distribution of Technicians belonging to various trades according to the level of being provided by their facilities was as shown in Table 32 below. Of the 481 Laboratory Technicians who were enumerated in the census, 45% were working in secondary level facilities, 34% were working in primary level facilities, 10% were working in tertiary level facilities while 12% were working in laboratories belonging to research and training institutions and project offices. The distribution for the rest of the Technicians was as shown in Table 32 below. As would be observed from the Table, Technicians belonging to dentistry, pharmacy, physiotherapy and rehabilitation categories were mainly working in primary and secondary level facilities whereas Opticians, Anesthetists, Ophthalmologists, Orthopedicians and Radiographers were mainly working in secondary or Tertiary level facilities.

Table 32: Distribution of Technicians belonging to various trades according to level of care provided by their facilities

	Level of Care				
	Primary	Secondary	Tertiary	Others	N
All Technicians	352	629	207	126	1314
% across levels of care	26.8	47.9	15.8	9.6	100.0
Laboratory Personnel	33.5	45.1	9.8	11.6	481
Radiography Personnel	0.0	77.8	0.0	22.2	9
Dental Personnel	34.4	46.5	15.8	3.3	215
Pharmacy Personnel	24.8	45.3	10.7	19.1	298
Physiotherapy Personnel	88.9	11.1	0.0	0.0	9
Optical Personnel	14.3	42.9	42.9	0.0	7
Anesthetic Personnel	8.0	68.2	23.9	0.0	88
Ophthalmology Personnel	5.9	58.8	29.4	5.9	17
Orthopedic Personnel	12.2	41.9	44.6	1.4	74
Radiography Personnel	6.8	62.1	30.1	1.0	103
Rehabilitation Assistants	90.9	0.0	9.1	0.0	11
Leprosy Assistants	0.0	50.0	0.0	50.0	2

5.4.5 Distribution of Technicians belonging to various categories according to ownership status of their facilities

Table 33 below shows the distribution of the Technicians belonging to various trades according to the ownership status of the facilities in Malawi. As would be observed from the Table, most of the Technicians were working in government facilities except for Physiotherapists who were mainly working in the private sector and Opticians who were equally found in CHAM facilities and Rehabilitation Assistants who were mainly found working for facilities run by NGOs and in the private sector.

Table 33: Distribution of Technicians belonging to various trades according to ownership status of their facilities

	Ownership of Facilities						
	Government	CHAM	NGO	Private	Statutory	Company	N
All Technicians	671	392	58	156	27	10	1314
% across ownership status	51.1	29.8	4.4	11.9	2.1	0.8	100.0
Laboratory Personnel	39.7	32.0	6.4	15.0	5.6	1.2	481
Radiography Personnel	66.7	0.0	0.0	33.3	0.0	0.0	9
Dental Personnel	54.9	35.3	0.5	9.3	0.0	0.0	215
Pharmacy Personnel	48.7	37.2	4.0	8.7	0.0	1.3	298
Physiotherapy Personnel	0.0	11.1	22.2	66.7	0.0	0.0	9
Optical Personnel	42.9	42.9	0.0	14.3	0.0	0.0	7
Anesthetic Personnel	72.7	19.3	1.1	6.8	0.0	0.0	88
Ophthalmology Personnel	94.1	5.9	0.0	0.0	0.0	0.0	17
Orthopedic Personnel	82.4	6.8	2.7	8.1	0.0	0.0	74
Radiography Personnel	63.1	23.3	1.9	11.7	0.0	0.0	103
Rehabilitation Assistants	9.1	0.0	54.5	36.4	0.0	0.0	11
Leprosy Assistants	50.0	0.0	50.0	0.0	0.0	0.0	2

5.4.6 Status of Registration among Technicians

Just like Physicians, Clinical Officers, Medical Assistants and Nurses, all Technicians are required by law to register with statutory professional registration bodies for them to practice in he country. During the census, the Technicians were asked to state if they were registered with any professional body at the time of the census, a question to which only 29% answered in affirmation, 9% said they were not registered while 63% did not respond or no information was provided by their colleagues. Details concerning the registration status for the various Technicians were as shown in Table 34 below.

Table 34: Status of registration among the Technicians belonging to various trades

	Registered in at time of census?			
	Yes	No	No information	N
All Technicians	379	114	821	1314
% of all Technicians	28.8	8.7	62.5	100.0
Laboratory Personnel	23.5	8.7	67.8	481
Radiography Personnel	33.3	0.0	66.7	9
Dental Personnel	32.1	7.0	60.9	215
Pharmacy Personnel	16.8	10.1	73.2	298
Physiotherapy Personnel	0.0	11.1	88.9	9
Optical Personnel	0.0	14.3	85.7	7
Anesthetic Personnel	68.2	6.8	25.0	88
Ophthalmology Personnel	58.8	17.6	23.5	17
Orthopedic Personnel	50.0	10.8	39.2	74
Radiography Personnel	35.9	7.8	56.3	103
Rehabilitation Assistants	0.0	0.0	100.0	11
Leprosy Assistants	0.0	0.0	100.0	2

6.0 SKILLS MIX AMONG THE HEALTH WORKERS

This Chapter presents the findings of the census with regard to skills mix, proportion of health service providers among all staff employed in the sector and the ratio of nurses to clinicians. The findings are disaggregated by regions, zones, districts and level of care.

6.1 Proportion of health service providers among all staff in the health sector

6.1.1 Disaggregated by Regions, Zones, Location and Districts

Health service providers were defined to include Clinicians (doctors, clinical officers and medical assistants), Nurses, Technicians and all other associate professionals as well as other less qualified health cadres engaged in the delivery of health services. As such, the category excluded management and support staff who help the health system to function but do not provide the health services directly to the population. The findings, presented in Table 35 below show 71% of the staff in the health sector were health service providers and the regional distribution is almost similar across all the three regions (69-72%). However, some differences are observed when location (rural, urban or semi-urban) of work is taken into consideration. In the urban areas, 59% of the staff were health service providers whereas 31% were management and support staff, 77% and 69% of the staff in rural and semi-urban areas were health service providers. At district level, Lilongwe (at 61%), Neno (at 63%) Blantyre (at 66%), and Lilongwe (at 66%) had the lowest proportions of staff who were health service providers among all the staff working in the sector compared to the other districts which recorded proportions ranging from 67% to 83%.

Table 35: Proportion of health service providers among all staff in the health sector disaggregated by Region, Zone, Location of work and District

		Health Service Providers			
	Total Number of Staff	Total Number	% of all Staff in the Sector		
Malawi	33766	23945	70.9		
Region					
North	5315	3647	69		
Centre	13082	9200	70		
South	15369	11098	72		
Zone					
North	5315	3647	69		
Central East	4618	3487	76		
Central West	8464	5713	67		
South East	7334	5532	75		
South West	8035	5566	69		
Location of work					
Urban	8224	4861	59		
Rural	17789	13703	77		
Semi-Urban	7753	5381	69		
District					
Chitipa	414	316	76		
Karonga	677	492	73		
Rumphi	724	497	69		
Mzimba	2902	1921	66		
Nkhatabay	547	387	7′		
Likoma	51	34	67		
Kasungu	1026	848	83		
Nkhotakota	941	655	70		
Ntchisi	492	378	77		
Mchinji	976	743	76		
Salima	932	706	76		
Dowa 	1227	900	73		
Lilongwe	5140	3142	61		
Dedza	1233	976	79		
Ntcheu	1115	852	76		
Balaka	719	530	74		
Mangochi	1453	1132	78		
Machinga	963	759	79		
Zomba	2297	1666	73		
Phalombe	679	502	74		
Mulanje	1223	943	77		
Thyolo	1504	1107	74		
Blantyre	3640	2406	66		
Mwanza	318	238	75		
Chiradzulu	781	550	70		
Chikwawa	887	659	74		
Nsanje	652	447	69		
Neno	253	159	63		

6.1.2 Disaggregated by level of care provided by the facilities and ownership of facilities

Table 36 below shows the proportion of health service providers among all staff working in the heath sector disaggregated by level of care provided by their facilities and ownership status of the facilities. In primary care facilities, 80% of the staff were health service providers, 68% of the staff working in secondary level facilities and 72% of the staff working in the tertiary care facilities. Secondary care facilities have lower proportions because they include District Hospitals which are also attached to district Health Offices where most administration functions take place at the district level whereas in the category of 'others' include administration staff at national and Zone levels as well as staff working in project offices and in research and training institutions who may not be providing care directly to the population.

Table 36: Proportion of health service providers among of all staff disaggregated by level of care of facilities and ownership of the facilities

		Health Service Providers		
	Total Number of Staff	Total Number	% of all Staff in the Sector	
Malawi	33766	23945	70.9	
Level of care				
Primary	15089	12043	79.8	
Secondary	13258	9003	67.9	
Tertiary	2953	2130	72.1	
Others	2466	769	31.2	
Ownership status of facilities				
Government	21754	16782	77.1	
CHAM	8399	5397	64.3	
NGO	1104	471	42.7	
Private for profit	1705	845	49.6	
Statutory Organisation	506	218	43.1	
Company	298	232	77.9	

Over two thirds of the staff working in facilities owned by the government (77%) and companies (78%) were health service providers compared to 64% of the staff working in CHAM facilities, 43% of the staff working in facilities run by NGOs and half (50%) of the staff working for thee private sector and 43% of the staff in statutory organisations.

6.2 Number of Nurses per Clinician

6.2.1 Disaggregated by region, zone and districts

Clinicians were defined to include all Physicians, Clinical Officers and Medical Assistants. At national level, there were 2.7 Nurses per Clinician and the ratio was found lower in the Central Region at 2.6 Nurses per Clinician) compared to the other Regions. At the Zone level, the ratio of Nurse to Clinician was highest in the South West Zone (2.8 Nurses to 1 Clinician) and lowest in the Central East Zone at 2.4 Nurses to 1 Clinician (Table 37).

In rural areas, the ratio of Nurses to Clinicians was 2.0 Nurses to 1 Clinician and was the lowest compared to urban areas (3.0 Nurses to 1 Clinician) and semi-urban areas at 3.5 Nurses to 1 Clinician. At district level the ratios range from 1.2 Nurses to 1 Clinician in Neno to 4.2 Nurses to 1 Clinician in Balaka. Details are presented in Table 37 below.

Table 37: Ratio of nurses to clinicians disaggregated by Regions, Zones, Location and Districts

	Total Number of Nurses	Total Number of Clinicians	Nurses per Clinician
Malawi	4450	1657	2.7
Regions			
North	753	280	2.7
Centre	1590	617	2.6
South	2107	760	2.8
Zones			
North	753	280	2.7
Central East	531	217	2.4
Central West	1059	400	2.6
South East	864	315	2.7
South West	1243	445	2.8
Location			
Urban	1565	521	3.0
Rural	1402	713	2.0
Semi-Urban	1483	423	3.5
Districts			
Chitipa	47	25	1.9
Karonga	90	41	2.2
Rumphi	87	38	2.3
Mzimba	455	146	3.1
Nkhatabay	70	28	2.5
Likoma	4	2	2.0
Kasungu	99	42	2.4
Nkhotakota	121	58	2.1
Ntchisi	57 107	18	3.2
Mchinji Salima	117	43 41	2.5 2.9
Dowa	137	58	2.9
Lilongwe	707	283	2.5
Dedza	133	42	3.2
Ntcheu	112	32	3.5
Balaka	92	22	4.2
Mangochi	151	71	2.1
Machinga	107	44	2.4
Zomba	301	100	3.0
Phalombe	59	23	2.6
Mulanje	154	55	2.8
Thyolo	186	81	2.3
Blantyre	710	232	3.1
Mwanza	52	24	2.2
Chiradzulu	102	29	3.5
Chikwawa	89	36	2.5
Nsanje	80	24	3.3

Neno 24 19 1.3

6.2.2 Disaggregated by level of care provided by their facilities and ownership status of the facilities

Table 38 below shows the average number of Nurses per Clinician disaggregated by level of care provided by the facilities and ownership status of the facilities. Generally, the average number of Nurses per Clinician was very low in the primary care facilities where 1.7 Nurses were available for 1 Clinician compared to the secondary care facilities where 3.7 Nurses were available for 1 Clinician and in tertiary care facilities where 4.7 Nurses were available per Clinician.

Table 38: Average number of nurses per clinician disaggregated by level of care provided by their facilities and ownership status of the facilities

	Total Number of Nurses	Total Number of Clinicians	Nurses per Clinician
Malawi	4450	1657	2.7
Level of care			
Primary	1263	755	1.7
Secondary	2228	608	3.7
Tertiary	755	162	4.7
Others	204	132	1.5
	4450	1657	2.7
Government	2872	992	2.9
CHAM	956	274	3.5
NGO	187	91	2.1
Private for profit	320	189	1.7
Statutory Organisation	88	68	1.3
Company	27	43	0.6

When ownership status of the facilities is taken into consideration, 2.9 Nurses were available for 1 Clinician and the ratio is highest in CHAM facilities where 3.5 Nurses were available for 1 Clinician. The Nurse to Clinician ratios were lowest in facilities run by statutory organisations (1.3 Nurses to 1 Clinician) and facilities run by the private sector (1.7 Nurses to 1 Clinician).

6.3 Ratio of population to number of staff in the Zones and Districts

Table 40 below shows the staff to population ratio at the time of the Census using the 2007 mid-year projected population estimates for Malawi (see: www.nso.malawi.net). The staff considered for this analysis are Physicians, Clinical Officers, Medical Assistants, Nurses and HSAs.

6.3.1 Physician Population Ratio

The Physician population ratio was estimated at 1:53176 and was highest in the Northern Region (1:62039) followed by the Central Region at 1:53031. Across the Zones, the highest population per Physician ratio was recorded in the Central East Zone at 1:203730 followed by the South East Zone at 1:136310. In urban areas, the Physician population ratio was 1:10326 while in the rural areas the ratio was 1:152016.

Across the districts, the highest Physician Population ratio was registered in Mulanje (1:557138) followed by Chikwawa (1:463888), Machinga (1:440,492) and these three districts had only one Physician in the whole district. Districts such as Kasungu, Balaka

and Nsanje had no Physician at all such that in these districts it implies that entire district population had no access to a Physician who was working in their district Table 39).

Table 39: Average population per qualified health professional in the districts

	0007.14:1	Population covered per different category of staff						
	2007 Mid- Year Population	Physicians	Clinical Officers	Medical Assistants	All Clinicians	Nurses	HSAs	Health Workfor
Malawi	13187632	53176	18893	18548	7959	2964	1313	C
Region								
North	1550966	62039	12609	11750	5539	2060	1208	O
Centre	5568238	53031	22184	21334	9025	3502	1389	O
South	6068428	51427	18730	19083	7985	2880	1277	O
Location								
Urban	1786434	10326	7174	18045	3429	1141	2711	1
Rural	11401198	152016	25392	18629	10036	3952	1215	0
Zone								
North	1550966	62039	12609	11750	5539	2060	1208	O
Central East	2037299	203730	25152	16169	9388	3837	1166	O
Central West	3530939	37168	20770	26155	8827	3334	1560	O
South East	3135134	136310	23932	19473	9953	3629	1212	O
South West	2933294	30877	15198	18683	6592	2360	1354	O
District								
Chitipa	168880	168880	18764	11259	6755	3593	1233	O
Karonga	250775	50155	15673	12539	6116	2786	1235	d
Rumphi	156616	78308	9789	7831	4121	1800	824	d
Mzimba	764518	50968	10768	12742	5236	1680	1363	d
Nkhatabay	199083	99542	18098	13272	7110	2844	1088	d
Likoma	11094	n/a	/a	5547	5547	2774	1109	d
Kasungu	650103	n/a	36117	27088	15479	6567	1211	d
Nkhotakota	301604	75401	13709	9425	5200	2493	1174	d
Ntchisi	231165	231165	38528	21015	12843	4056	1133	O
Mchinji	440162	146721	25892	19137	10236	4114	1268	O
Salima	342979	171490	21436	14912	8365	2931	1055	O
Dowa	511448	170483	26918	14207	8818	3733	1206	O
Lilongwe	1951278	22689	15486	27483	6895	2760	2085	O
Dedza	646292	215431	43086	26929	15388	4859	1206	d
Ntcheu	493207	164402	41101	29012	15413	4404	1111	O
Balaka	324896	n/a	29536	29536	14768	3531	1208	O
Mangochi	778338	129723	31134	19458	10963	5155	1390	O
Machinga	440492	440492	24472	17620	10011	4117	1181	O
Zomba	723020	51644	13642	21910	7230	2402	1126	O
Phalombe	311250	311250	51875	19453	13533	5275	1161	d
Mulanje	557138	557138	30952	15476	10130	3618	1175	d
Thyolo	592630	84661	14816	17430	7316	3186	1164	O
Blantyre	1158047	13786	12587	20679	4992	1631	1626	d
, Mwanza/Neno	179019	89510	9422	8137	4163	2356	1126	d
Chiradzulu	299738	299738	21410	21410	10336	2939	1254	d
Chikwawa	463888	463888	25772	27288	12886	5212	1296	d
Nsanje	239972	n/a	23997	17141	9999	3000	1270	q

^{*} All clinicians is the summation of physicians, clinical assistants and medical assistants

**Workforce was defined as a summation of Physicians, Nurses, Clinical Officers and Medical Assistants (adapted from WHO) and is computed per 1000 population

6.3.2 Nurse Population Ratio

At national level, the Nurse Population ratio was 1:2964 and was highest in the Central Region (1:3502) followed by the Southern Region at 1:2880 (Table 40 above). In urban areas, the Nurse Population ratio 1:1141 while in the rural areas the ratio was 1:3952. Across the Zones, the highest Nurse Population ratio was observed in the Central East Zone at 1:3837. Across the districts, the highest Nurse Population was registered in Kasungu (1:6567) followed by Phalombe (1:5275), Chikwawa (1:5212) and Mangochi (1:5155). See Table 39 above.

6.3.3 Clinical Officer/Medical Assistant Population Ratio

Overall, the population to Clinical Officer Population ratio was estimated at 1;18893 and was highest in the Central Region (1:22184) followed by the Southern Region at 1:19143. At Zone level, the highest ratio was registered in the Central East Zone followed by the South East Zone. Across the Districts Kasungu, Ntchisi, Dedza, Phalombe, Mulanje and Ntcheu had the highest Clinical Officer Population ratios. A similar trend was also observed for the Medical Assistants (Table 39 above).

6.3.4 HSA Population Ratio

The national target is 1 HSA per 1000 people. Bearing this in mind, then only Rumphi has achieved this target and Districts such as Nkhatabay, Likoma, Nkhotakota, Ntchisi, Ntcheu, Machinga, Zomba, Phalombe, Thyolo and Mwanza/Neno are close to achieving the target whereas districts such as Lilongwe, Mzimba, Mangochi, Chiradzulu, Blantyre and Nsanje have the highest has to Population ratios. Details are presented in Table 40 above.

6.3.5 Health workforce: Population Ratio

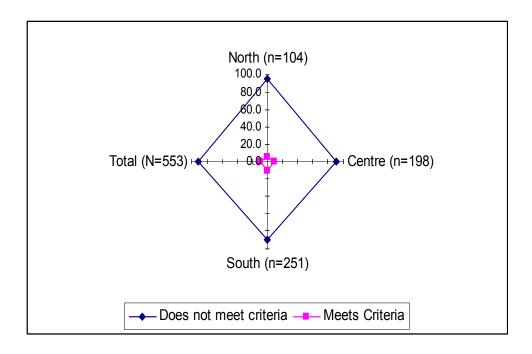
The definition of Health Workforce was adapted from WHO (2006) as a summation of Physicians, Nurses, Clinical Officers and Medical Assistants in a District or Zone and is computed for 1000 Population. The recommended threshold is 2.3 health workforce per 1000 population. It would appear that Malawi is far from achieving the threshold as recommended by the WHO because the national estimate was 0.5 health workforce per 1000 people.

6.4 Proportion of primary health facilities meeting minimum staff norms

6.4.1 Disaggregated by Region

As per MoH policy relating to EHP, a health facility is deemed to have minimum staff norms if it has at least two clinicians (doctors, clinical officers or medical assistants), 2 nurses/midwives and at least 1 environmental health officer or health assistant. The results of the census on the proportion of public (Government and CHAM) primary health facilities that meet this criteria are presented in Figure 9 below. At national level, only 9% of the 553 primary level facilities belonging to government and CHAM have minimum staff norms, 5% of the 104 facilities in the Northern Region, 10% of the 198 facilities in the Central Region and 11% of the 251 facilities in the Southern Region.

Figure 9: Proportion of facilities meeting minimum staffing norms disaggregated by Region



6.4.2 Disaggregated by Zone

Across the zones, the North Zone has the lowest proportion of facilities that have the minimum staff norms (5%) compared to 11% in the Central East Zone, 8% in the Central West Zone, 11% in the South East Zone and 12% in the South West Zone. This information is presented in Figure 10 below.

North (n=104)
100.0 =
90.0

60.0

40.0

20.0

0.0

South West (n=120)

South East (n=131)

Central East (n=79)

Central West (119)

Figure 10: Proportion of facilities meeting minimum staffing norms disaggregated by Region

6.4.3 Disaggregated by Location

Nearly half (47%) of the 36 public primary care facilities in urban areas meet the minimum staffing norms compared to only 6% in rural areas (Figure 11). There were only 6 public primary care facilities in semi-urban areas and three of these meet the minimum staffing norms (50%).

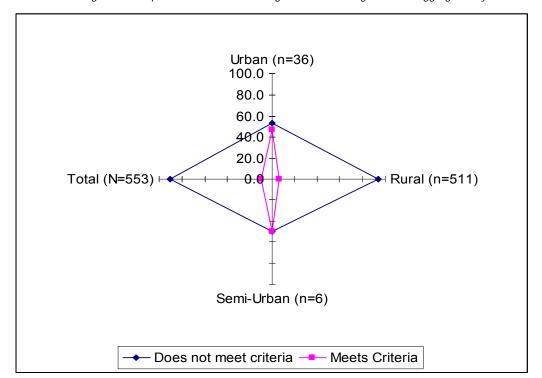


Figure 11: Proportion of facilities meeting minimum staffing norms disaggregated by Location

6.4.4 Disaggregated by District

The proportion of facilities that meet or do not meet the minimum staffing norms at district level were as shown in Table 40 below. Some districts did not have any facility that meets the criteria and these were Neno, Mwanza, Chikwawa and Nsanje in South West Zone; Mulanje in South East Zone; Ntcheu in Central West Zone; Ntchisi and Kasungu in Central East Zone; and, Likoma and Nkhatabay Districts in the North Zone. Blantyre District had the highest proportion of facilities that meet the criteria for minimum staffing norms (at 39%).

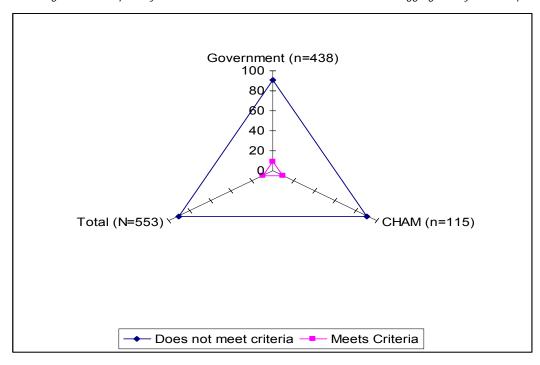
Table 40: Proportion of facilities meeting minimum staffing norms disaggregated by District

	% that do not meet criteria	% that meets Criteria	N
Malawi	90.6	9.4	553
Districts			
Chitipa	85.7	14.3	7
Karonga	100.0	0.0	12
Rumphi	93.3	6.7	15
Mzimba	94.0	6.0	50
Nkhatabay	100.0	0.0	17
Likoma	100.0	0.0	3
Kasungu	100.0	0.0	21
Nkhotakota	82.4	17.6	17
Ntchisi	100.0	0.0	11
Mchinji	90.0	10.0	10
Salima	78.6	21.4	14
Dowa	81.3	18.8	16
Lilongwe	83.0	17.0	47
Dedza	96.4	3.6	28
Ntcheu	100.0	0.0	34
Balaka	90.9	9.1	11
Mangochi	91.2	8.8	34
Machinga	95.5	4.5	22
Zomba	79.4	20.6	34
Phalombe	81.8	18.2	11
Mulanje	100.0	0.0	19
Thyolo	97.1	2.9	34
Blantyre	60.7	39.3	28
Mwanza	100.0	0.0	3
Chiradzulu	83.3	16.7	12
Chikwawa	100.0	0.0	22
Nsanje	100.0	0.0	13
Neno	100.0	0.0	8

6.4.5 Disaggregated by ownership status of facilities

Figure 12 shows the proportion of public primary health facilities that meet the minimum staff norms disaggregated by ownership status (government or CHAM). Of the 438 primary level facilities that belong to government, only 9% have the minimum staff norms, 10% of the 10% of the 115 CHAM facilities norms.

Figure 12: % of primary health facilities that have minimum staff norms disaggregated by ownership status



7.0 DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF THE STAFF

7.1 Age and sex composition

Table 41 below shows the age and sex distribution of the staff belonging to various categories in the health sector. Information on date of birth was not collected for 7% (n=2494) of the staff either because they refused to disclose their date of birth (n=2412) or they were not available for the interviews (n=82) and no body could provide this information on their behalf. Of the 31272 health workers who provided their date of birth, 63% were aged 40 years or less, 19% were aged between 40 and 50 years whereas 9% were aged between 50 and 60 years. The findings of the census therefore show that 2% of the staff in the sector are about to retire because they have reached the retirement age of 60 years

Table 41: Age and sex distribution of staff in the health sector (%)

	Age groups						
	>=30	30-40	>40-50	>50-60	>60	DoB*	
Professions	Years	Years	Years	Years	Years	Not disclosed	N
All Staff	30.7	32.7	18.6	8.6	2.3	7.1	33766
Physicians	13.7	26.2	16.5	7.3	6.0	30.2	248
Clinical Officers	25.1	35.1	15.2	7.4	6.7	10.5	698
Medical Assistants	45.1	20.3	12.2	7.0	10.8	4.5	711
Nurses	27.6	24.9	17.7	14.7	5.2	9.9	4450
Technicians	30.5	33.5	19.4	6.5	2.4	7.7	1314
Lecturers/Researchers	11.8	24.5	14.7	4.9	4.9	39.2	102
HSAs	47.8	37.5	8.9	1.8	0.1	3.8	10046
Hospital Attendants	23.0	33.2	26.4	11.2	1.2	4.9	5681
Public Health Workers	21.2	31.9	26.1	9.5	2.8	8.6	326
Semi-skilled Workers	24.4	23.3	24.1	16.0	4.3	7.9	369
Management/Support Staff	19.9	32.4	24.7	11.6	2.7	8.7	9739
Not Cited	0.0	0.0	0.0	0.0	0.0	100.0	82

^{*} DoB stands for Date of Birth

Among the Physicians, 6% were over 60 years of age, 7% were aged between 50 and 60 years and 17% were aged between 40-50 years, 26% were aged between 30 and 40 years while 14% had not reached 30 years or were just at 30. The group of Medical Assistants had the highest proportion (11%) of staff that had reached retirement age followed by Clinical Officers (7%) and Physicians (6%). Details for the rest of the categories of health workers are presented in Table 41 above.

7.2 Marital status of staff disaggregated by sex of staff

7.2.1 Overall

Figure 13 below shows the marital status of staff working in the health sector in Malawi disaggregated by sex of the staff. Female staff were more likely to be single (26% versus 16%), divorced (3% versus <1%), widowed (8% versus 1%) separated (2% versus <1%) and estranged or abandoned (0.3% versus 0%).

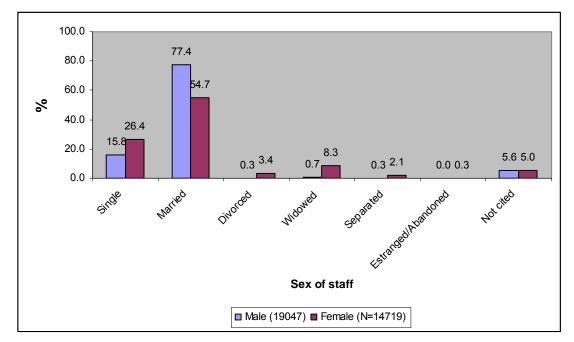


Figure 13: Marital status of the staff working in the health sector

7.2.2 Disaggregated by profession

Table 42 below shows the marital status of the staff in the health sector disaggregated by categories of staff. Overall, 68% of the staff in the health sector were married at the time of the census, 20% were single, 2% had been divorced and 4% were widowed. Nurses and Hospital Attendants had the highest proportions of staff who were widowed (9% and 8%, respectively). The proportion of divorcees was also higher among hospitals attendants (3%) and Nurses (3%).

Table 42: Marital status of the health workers disaggregated by gender

						Estrange d/	Not
	Sing	Marri	Divorc	Widow	Separat	Abandon	cite
Professions	le	ed	ed	ed	ed	ed	d
All Staff (N=33766)	20.4	67.5	1.7	4.0	1.1	0.1	5.3
Physicians (N=248)	22.2	51.2	0.4	0.0	0.0	0.0	26.2
Clinical Officers (N=698)	22.2	69.1	0.3	1.0	0.1	0.0	7.3
Medical Assistants (N=711)	34.2	61.6	0.6	8.0	0.0	0.0	2.8
Nurses (N=4450)	23.6	56.8	2.5	8.7	1.0	0.1	7.4
Technicians (N=1314)	23.7	64.6	1.1	2.4	0.8	0.0	7.3
Lecturers/Researchers							
(N=102)	14.7	50.0	0.0	5.9	0.0	0.0	29.4
HSAs (N=10046)	28.5	65.5	1.1	1.5	8.0	0.1	2.4
Hospital Attendants							
(N=5681)	15.8	66.3	3.4	8.0	2.4	0.3	3.7
Public Health Workers							
(N=326)	17.5	73.3	0.0	1.5	0.3	0.0	7.4
Semi-skilled Workers	04.4	54.0	2.0	44.4	4.0	0.5	7.0
(N=369)	24.1	51.8	3.8	11.1	1.6	0.5	7.0
Management/Support Staff (N=9739)	11.8	77.4	1.1	2.6	0.7	0.1	6.4
(14-9739)	11.0	11.4	1.1	2.0	0.7	0.1	100.
Not Cited (N=82)	0.0	0.0	0.0	0.0	0.0	0.0	0

7.3 Highest level of education of the health workers in Malawi

Table 43 below shows the highest educational qualifications of the health workers in Malawi disaggregated by professional categories. As may be observed from the Table, less than a quarter (23%) of the health workers in Malawi have educational qualifications beyond the Malawi Schools Certificate of Education (MSCE), 19% have the Primary School Leaving Certificate (PSLC), 33% have the Junior Certificate of Education (JCE). As expected, most of the clinicians, nurses and other health professionals have higher educational qualifications beyond the MSCE, obviously pertaining to their professions.

Table 43: Educational levels of the health workers disaggregated by category of staff

	Educational Qualification							
		PS*				Bachelors	Masters	Not
	PSLC	JC	MSCE	Certificate	Diploma	Degree	or above	cite
All Staff (N=33766)	19.0	32.5	24.5	8.0	12.9	1.5	1.0	C
Dhysisians (N=249)	0.0	0.0	0.0	0.0	0.0	22.0	62.2	15
Physicians (N=248)	0.0	0.0	0.0	0.0	0.0	23.0	63.3	13
Clinical Officers (N=698)	0.0	0.6	1.7	0.0	94.1	2.3	0.6	C
Medical Assistants (N=711)	0.1	0.3	1.0	95.9	1.5	0.6	0.3	C
Nurses (N=4450)	0.1	0.9	9.7	20.6	63.6	3.9	0.4	C
Technicians (N=1314)	5.7	16.4	39.0	6.8	28.9	1.8	1.1	C
Lecturers/Researchers (N=102)	1.0	2.9	8.8	4.9	3.9	28.4	50.0	C
HSAs (N=10046)	3.9	48.9	46.0	1.2	0.0	0.0	0.0	C
Hospital Attendants (N=5681)	41.4	45.9	11.1	1.7	0.0	0.0	0.0	C
Public Health Workers (N=326)	2.1	2.8	36.8	8.9	31.0	15.6	2.5	C

Semi-skilled Workers (N=369)	22.5	48.5	17.9	6.2	1.4	2.4	8.0
Management/Support Staff (N=9739)	35.8	30.8	19.3	7.5	3.8	1.4	8.0
Not Cited (N=82)	0.0	0.0	0.0	0.0	0.0	0.0	0.0 10

^{*} PS Certificate stands for 'Post Secondary Certificate'

7.4 Housing Conditions, Transport and Other Amenities

The Census collected information on housing conditions for the staff in the health sector with regard to ownership status of their residential houses, access to electricity and running water inside the houses. The results on these issues are discussed in this section.

7.4.1 Disaggregated by Region, Zone, location of work and District

The results of the census show that 47% of health workers live in rented houses while 23% stay in their own houses and 18% live in institutional houses (Table 44). When disaggregated in terms of location, the results show that 22% of the staff working in rural areas live in institutional houses, 18% of the staff working in semi-urban areas and 8% of those working in urban areas. The proportion of staff that live in their own houses is higher among those working in urban and semi-urban areas (27% in both cases) compared to those working in rural areas (20%). The results also do not show major differences among male and female staff in the status of house ownership (not shown in the Table).

Table 44: Ownership of houses where health workers live disaggregated by Region, Zone, Location of work and District

	N	Staff Quarters	Own house	Relative's/ Friend's house	Rented house	No information
All Staff	33766	17.5	23.2	2.6	47.2	9.5
Zone						
North	5315	22.8	28.6	3.1	34.9	10.6
Centre	13082	16.5	21.0	2.1	49.0	11.4
South	15369	16.5	23.1	2.9	50.0	7.6
Zone						
North	5315	22.8	28.6	3.1	34.9	10.6
Central East	4618	18.4	20.0	2.0	53.3	6.3
Central West	8464	15.5	21.6	2.2	46.6	14.1
South East	7334	18.9	20.6	2.4	51.4	6.7
South West	8035	14.2	25.4	3.3	48.7	8.5
Location of work						
Urban	8224	7.6	27.0	3.5	44.6	17.2
Rural	17789	21.7	19.7	2.2	49.2	7.2
Semi-Urban	7753	18.2	27.1	2.6	45.3	6.8
District						
Chitipa	414	25.6	35.0	5.1	24.6	9.7
Karonga	677	25.3	22.6	4.3	36.8	11.1
Rumphi	724	26.4	25.0	1.9	38.7	8.0
Mzimba	2902	20.9	29.0	2.4	36.0	11.8
Nkhatabay	547	23.6	31.3	4.8	32.4	8.0
Likoma	51	11.8	58.8	11.8	7.8	9.8
Kasungu	1026	16.3	16.4	2.6	51.1	13.6
Nkhotakota	941	24.5	25.6	1.9	45.1	2.9
Ntchisi	492	20.9	17.5	1.2	55.5	4.9
Mchinji	976	22.5	21.7	1.4	49.3	5.0
Salima	932	15.1	15.0	1.4	62.9	5.6
Dowa	1227	17.0	23.6	2.4	53.4	3.7
Lilongwe	5140	11.0	23.4	2.8	42.9	19.8
Dedza	1233	22.8	16.6	8.0	55.5	4.3
Ntcheu	1115	21.7	18.7	1.6	51.4	6.6
Balaka	719	16.3	17.9	1.8	59.8	4.2
Mangochi	1453	22.2	16.5	2.2	52.9	6.2
Machinga	963	17.2	22.0	3.7	51.6	5.4
Zomba	2297	14.1	23.5	2.7	51.0	8.8
Phalombe	679	17.5	20.8	0.7	54.9	6.0
Mulanje	1223	28.0	20.1	2.5	43.3	6.2
Thyolo	1504	20.3	20.7	3.0	47.2	8.8
Blantyre	3640	6.5	25.5	3.6	52.4	11.9
Mwanza	318	18.9	26.1	1.3	50.6	3.1
Chiradzulu	781	15.7	32.0	3.3	45.1	3.8
Chikwawa	887	22.3	20.2	3.7	49.9	3.8
Nsanje	652	20.6	34.8	3.2	38.8	2.6
Neno	253	32.8	23.7	2.0	32.4	9.1

7.4.2 Disaggregated by level of care provided by their facilities, ownership status and profession of staff

Table 45 below shows the ownership status of houses where staff working in the sector were living at the time of the census disaggregated by level of care being provided by their facilities, ownership of the facilities and profession of the staff. Regardless of the level of care provided by their facilities and ownership status of the facilities, the results of the census show that over 35% of the staff belonging to each category live in rented houses and about 17-31% live in their own houses.

Table 45: Ownership of houses where health workers live disaggregated by level care provided by their facility, ownership status of their facilities and profession of the staff

	J •					
	N	Staff Quarters	Own house	Relative's/ Friend's house	Rented house	No information
	337	Quarters	House	House	House	IIIIOIIIIalioii
All Staff	66	17.5	23.2	2.6	47.2	9.5
Level of care	450					
Drimon	150	10.1	17.0	2.2	52.7	7.0
Primary	89 132	19.1	17.0	2.2	53.7	7.9
Cocondony	132 58	19.5	28.1	3.0	41.1	8.3
Secondary	295	19.5	20.1	3.0	41.1	0.3
Tertiary	293	8.1	30.4	3.3	45.3	12.8
remary	246	0.1	30.4	3.3	45.5	12.0
Others	6	7.4	25.3	2.4	42.5	22.5
Ownership status						
•	217					
Government	54 839	17.1	20.0	2.3	52.2	8.4
CHAM	9	21.5	31.2	2.9	36.5	7.9
	110					
NGO	4	5.7	17.7	2.9	52.4	21.4
	170					
Private for profit	5	7.2	28.7	5.3	38.9	19.9
Statutory						
Organisation	506	5.9	24.1	2.2	40.5	27.3
Company	298	52.0	17.1	1.3	22.8	6.7
Profession of staff						
Physicians	248	22.2	10.9	8.0	29.8	36.3
Clinical Officers	698	45.4	13.2	0.6	27.8	13.0
Medical Assistants	711 445	64.6	10.0	1.0	16.2	8.3
Nurses	0 131	37.1	17.0	2.1	29.0	14.8
Technicians Lecturers/Research	4	31.7	17.0	2.1	38.1	11.1
ers	102 100	22.5	8.8	1.0	26.5	41.2
HSAs	46 568	9.2	9.7	3.3	71.6	6.2
Hospital Attendants Public Health	1	14.6	34.6	2.6	41.4	6.7
Workers	326	30.7	10.1	1.2	46.6	11.3

Semi-skilled						
Workers	369	27.6	23.0	1.9	34.7	12.7
Management/Suppo	973					
rt Staff	9	10.4	36.8	2.7	40.2	9.9
Not Cited	82	0.0	0.0	0.0	0.0	100.0

The results of the census also show that the majority of HSAs were living in rented houses (71%) and this was the highest proportion recorded within same category across all the other categories. The results of the census further show that the majority (65%) of Medical Assistants were living in institutional houses (Table 45 above).

7.5 Access to electricity

7.5.1 Disaggregated by Region, Zone, Location of work and District

All staff were asked to state if they had electricity inside their houses. The findings on this are presented in Table 46 below. As may be observed, only 41% of health workers live in houses that have electricity and as expected, access to electricity is higher in urban areas (73%) and semi-urban areas (49%) when compared to rural areas (23%) Across the zones, proportionately more health workers in the Central East Zone do not have electricity in their homes (71%) compared to the other zones. There are minor differences in the proportion of health workers that have access to electricity when region of residence and/or work is the separating variable.

Table 46: Proportion of health workers that have access to electricity in their houses disaggregated by Region, Zone, Location of work and District

		Do you have	electricity in	side your house?
	N	Yes	No	No information
All Staff	33766	41.0	58.5	0.5
Region				
North	5315	41.4	58.2	0.5
Centre	13082	38.2	61.3	0.5
South	15369	43.3	56.3	0.4
Zone				
North	5315	41.4	58.2	0.5
Central East	4618	29.2	70.7	0.1
Central West	8464	43.1	56.2	0.7
South East	7334	37.2	62.7	0.1
South West	8035	48.8	50.4	0.8
Location of Work				
Urban	8224	73.0	25.8	1.2
Rural	17789	22.7	77.1	0.2
Semi-Urban	7753	49.1	50.6	0.2
District				
Chitipa	414	23.2	76.8	0.0
Karonga	677	33.4	66.2	0.4
Rumphi	724	35.4	64.4	0.3
Mzimba	2902	48.4	51.0	0.5
Nkhatabay	547	35.6	64.0	0.4
Likoma	51	39.2	56.9	3.9
Kasungu	1026	24.5	75.4	0.1
Nkhotakota	941	36.1	63.8	0.1
Ntchisi	492	25.4	74.6	0.0
Mchinji	976	28.4	70.6	1.0
Salima	932	28.3	71.7	0.0
Dowa	1227	30.2	69.8	0.1
Lilongwe	5140	54.3	44.7	1.0
Dedza	1233	26.8	73.2	0.0
Ntcheu	1115	21.9	78.0	0.1
Balaka	719	42.3	57.6	0.1

Mangochi	1453	29.1	70.8	0.1
Machinga	963	33.0	66.9	0.1
Zomba	2297	46.3	53.6	0.1
Phalombe	679	23.9	76.1	0.0
Mulanje	1223	37.6	62.4	0.0
Thyolo	1504	32.6	66.6	0.7
Blantyre	3640	67.0	31.6	1.4
Mwanza	318	52.2	47.5	0.3
Chiradzulu	781	33.2	66.8	0.0
Chikwawa	887	32.0	68.0	0.0
Nsanje	652	34.2	65.8	0.0
Neno	253	23.3	76.7	0.0

7.5.2 Disaggregated by level of facility and ownership status of the facility

Table 47 below shows the proportion of health workers that have access to electricity inside their homes disaggregated by level of care of their facilities and ownership status of their facilities. Electricity is available for only 27% of the health workers in primary care facilities, 44% of the workers in facilities that provide secondary care and 68% of those working in tertiary level care facilities.

Proportionately more staff working in facilities operated by NGOs (67%), statutory organisations (80%) and the private sector (67%) have access to electricity compared to health workers working for government and CHAM. Details are presented in Table 47 below.

Table 47: Access to electricity by the staff disaggregated by level of facility and ownership status of the facility

		Do you have electricity inside your house?					
	N	Yes	No	No information			
All Staff	33766	41.0	58.5	0.5			
Level of Care							
Primary	15089	27.4	72.3	0.3			
Secondary	13258	44.3	55.4	0.3			
Tertiary	2953	67.5	31.8	0.7			
Others	2466	74.9	22.8	2.3			
Ownership status of facili	ties						
Government	21754	39.7	59.9	0.3			
CHAM	8399	33.4	66.5	0.1			
NGO	1104	66.5	31.8	1.7			
Private for profit	1705	67.0	32.1	0.9			
Statutory Organisation	506	80.0	13.0	6.9			
Company	298	41.6	58.1	0.3			

7.5.3 Disaggregated by category of staff

Table 48 below shows presents findings on the proportion of staff belonging to various categories in the health sector. As the finings show, the majority of HSAs (81%) and Hospital Attendants (74%) did not have electricity in their homes followed by semiskilled workers (56%) and Health Management and Support Staff (59%).

Table 48: Access to electricity disaggregated by category of staff

		Do you have running water inside your house?						
	N	Yes	No	No information				
All Staff	33766	41.0	58.5	0.5				
Category of Staff								
Physicians	248	83.9	7.3	8.9				
Clinical Officers	698	89.0	10.0	1.0				
Medical Assistants	711	65.5	34.3	0.1				
Nurses	4450	81.3	18.4	0.3				
Technicians	1314	73.6	26.3	0.2				
Lecturers/Researchers	102	91.2	8.8	0.0				
HSAs	10046	19.3	80.6	0.1				
Hospital Attendants	5681	26.2	73.8	0.0				
Public Health Workers	326	85.3	14.4	0.3				
Semi-skilled Workers	369	44.2	55.6	0.3				
Management/Support Staff	9739	41.1	58.7	0.2				
Not Cited	82	0.0	0.0	100.0				

7.6 Access to Water

Disaggregated by Region, Zone, Location of work, District

Less than a third of the health workers (30%) had running water inside their homes. As expected, access to water inside homes was higher among health workers working in urban areas (47%) and semi-urban areas (44%) compared to those working in rural areas (16%). At zone level, the CEZ had the lowest proportion of heath workers that had access to electricity (27%) compared to the other zones. Details are presented in Table 49 below.

Table 49: Access to water among health workers disaggregated by Region, Zone, Location of Work and District

		Do you have running water inside your hous			
		Yes	No	No information	
All Staff	33766	30.0	62.7	7.3	
Dogian					
Region North	5315	31.4	60.3	8.3	
Centre	13082	28.5	62.9	8.7	
South	15369	30.8	63.4	5.8	
Zone					
North	5315	31.4	60.3	8.3	
Central East	4618	26.6	71.4	2.0	
Central West	8464	29.5	58.2	12.3	
South East	7334	28.9	66.5	4.6	
South West	8035	32.6	60.7	6.8	
Countries.	33766	30.0	62.7	7.3	
Location of work	00.00	00.0	02	1.0	
Urban	8224	46.7	38.0	15.3	
Rural	17789	16.0	79.3	4.7	
Semi-Urban	7753	44.4	50.9	4.7	
Ocini Orban	7700	77.7	00.0	7.7	
District					
Chitipa	414	26.8	65.5	7.7	
Karonga	677	32.1	58.8	9.2	
Rumphi	724	20.3	72.7	7.0	
Mzimba	2902	35.3	55.9	8.9	
Nkhatabay	547	29.4	64.2	6.4	
Likoma	51	15.7	74.5	9.8	
Kasungu	1026	22.0	77.0	1.0	
Nkhotakota	941	30.9	67.5	1.6	
Ntchisi	492	25.8	73.0	1.2	
Mchinji	976	24.9	72.2	2.9	
Salima	932	25.8	70.9	3.3	
Dowa	1227	28.0	69.5	2.5	
Lilongwe	5140	36.1	45.6	18.3	
Dedza	1233	21.7	76.4	1.9	
Ntcheu	1115	11.4	83.9	4.8	
Balaka	719	31.6	64.5	3.9	
Mangochi	1453	24.7	70.2	5.1	
Machinga	963	25.9	70.5	3.6	
Zomba	2297	32.7	60.4	7.0	
Phalombe	679	21.8	76.0	2.2	
Mulanje	1223	31.4	66.2	2.4	
Thyolo	1504	18.6	73.0	8.4	
Blantyre	3640	41.8	48.5	9.7	
Mwanza	318	42.1	55.3	2.5	
Chiradzulu	781	24.5	75.3	0.3	
Chikwawa	887	30.9	65.8	3.3	
Nsanje	652	26.5	72.1	1.4	
Neno	253	17.4	76.3	6.3	
140110	200	17.7	10.0	0.5	

7.6.2 Disaggregated by level of facility and ownership status of their facilities

Table 50 below shows the proportion of health workers that had access running water inside their homes disaggregated by level of care of their facilities and ownership status of their facilities. As the results show, running water Electricity was available for only 17% of the health workers in primary care facilities, 37% of the workers in facilities that provide secondary care and 46% of those working in tertiary level care facilities.

Proportionately more staff working in facilities operated by NGOs (48%) and statutory organisations (51%) had access to water compared to staff working for government, CHAM and the private sector. Details are presented in Table 50 below.

Table 50: Access to running water disaggregated by level of facility and facility ownership status

		Do you have running water inside your house?				
	N	Yes	No	No information		
All Staff	33766	41.0	58.5	0.5		
Level of care						
Primary	15089	17.4	77.4	5.2		
Secondary	13258	37.2	56.4	6.4		
Tertiary	2953	45.9	43.6	10.5		
Others	2466	49.3	29.9	20.8		
Ownership status						
Government	21754	29.9	64.2	5.9		
CHAM	8399	24.2	69.6	6.2		
NGO	1104	48.1	31.9	20.0		
Private for profit	1705	39.0	43.1	17.9		
Statutory Organisation	506	51.2	23.3	25.5		
Company	298	39.3	57.0	3.7		

7.6.3 Disaggregated by category of Staff

Only 13% of the HSAs and 17% of Hospital Attendants lived in houses that had running water inside their houses. The proportions were higher among Physicians, Clinical Officers, Nurses and Public Health Workers. Details are presented in Table 51 below.

Table 51: Access to running water disaggregated by category of Staff

	Do you have running water inside your houses?					
	N	Yes	No	No information		
All Staff	33766	30.0	62.7	7.3		
Physicians	248	67.3	1.6	31.0		
Clinical Officers	698	79.1	10.2	10.7		
Medical Assistants	711	52.3	42.8	4.9		
Nurses	4450	66.4	21.8	11.8		
Technicians	1314	56.2	35.3	8.4		
Lecturers/Researchers	102	57.8	1.0	41.2		
HSAs	10046	12.8	83.9	3.3		
Hospital Attendants	5681	16.8	77.9	5.3		
Public Health Workers	326	68.4	21.8	9.8		
Semi-skilled Workers	369	28.5	62.3	9.2		
Management/Support Staff	9739	27.8	63.8	8.4		
Not Cited	82	0.0	0.0	100.0		

7.7 Distances to nearest all weather road, shopping centre, primary school and place of work

The census also collected information on distances that the health workers travel from their homes to the nearest all-weather road, nearest primary school, nearest shopping centre and to their places of work. The findings on this are discussed in this section.

7.7.1 All-weather road

Generally, the majority of the staff (57%) were living within 1 kilometre of an all-weather road and these were proportionately more in the Central Region (60%) followed by the Southern Region (56%). Apparently more health workers in urban areas travel relatively shorter distances to the nearest all-weather road compared with their counterparts in rural areas where 27% were living more than 6 km of a nearest all-weather road. At district level, more of the health workers in Balaka (62%) and Thyolo (58%) were living more than 6 km of a nearest all-weather road (Table 52).

Table 52: Distances that health workers travel to nearest all-weather roads disaggregated by Region, Zone, Location of work and District

		Nie				
	N	<=1 KM	1-3 KM	>3-6 KM	>6 KM	No information
All Staff	33766	56.5	12.0	6.6	16.7	8.1
Region						
North	5315	49.2	14.9	8.4	19.3	8.3
Centre	13082	60.2	11.0	6.8	13.0	9.0
South	15369	55.9	11.9	5.9	18.9	7.4
Zone						
North	5315	49.2	14.9	8.4	19.3	8.3
Central East	4618	62.5	12.1	7.6	15.4	2.4
Central West	8464	59.0	10.4	6.4	11.7	12.5
South East	7334	59.6	10.9	5.8	18.7	5.0
South West	8035	52.6	12.8	6.0	19.1	9.5
Location of work						
Urban	8224	61.6	13.4	4.7	3.0	17.2
Rural	17789	49.4	10.7	7.9	26.5	5.4
Semi-Urban	7753	67.4	13.5	5.8	8.7	4.6
District						
Chitipa	414	67.1	17.6	5.1	2.4	7.7
Karonga	677	63.4	16.7	8.6	4.4	6.9
Rumphi	724	53.3	8.8	5.1	29.8	2.9
Mzimba	2902	41.5	15.8	9.8	22.7	10.1
Nkhatabay	547	51.6	14.8	7.7	18.8	7.1
Likoma	51	72.5	2.0	2.0	11.8	11.8
Kasungu	1026	44.2	14.2	11.5	28.6	1.5
Nkhotakota	941	76.3	11.3	6.7	4.8	1.0
Ntchisi	492	50.6	12.2	7.1	26.8	3.3
Mchinji	976	61.8	14.7	10.8	10.3	2.5
Salima	932	63.1	10.0	8.2	16.4	2.4
Dowa	1227	71.3	12.7	4.9	7.2	3.9
Lilongwe	5140	49.0	11.4	6.6	13.7	19.3
Dedza	1233	89.7	5.2	1.3	1.5	2.3
Ntcheu	1115	68.3	7.7	7.3	14.9	1.8
Balaka	719	14.9	13.2	5.0	61.5	5.4
Mangochi	1453	67.3	11.4	6.3	9.1	6.0
Machinga	963	50.5	9.8	9.8	25.8	4.3
Zomba	2297	52.9	11.4	5.7	21.9	8.1
Phalombe	679	88.2	8.0	1.6	1.8	0.4
Mulanje	1223	80.5	10.7	5.2	2.7	0.9
Thyolo	1504	11.3	12.3	8.2	57.8	10.4
Blantyre	3640	64.9	12.3	4.4	7.4	11.0
Mwanza	318	63.2	12.3	6.0	14.8	3.8
Chiradzulu	781	75.8	10.8	5.6	7.2	0.6
Chikwawa	887	46.8	16.3	8.8	18.9	9.1
Nsanje	652	52.5	14.6	4.8	14.1	14.1
Neno	253	56.5	12.6	11.5	13.0	6.3

7.7.2 Nearest Primary School

Studies have reported that some health workers refuse to work in rural areas because of distances to primary schools for their children (Kadzandira and Mvula 2002). The census collected information on the distances from houses of the health workers to the nearest primary schools. Generally, the majority of the staff (58%) were living within 1 km of a primary school and these were proportionately more in the Central Region (62%) followed by the Northern Region (61%). Apparently no major differences were observed between health workers in urban areas and those working in rural or semi-urban areas. At district level, more of the health workers in Balaka (46%) and Thyolo (39%) were living more than 6 km of a nearest primary school (Table 53).

Table 53: Distances that health workers travel to nearest primary school disaggregated by Region, Zone, Location of Work and District

	Distances >3-6					
		<=1 KM	1-3 KM	KM	>6 KM	No information
All Staff	33766	58.4	21.6	6.9	5.2	7.9
Regions						
North	5315	60.5	22.1	7.0	2.3	8.1
Centre	13082	61.8	20.3	6.1	2.8	9.0
South	15369	54.9	22.4	7.4	8.4	6.9
Zones						
North	5315	60.5	22.1	7.0	2.3	8.1
Central East	4618	68.9	20.5	6.1	2.0	2.4
Central West	8464	57.9	20.2	6.1	3.2	12.6
South East	7334	58.2	22.2	7.7	7.5	4.4
South West	8035	51.8	22.7	7.2	9.2	9.2
Location of work						
Urban	8224	56.5	19.2	4.6	1.8	17.8
Rural	17789	58.8	21.7	8.0	6.9	4.6
Semi-Urban	7753	59.6	23.7	6.6	5.1	4.9
Chitipa	414	69.3	18.4	3.9	0.7	7.7
Karonga	677	57.2	27.0	7.8	1.2	6.8
Rumphi	724	67.8	18.9	7.0	3.5	2.8
Mzimba	2902	58.2	21.4	7.5	2.7	10.2
Nkhatabay	547	59.4	28.2	5.5	1.5	5.5
Likoma	51	72.5	7.8	9.8	0.0	9.8
Kasungu	1026	63.2	23.3	8.7	2.9	1.9
Nkhotakota	941	70.6	21.4	5.3	1.7	1.1
Ntchisi	492	68.5	24.0	4.9	8.0	1.8
Mchinji	976	58.9	28.5	8.4	2.2	2.0
Salima	932	67.0	19.0	8.7	2.9	2.5
Dowa	1227	74.2	17.4	3.3	1.1	4.0
Lilongwe	5140	54.6	18.9	5.0	2.2	19.4
Dedza	1233	72.5	19.2	5.3	1.0	2.0
Ntcheu	1115	56.0	20.1	10.4	11.3	2.2
Balaka	719	26.4	18.9	3.8	45.6	5.3
Mangochi	1453	62.4	19.2	7.6	4.0	6.9
Machinga	963	52.8	23.5	11.4	9.0	3.3
Zomba	2297	59.9	24.7	7.4	1.9	6.1
Phalombe	679	73.0	20.0	4.7	2.1	0.1
Mulanje	1223	64.9	23.0	9.5	1.6	1.0
Thyolo	1504	17.3	24.9	7.9	38.8	11.1
Blantyre	3640	61.0	19.5	5.9	1.8	11.8
Mwanza	318	57.2	30.5	6.6	2.5	3.1
Chiradzulu	781	61.5	26.4	8.6	2.6	1.0
Chikwawa	887	51.3	27.8	10.4	4.1	6.4
Nsanje	652	61.2	22.1	7.4	2.0	7.4
Neno	253	65.6	18.2	5.9	3.6	6.7

7.7.3 Distances to Shopping Centres

The census also collected information on the distances that staff travel to the nearest shopping centres. The findings on this are shown in Table 54 below. Close to half of the health workers (49%) were living within 1 km of a shopping centre, 21% were living within 1-3 km, 11% were living 3-6 km and 11% were living more than 6km of a shopping centre. Generally, health workers in rural areas were living a bit far from nearest shopping centres than their counterparts and at district level, more health workers in Balaka (35%) and Thyolo (39%) were living more than 6 km of a nearest shopping centre than health workers in the other districts.

Table 54: Distances to nearest shopping centres disaggregated by Region, Zone, Location of Work and District

	Distances						
				2.0.0		No	
		<=1 KM	1-3 KM	>3-6 KM	>6 KM	information	
All Staff	33766	48.8	21.2	10.8	11.2	8.1	
Region							
North	5315	44.0	23.8	13.5	10.4	8.2	
Centre	13082	52.7	19.2	10.5	8.5	9.2	
South	15369	47.1	22.0	10.2	13.7	7.0	
Zone							
North	5315	44.0	23.8	13.5	10.4	8.2	
Central East	4618	57.3	20.5	10.7	8.9	2.6	
Central West	8464	50.1	18.4	10.3	8.3	12.8	
South East	7334	47.4	23.0	11.4	13.6	4.7	
South West	8035	46.9	21.0	9.1	13.8	9.1	
Location of work							
Urban	8224	49.1	19.8	9.1	4.5	17.6	
Rural	17789	47.7	19.7	11.9	15.6	5.0	
Semi-Urban	7753	50.8	26.1	10.1	8.1	4.9	
Districts							
Chitipa	414	55.3	21.0	7.7	8.0	8.0	
Karonga	677	45.1	24.2	13.0	10.3	7.4	
Rumphi	724	59.3	22.1	7.6	8.0	3.0	
Mzimba	2902	39.2	24.3	15.9	10.5	10.2	
Nkhatabay	547	37.8	25.8	14.3	16.1	6.0	
Likoma	51	56.9	17.6	11.8	3.9	9.8	
Kasungu	1026	47.9	19.9	17.6	12.9	1.8	
Nkhotakota	941	60.1	25.0	8.3	5.3	1.3	
Ntchisi	492	41.7	26.6	11.2	16.1	4.5	
Mchinji	976	59.5	18.8	13.0	6.6	2.2	
Salima	932	60.1	18.9	11.1	7.6	2.4	
Dowa	1227	67.0	16.5	6.4	6.3	3.8	
Lilongwe	5140	50.0	16.4	8.1	6.0	19.6	
Dedza	1233	49.6	25.1	13.6	9.0	2.7	
Ntcheu	1115	43.3	20.2	14.8	19.5	2.2	
Balaka	719	25.2	26.4	8.2	35.0	5.1	
Mangochi	1453	54.6	19.3	9.8	8.3	7.9	
Machinga	963	48.4	22.8	13.7	12.0	3.0	
iviacninga	963	48.4	22.8	13.7	12.0	3.	

Zomba	2297	45.4	25.3	10.4	12.3	6.6
Phalombe	679	60.4	18.6	12.1	8.8	0.1
Mulanje	1223	47.5	23.5	14.6	13.6	0.9
Thyolo	1504	13.9	24.3	11.2	39.4	11.2
Blantyre	3640	57.4	18.9	6.9	5.4	11.3
Mwanza	318	53.1	20.1	9.7	13.5	3.5
Chiradzulu	781	59.8	22.3	10.6	6.4	0.9
Chikwawa	887	44.0	23.4	10.8	14.9	6.9
Nsanje	652	50.2	22.5	9.4	9.0	8.9
Neno	253	46.6	17.8	15.0	14.2	6.3

7.7.4 Distance to Workplace

Findings on the distances that staff travel from their homes to their places of work are presented in Table 56 below. Overall, 38% of the staff were living within 1 km of their facilities, 20% were living within 1-3 km, 15% were living within 3-6 km and 18% were living more than 6 km. The findings further showed that health workers in urban areas were living relatively far from their facilities compared with their counterparts in rural and semi-urban areas. At district level, more health workers in Balaka (42%) and Thyolo (45%) reported living more than 6 km from their facilities.

Table 55: Distances to places of work

	Distances					
		<=1 KM	1-3 KM	>3-6 KM	>6 KM	No information
All Staff	33766	38.1	20.1	15.1	18.4	8.3
Region						
North	5315	44.8	21.4	14.7	10.9	8.2
Centre	13082	39.5	18.4	14.6	18.3	9.2
South	15369	34.6	21.0	15.8	21.0	7.5
Zone						
North	5315	44.8	21.4	14.7	10.9	8.2
Central East	4618	48.4	20.9	14.0	14.4	2.4
Central West	8464	34.6	17.1	14.9	20.5	13.0
South East	7334	41.0	21.8	15.6	17.1	4.4
South West	8035	28.8	20.3	16.0	24.6	10.3
Location of work						
Urban	8224	16.0	18.6	20.9	25.4	19.2
Rural	17789	46.7	17.9	13.0	17.8	4.7
Semi-Urban	7753	42.0	26.8	14.0	12.3	5.0
District						
Chitipa	414	61.1	22.0	5.8	3.4	7.7
Karonga	677	45.8	22.9	14.9	9.0	7.4
Rumphi	724	65.3	18.0	7.5	6.5	2.8
Mzimba	2902	36.8	22.3	17.1	13.4	10.3
Nkhatabay	547	45.3	19.4	17.9	12.1	5.3
Likoma	51	60.8	17.6	9.8	2.0	9.8
Kasungu	1026	37.3	18.9	17.6	24.3	1.9
Nkhotakota	941	58.3	25.2	9.7	5.5	1.3

Ntchisi	492	38.8	27.0	16.1	15.7	2.4
Mchinji	976	56.5	17.8	11.2	12.7	1.8
Salima	932	39.8	22.0	19.6	16.4	2.1
Dowa	1227	60.4	15.8	9.1	10.8	3.8
Lilongwe	5140	23.9	14.8	16.7	24.6	20.0
Dedza	1233	51.1	22.9	12.4	10.8	2.8
Ntcheu	1115	46.4	20.3	12.6	18.8	1.9
Balaka	719	15.6	22.8	13.6	42.1	5.8
Mangochi	1453	50.7	16.2	11.6	14.5	7.0
Machinga	963	34.5	24.2	20.1	17.8	3.4
Zomba	2297	33.9	26.1	18.5	15.5	6.1
Phalombe	679	58.5	21.1	12.1	8.1	0.3
Mulanje	1223	53.2	18.5	14.6	13.1	0.7
Thyolo	1504	11.5	19.7	12.2	45.1	11.4
Blantyre	3640	22.9	19.2	19.4	24.4	14.1
Mwanza	318	38.1	30.5	16.0	11.6	3.8
Chiradzulu	781	43.8	21.3	14.2	20.0	0.8
Chikwawa	887	39.8	21.3	14.1	18.0	6.8
Nsanje	652	52.9	22.2	11.0	6.1	7.7
Neno	253	60.1	15.0	13.0	6.3	5.5

7.8 Means of Transport to work

The health workers were also asked to state their main means of transport to their places of work and the findings on this are presented in Figure 14 below. Generally, the majority of the workers (69%) reported that they walk to get to work, 18% were using bicycles and 10% use public transport. Health workers in rural facilities recorded the highest proportion (75%) that walks to get to work compared to both semi-urban and urban areas. Urban areas have the highest proportion of those who use private vehicles (8%) and public transport (34.4%) to get to work compared to workers in both urban and semi-urban areas.

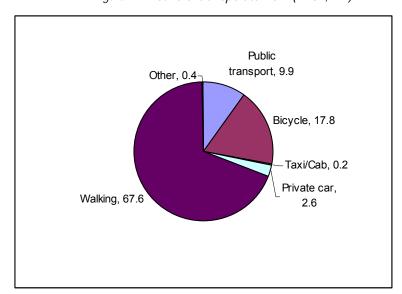


Figure 14: Means of transport to work (N=31,219)

8.0 STATUS OF EMPLOYMENT IN THE HEALTH SECTOR

This chapter discusses the status of employment as reported by the health workers during the census including the nature of their employment, hours of work and their remuneration. The census also captured information on whether the health workers also worked in other health related as well as non-health related institutions in addition to their current employment.

8.1 Tenure of employment

The health workers were first asked to state the tenure of their employment with the current employers. The findings on this are presented in Table 56 below. As may be observed from the Table, 76% were on permanent employment, 14% were on fixed contracts with their employers, 5% were on temporary employment (month to month basis) while 4% were on probation. At the time of the census, the government had just recruited a new group of HSAs hence the large proportion (8%) of those who reported to be on probation compared to the other cadres of staff.

Table 56: Tenure of employment with current employers

		Tenure of employment with current employer					
					Self	No	
		Perman	Tempor	contra	Probati	employ	informati
Profession	N	ent	ary	ct	on	ed	on
	3376						
All Staff	6	75.9	5.3	14.3	3.9	0.2	0.4
Physicians	248	59.7	4.0	21.8	2.0	2.8	9.7
Clinical Officers	698	76.5	4.0	12.6	3.6	2.4	0.9
Medical Assistants	711	80.5	4.9	8.3	3.4	2.8	0.1
Nurses	4450	84.3	4.1	8.9	2.3	0.2	0.2
Technicians	1314	87.9	2.7	6.1	2.7	0.5	0.2
Lecturers/Researcher							
S	102	75.5	1.0	22.5	1.0	0.0	0.0
	1004						
HSAs	6	50.0	10.4	32.1	7.5	0.0	0.0
Hospital Attendants	5681	95.2	1.1	1.9	1.8	0.0	0.0
Public Health							
Workers	326	89.3	2.5	5.2	2.8	0.0	0.3
Semi-skilled Workers	369	82.9	3.3	11.9	1.6	0.0	0.3
Management/Support							
Staff	9739	85.9	3.7	7.7	2.5	0.1	0.2
Not Cited	82	0.0	0.0	0.0	0.0	0.0	100.0

8.2 Nature of contract term

The health workers were also asked to state the nature of their contract with their contract employers whether it is part-time or fulltime. The findings on this are presented in Table 57 below. As may be observed from the Table, 91% of the staff in government and 92% of the staff in CHAM have fulltime contracts with their employers and generally there are no differences across various cadres of staff although relatively more physicians and lecturers/tutors reported to be on part-time contracts.

Table 57: Nature of contract term with current employer

						Empl	oyer						
		Gover	nment			CH	AM			Others			
		Part-	Full-	No		Part-	Full-	No		Part-	Full-	No	
		time	time	info		time	time	info		time	time	int	
	N	%	%	%	N	%	%	%	N	%	%		
All Staff	21754	8.5	91.2	0.3	8399	8.3	91.6	0.1	3613	19.3	78.7		
Physicians	108	18.5	79.6	1.9	40	30.0	70.0	0.0	100	28.0	50.0	2	
Clinical Officers	404	9.2	90.6	0.2	117	12.8	87.2	0.0	177	20.9	76.3		
Medical Assistants	480	6.3	93.8	0.0	117	7.7	92.3	0.0	114	14.0	85.1		
Nurses	2872	12.2	87.7	0.0	956	10.9	89.1	0.0	622	20.9	77.8		
Technicians	671	7.0	93.0	0.0	392	9.4	90.6	0.0	251	19.1	80.1		
Lecturers/Researchers	43	65.1	34.9	0.0	40	35.0	65.0	0.0	19	15.8	84.2		
HSAs	8070	8.3	91.6	0.0	1790	6.7	93.3	0.0	186	9.1	90.9		
Hospital Attendants	3776	6.3	93.8	0.0	1660	6.9	93.1	0.0	245	13.1	86.9		
Public Health Workers	286	10.5	89.2	0.3	26	3.8	96.2	0.0	14	35.7	64.3		
Semi-skilled Workers	72	18.1	81.9	0.0	259	4.2	95.4	0.4	38	21.1	78.9		
Management/Support Staff	4924	7.7	92.0	0.3	2994	8.8	91.2	0.0	1821	20.5	79.0		
Not Cited	48	0.0	0.0	100.0	8	0.0	0.0	100.0	26	0.0	0.0	10	

8.3 Proportion of staff confirmed in their positions

All staff who reported to have permanent contracts with their employers were asked to state if they were confirmed in their positions. The findings on this are presented in Table 58 below. Over three quarters of the staff (88% in government and CHAM and 70% of those employed elsewhere) reported being confirmed whereas 4% had not been confirmed. While most staff are aware about their employment status as either being confirmed or not, there are still a number of staff who are not sure about their status and these were not sure whether they had received any communication or not on this issue. Details are presented in Table 58 below.

Table 58: Proportion of staff confirmed in their positions

						Emr	oloyei	•				
	Govern	ment			CHAM		,		Others	S		
				Not				Not				
	N	Yes	No	sure	N	Yes	No	sure	N	Yes	No	Not sure
	16645	87.6	4.3	8.0	6617	88.0	3.9	8.1	2370	70.4	3.9	25.7
Physicians	74	56.8	6.8	36.5	27	51.9	3.7	44.4	47	46.8	0.0	53.2
Clinical Officers	342	83.3	6.4	10.2	95	84.2	2.1	13.7	97	70.1	4.1	25.8
Medical Assistants	405	83.7	9.6	6.7	96	83.3	8.3	8.3	71	83.1	5.6	11.3
Nurses	2476	80.6	5.9	13.5	872	85.4	2.9	11.7	405	68.6	2.0	29.4
Technicians	624	83.2	8.3	8.5	356	88.5	2.8	8.7	175	74.9	2.3	22.9
Lecturers/Researchers	37	32.4	0.0	67.6	31	48.4	6.5	45.2	9	66.7	0.0	33.3
HSAs	4104	90.2	3.8	6.0	821	90.0	3.8	6.2	94	88.3	3.2	8.5
Hospital Attendants	3678	91.8	2.7	5.5	1523	89.2	4.4	6.4	208	84.1	2.9	13.0
Public Health Workers	261	81.2	7.3	11.5	23	91.3	8.7	0.0	7	28.6	0.0	71.4
Semi-skilled Workers	58	81.0	1.7	17.2	229	90.4	3.9	5.7	19	52.6	5.3	42.1
Management/Support Staff	4586	88.4	4.0	7.6	2544	88.4	3.9	7.6	1238	67.4	5.0	27.6

8.4 Hours of work in their parent department

The health workers were also asked to state the number of hours that they work in the department they belong each week. Information on this would help to estimate and understand the workload that staff in the health sector have. The results on this are presented in Table 59 below. The majority of the staff reported to work more than 40 hours per week (65%) and this was the case for all the categories of staff. Generally, very few staff work for less than 10 hours per week in their departments (<1%).

Table 59: Hours of work in parent department

				Hour	s of work		Na
	N	<10	>10-20	>20-30	>30-40	>40	No information
All Staff	33766	0.3	0.9	1.1	27.0	64.6	6.2
Physicians	248	0.4	2.0	2.4	8.5	54.0	32.7
Clinical Officers	698	0.1	0.7	1.0	16.6	71.5	10.0
Medical Assistants	711	0.1	0.3	1.0	17.3	77.2	4.1
Nurses	4450	0.2	0.4	0.7	16.8	71.5	10.5
Technicians	1314	0.2	0.6	0.5	26.0	64.9	7.8
Lecturers/Researchers	102	0.0	3.9	0.0	22.5	33.3	40.2
HSAs	10046	0.3	1.1	1.2	36.3	59.2	2.0
Hospital Attendants	5681	0.2	0.6	0.9	27.5	66.4	4.3
Public Health Workers	326	0.0	0.3	0.3	24.5	66.6	8.3
Semi-skilled Workers	369	1.9	1.4	1.9	33.3	55.0	6.5
Management/Support							
Staff	9739	0.3	1.0	1.3	24.0	65.9	7.5
Not Cited	82	0.0	0.0	0.0	0.0	0.0	100.0

8.5 Proportion of staff reporting to work in other departments and facilities

The health workers were also asked to state if they also worked in other departments within the same facility in addition to their parent department. The findings on this are presented in Table 60 below. A fifth (20%) of the staff reported working in other departments and this was relatively higher among Medical Assistants (49%), Clinical Officers (38%), Nurses (35%) and semi-skilled workers (33%). As expected, some staff are employed to perform specific jobs such as laboratory or pharmaceutical work and it is not very surprising that the Technicians, Management/Support staff and Lecturers do not work in other departments apart from their parent departments. For the Medical Assistants, Clinical Officers and Nurses, the proportions of those who work in other departments is higher probably because they are the only clinical staff available at the facilities especially in rural areas as such they have to work in the other departments as well.

Table 60: Proportion of staff indicating that they work in other departments in the same facility

Category of staff	N	% working in other departments in same facility	% working in other facilities
All staff	33637	20.1	5.7
Physicians	223	27.8	15.8
Clinical Officers	691	37.8	15.0
Medical Assistants	708	48.9	7.9
Nurses	4434	35.2	8.5
Technicians	1307	21.3	8.4
Lecturers/Researchers	102	14.7	12.7
HSAs	10032	13.7	5.9
Hospital Attendants	5680	23.2	2.1
Public Health Workers	324	24.7	21.0
Semi-skilled Workers	366	32.5	3.8
Management/Support Staff	9688	13.9	4.6

8.6 In-Service Training

8.6.1 Disaggregated by category of staff

In-service training is important for all staff in order to learn new ways of delivering services, obtain and upgrade required skills and to share experiences with other workers and trainers. The Census collected information on whether the health workers had ever attended any in-service training in the last one year preceding the census. The results on this show that nearly half (47%) of all the staff did not attend any training during the period of reference, 36% had attended 1-3 training sessions whereas 8% had attended more than 3 training sessions (Table 61).

The findings of the census also show less in-service training among the non-health professionals such as HSAs (55%), ward attendants (52%) and the management and support staff (56%).

Table 61: Proportion of health workers that had in-service training in the last 1 year preceding the census

	Number of short trainings undertaken						
Category of staff	N	None	1-3 times	>3 times	No information		
All staff	33766	46.9	36.0	7.9	9.2		
Physicians	248	18.5	26.6	14.9	39.9		
Clinical Officers	698	15.6	42.0	28.5	13.9		
Medical Assistants	711	15.9	45.4	29.7	9.0		
Nurses	4450	19.1	47.8	19.1	14.0		
Technicians	1314	37.4	39.3	11.8	11.6		
Lecturers/Researchers	102	15.7	27.5	14.7	42.2		
HSAs	10046	55.1	34.3	6.1	4.4		
Hospital Attendants	5681	51.8	38.6	3.3	6.4		
Public Health Workers	326	28.2	33.1	23.6	15.0		
Semi-skilled Workers	369	37.1	46.9	6.5	9.5		
Management/Support Staff	9739	56.4	29.7	3.2	10.7		
Not cited	82	0.0	0.0	0.0	100.0		

8.6.2 Disaggregated by region, zone, sex of staff and location work

The results of the census also showed less access to in-service training among health workers in the Southern and Central Regions as 51% and 48% had none in the last 12 months preceding the census compared to only 30% of the health workers in the Northern Region. With regard to location of work, there was less in-service training among the staff in the rural areas (53% never attended any training in the last 12 months preceding the census) compared to staff in the urban areas (Table 62).

Table 62: Proportion of staff ever attended in-service training disaggregated by region, zone, sex of staff and location work

		Number of short-term trainings undertaken						
		None	1-3 times	>3 times	No information			
All Staff	33766	46.9	36.0	7.9	9.2			
Region								
North	5315	29.5	48.7	10.5	11.3			
Centre	13082	48.6	34.3	7.3	9.8			
South	15369	51.4	33.1	7.6	7.9			
Zone								
North	5315	29.5	48.7	10.5	11.3			
Central East	4618	56.5	33.0	8.6	1.9			
Central West	8464	44.2	35.0	6.7	14.1			
South East	7334	53.0	32.7	8.5	5.7			
South West	8035	50.0	33.5	6.8	9.8			
Location of work								
Urban	8224	36.4	38.2	7.8	17.6			
Rural	17789	53.3	33.5	6.7	6.5			
Semi-Urban	7753	43.1	39.6	11.0	6.3			
Sex of staff								
Male	19047	49.3	33.9	7.6	9.2			
Female	14719	43.7	38.8	8.4	9.1			

With regard to sex of the staff, there was relatively less in-service training among male staff compared to female staff in the last 12 months preceding the census. Nearly half of the male staff (49%) had no in service training in the period of reference compared to 43% of the female staff.

8.6.3 Proportion ever attended in-service training disaggregated by level of care.

With regard to level of care, there was proportionately more in-service training among staff working in the tertiary facilities (52%) compared to the staff working in the other facilities (Table 63).

Table 63: Proportion of staff ever attended in-service training disaggregated by level of care

			undertaken		
Level of Care	N	None	1-3 times	>3 times	No information
All Staff	33766	46.9	36.0	7.9	9.2
Primary	15089	51.8	34.5	7.2	6.6 8.7
Secondary	13258	46.1	36.4	8.9	12.5
Tertiary	2953	35.6	43.5	8.4	
Others	2466	34.5	35.0	7.1	23.5

8.6.3 Disaggregated by ownership status of the facilities

Table 64 below shows the proportion of staff that reported to have attended some inservice short-term trainings in the last 12 months preceding the census disaggregated by ownership status of the facilities. There was generally no major difference between staff working in government, CHAM and in facilities run by NGOs and companies. Less in-service training was reported by staff working for the private sector (30%) followed by staff working in facilities run by statutory organisations (34%).

Table 64: Proportion of staff ever attended in-service training disaggregated by ownership status of the facilities

		Number of short-term trainings undertaken						
Ownership of facilities	N	None	1-3 times	>3 times	No information			
All staff	33766	46.9	36.0	7.9	9.2			
Government	21754	44.6	38.4	9.1	7.8			
CHAM	8399	54.8	32.3	5.7	7.2			
NGO	1104	34.3	37.0	8.3	20.3			
Private for profit	1705	47.5	25.2	4.8	22.6			
Statutory Organisation	506	34.8	28.1	6.1	31.0			
Company	298	48.7	42.6	4.0	4.7			

8.6.4 Disaggregated by District of work

At district level, more in-service training was reported in Mzimba where only 13% reported not have had any training in the last 12 months whereas Districts such as Chikwawa, Dowa, Mangochi and Nsanje registered high proportions (>60%) of staff that had no in-service training in the last 12 months. Details are presented in Table 65 below.

Table 65: Proportion of staff ever attended in-service training disaggregated by District or work

		Number of short-term trainings undertaken						
	N	None	1-3 times	>3 times	No information			
All Staff	33766	46.9	36.0	7.9	9.2			
Chitipa	414	38.4	35.7	12.6	13.3			
Karonga	677	54.8	33.5	4.3	7.4			
•	724		33.1	4.3 5.2	11.3			
Rumphi		50.3						
Mzimba	2902	12.4	61.5	13.5	12.7			
Nkhatabay	547	53.2	31.8	7.7	7.3			
Likoma	51	49.0	31.4	7.8	11.8			
Kasungu	1026	58.2	33.7	5.8	2.3			
Nkhotakota	941	55.9	34.4	8.2	1.5			
Ntchisi	492	56.5	29.7	12.8	1.0			
Mchinji	976	37.4	37.8	6.8	18.0			
Salima	932	46.2	38.4	12.7	2.7			
Dowa	1227	63.2	28.7	6.4	1.8			
Lilongwe	5140	40.4	34.2	6.2	19.2			
Dedza	1233	55.7	36.2	7.1	1.1			
Ntcheu	1115	55.1	35.2	8.3	1.3			
Balaka	719	47.6	35.3	13.4	3.8			
Mangochi	1453	64.0	25.2	8.2	2.6			
Machinga	963	53.9	31.5	5.8	8.8			
Zomba	2297	50.5	31.5	8.1	10.0			
Phalombe	679	52.0	39.3	4.6	4.1			
Mulanje	1223	47.8	39.9	11.3	1.0			
Thyolo	1504	56.2	31.1	5.2	7.6			
Blantyre	3640	42.6	37.2	7.9	12.3			
Mwanza	318	47.8	40.6	11.3	0.3			
Chiradzulu	781	50.7	32.7	7.9	8.7			
Chikwawa	887	67.1	25.7	3.4	3.8			
Nsanje	652	65.2	28.5	5.4	0.9			
Neno	253	20.6	27.3	5.9	46.2			

8.6.5 Reasons why some staff think they did not attend in-service training in last 1 year

The staff that had not attended any in-service training in the last 1 year before the census (N=15765) were asked to state why this was the case. The reasons (as perceived and reported by the respondents) are as shown in Figure 15 below. Generally the concerned staff felt there is favouritism and nepotism when choosing staff to go for in-service training (47%) and that some superiors do not consider or appreciate what the junior staff are doing.

Not interested

1%

Work overload
3%

Budgetary
constraints
119

A7%

Not considered by
authorities
38%

Figure 15: Reasons why some staff (N=15,765) think they did not attend short-term courses in last 1 year preceding the census

8.7 Promotion History

8.7.1 Proportion of staff reporting ever promoted by Region, Zone and District

Promotion on the job is one of the key motivators for workers in all institutions as their earnings gradually increase as well as their official powers and recognition. The results of the Census reveal that 76 % (n=25672) of the health workers have never been promoted in their positions compared to only 24% (n=7798) who reported to have ever been promoted before (Table 66 below). No major differences were observed across Regions, Zones and Districts although some districts (Phalombe and Neno at 16%) recorded low proportions of staff that had ever been promoted before.

Table 66: Proportion of staff reporting to have ever been promoted disaggregated by Region, Zone and Districts

		Have you eve	Have you ever been promoted?					
	N	Yes	No	No information				
All Staff	33766	23.3	76.2	0.6				
Region								
North	5315	26.8	72.8	0.5				
Centre	13082	22.7	76.7	0.6				
South	15369	22.6	76.8	0.6				
Zone								
North	5315	26.8	72.8	0.5				
Central East	4618	22.5	77.4	0.0				
Central West	8464	22.8	76.3	0.9				
South East	7334	20.5	79.2	0.3				
South West	8035	24.5	74.7	0.8				
Districts								
Chitipa	414	24.6	75.4	0.0				
Karonga	677	29.5	70.0	0.4				
Rumphi	724	28.7	71.0	0.3				
Mzimba	2902	24.2	75.3	0.6				
Nkhatabay	547	36.6	63.1	0.4				
Likoma	51	23.5	72.5	3.9				
Kasungu	1026	19.5	80.4	0.1				
Nkhotakota	941	25.7	74.3	0.0				
Ntchisi	492	30.5	69.5	0.0				
Mchinji	976	25.8	73.3	0.9				
Salima	932	21.8	78.2	0.0				
Dowa	1227	20.0	80.0	0.1				
Lilongwe	5140	23.5	75.3	1.2				
Dedza	1233	19.6	80.4	0.0				
Ntcheu	1115	20.4	79.5	0.2				
Balaka	719	18.2	79.1	2.6				
Mangochi	1453	17.1	82.8	0.1				
Machinga	963	20.8	79.1	0.1				
Zomba	2297	25.7	74.1	0.1				
Phalombe	679	15.8	84.2	0.0				
Mulanje	1223	18.2	81.8	0.0				
Thyolo	1504	18.2	81.1	0.7				
Blantyre	3640	26.6	71.9	1.4				
Mwanza	318	37.1	62.6	0.3				
Chiradzulu	781	23.3	76.7	0.0				
Chikwawa	887	26.6	73.4	0.0				
Nsanje	652	23.3	76.7	0.0				
Neno	83.8	16.2	0.0	253				

8.7.2 Proportion reporting ever promoted by facility ownership, sex of staff, location of work and level care of their facilities

Generally, staff promotion was reported low among those working in the private sector and those working in CHAM facilities (17%, respectively). The staff working in rural recorded lower promotion (17%) compared to those working in urban areas (29%) and semi-urban areas (33%). There was generally no major difference between male and female staff with regard to promotion prospects (22% of the males and 25% of the females). Primary care level facilities (16%) appear to provide less promotional opportunities to health workers than the other types (Table 67).

Table 67: Proportion of staff reported to have ever been promoted disaggregated by region, zone, level of care and facility ownership

		Have you ev	Have you ever been promoted be								
	N	Yes	No	No information							
All staff	33766	23.3	76.2	0.6							
Government	21754	26.9	72.6	0.5							
CHAM	8399	16.5	83.4	0.1							
Others	3613	17.1	80.8	2.0							
Sex of staff											
Male	19047	22.3	77.2	0.6							
Female	14719	24.6	74.8	0.6							
Location of work											
Urban	8224	29.0	69.6	1.4							
Rural	17789	16.6	83.2	0.2							
Semi-Urban	7753	32.6	66.9	0.5							
Level of facility											
Primary	15089	16.1	83.7	0.3							
Secondary	13258	27.4	72.2	0.4							
Tertiary	2953	37.8	61.4	0.8							
Others	2466	27.9	69.3	2.8							

8.7.3 Proportion reporting ever promoted by category of staff

Promotion on the job was recorded highest among Public Health Workers (50%) followed by Nurses (43%) and was lowest among HSAs (9%). A third of the ward attendants (31%) reported to have ever been promoted whereas 69% said that they had never been promoted at all. Details are presented in Table 68 below. While some workers have never been promoted on the basis that they do not qualify either because they have just been recruited (HSAs for example), are on probation/contract/contract basis or do not possess the requisite qualifications, the majority of the other workers (>61%) do not know why they have not been promoted.

Table 68: Proportion of staff reporting to have been promoted in their positions disaggregated by category of staff

		Have you ever	r been pro	omoted before?
Category of Staff	N	Yes	No	No information
All staff	33766	23.3	76.2	0.6
Physicians	248	19.4	71.4	9.3
Clinical Officers	698	30.4	68.6	1.0
Medical Assistants	711	18.1	81.7	0.1
Nurses	4450	43.1	56.1	0.8
Technicians	1314	31.1	68.8	0.2
Lecturers/Researchers	102	24.5	75.5	0.0
HSAs	10046	9.4	90.5	0.1
Hospital Attendants	5681	31.2	68.8	0.0
Public Health Workers	326	50.0	49.7	0.3
Semi-skilled Workers	369	24.7	75.1	0.3
Management/Support Staff	9739	22.0	77.6	0.3
Not Cited	82	0.0	0.0	100.0

8.7.4 Length of time from last promotion

Those staff that had been promoted were asked to state when they were promoted the last time. The findings on this are presented in Figure 16 below. Approximately one-third (30% of 7798 workers) were promoted in the last 5-10 years, 38% in the last 1-5 years while 14% were last promoted more than 10 years ago.

Can't remember 11%
10+ years 14%
>5-10 years 30%

Figure 16: Period from last promotion on the job among staff ever promoted (N=7798)

8.8 Staff attrition

This section discusses staff attrition including the aspect of moonlighting in search for additional salaries as well as personnel completely withdrawing their services in pursuit of better paying jobs. The reason for moonlighting and completely changing jobs could be the search for higher salaries as well as better conditions of work. In order to get this information, the health personnel were first asked if they worked in other health or non-health related facilities.

8.8.1 Proportion reporting to have ever changed jobs

The health workers were asked to state if they had ever changed jobs for another facility providing health services a question to which 8% said they had ever done so. As the findings presented in Table 69 below illustrate, the qualified health professionals namely Physicians, Nurses/Midwives, Medical assistants, Clinical officers and Researchers are more likely to have ever changed employers than the other cadres of staff.

Table 69: Proportion of staff reporting to have changed jobs within and out of the health sector

-			
		% of staff that have	ever moved
Category of staff	N	Within Health Sector	Out of sector
All staff	33766	7.8	1.7
Physicians	248	16.9	0.4
Clinical Officers	698	26.6	1.1
Medical Assistants	711	20.7	0.8
Nurses	4450	25.4	0.9
Technicians	1314	14.8	1.1
Lecturers/Researchers	102	21.6	2.0
HSAs	10046	2.9	1.6
Hospital Attendants	5681	3.4	1.1
Public Health Workers	326	6.7	0.6
Semi-skilled Workers	369	8.1	2.4
Management/Support Staff	9739	3.8	2.8
Not Cited	82	0.0	0.0

With regard to movement out of the health sector, the findings of the census showed that management and support staff and Lecturers/Researchers were relatively more likely to have moved out of the health sector at some point. Details are presented in Table 69 above.

8.8.2 Movement across employers/service providers within the health sector

Table 70 below shows the movement status between first employers and current employers of the staff who reported to have ever changed jobs. Of the 21,679 health workers who were working in government at the time of the census, 94% started their work in government, 5% started their work in a CHAM facility while the rest started their work in other facilities. Of the 8,390 staff who were working in CHAM facilities at the time of the census, 35% started their work in government while 64% started their work in a CHAM facility. As would be observed from Table 70 below, most of the staff who were found working NGOs, private facilities and clinics run by statutory organisations and companies started their work in government.

Table 70: Movement of health workers across service providers within the health sector

Fi	irst	Fm	m	lo.	ıρr
	II ƏL		ıvı	UV	/EI

Current employer	Government	CHAM	NGO	Private	Statutory	Total
Government	94.2	4.9	0.4	0.4	0.2	21679
CHAM	34.6	64.3	0.5	0.5	0.0	8390
NGO	60.2	12.9	23.9	2.9	0.1	1085
Private for profit	59.6	10.4	1.2	28.5	0.4	1687
Statutory Organisation	88.2	3.6	0.9	0.2	7.1	466
Company	67.7	10.1	1.7	15.2	5.4	297
All Staff	76.2	20.3	1.2	2.0	0.3	33604

8.8.3 Reasons why some staff left the government sector

Health workers who reported to have worked in government before and had left for other employers (N=806) were asked to state how long they worked in government before moving and the main reason why they decided to leave government. The findings on this showed that on average, staff had worked an average of 4.4 years and there was no difference on the basis of gender. Poor working conditions and low motivation (no incentives, no promotion and not being recognized) dominated the list of reasons that were provided (35%). Related to this was the issue of low pay in government which was cited by slightly more than a third of the workers (39%). Some staff had left government in search of more challenging work with the other employers (4%) or were removed from the government service (15%). These findings are presented in Figure 17 below.

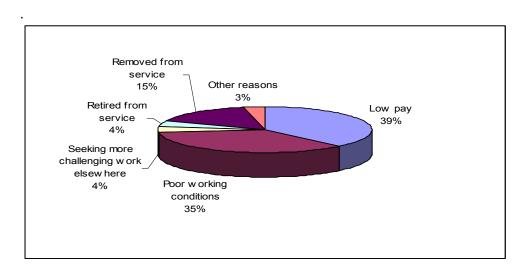


Figure 17: Main reasons why some health left government for other employers

8.9 Average Basic Salary among Key Health Personnel

The health workers were asked to provide information regarding their basic monthly salaries and any allowances which they get from their employers or from elsewhere. The health workers were asked to bring their most recent pay slips from which this information could be copied. This was one the most difficult pieces of information to collect as not many were willing to disclose their salaries. As such the information presented in this section needs to be treated with caution. The computation in this

section has been done only for Physicians, Clinical Officers, Medical Assistants and Nurses.

8.9.1 Mean Salaries among Physicians

Figure 18 below shows the 95% confidence interval (CI) for mean of basic monthly salaries among Physicians working in government, CHAM and in the private sector. Generally, Physicians working in the private sector (private for profit, statutory organisations, NGOs and companies) get significantly much higher salaries compared with their colleagues in government and CHAM. The CI for mean basic monthly salaries among Physicians working in government was K30,000 to K62,000 with K46,000 as the point estimate. In CHAM, the CI was lower at K20,000 to K29000 whereas in the private sector the CI was KK75,000 to K145000.

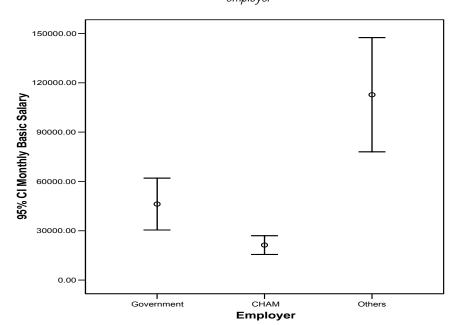


Figure 18: Average and 95% CI for average basic monthly salary among Physicians disaggregated by employer

Clinical Officers

The CI for mean basic monthly salaries among Clinical Officers (C/Os) working in government, CHAM and the private sector are shown in Figure 19 below. No significant differences were observed between C/Os working in government and those working in CHAM (shown by the overlapping whiskers in Figure 19) but significant differences were observed with the C/Os working in the private sector.

25000.00 –

\$\frac{\text{Variable}}{22500.00} - \frac{\text{Variable}}{22500.00} - \frac{\text{Variable}}{20000.00} - \frac{\text{Variable}}{200000.00} - \frac{\text{Variable}}{200000.00} - \frac{\text{Variable}}{200000.00} - \frac{\text{Variable}}{200000.00} - \frac{\text{Variable}}{200000.00} - \frac{\text{Variable}}{200000.00} - \frac{\text{Variable}}{2000000.00} - \frac{\text{Variable}}{20000000} - \frac{\text{Variable}}{20000000} - \frac{\text{Variable}}{20000000} - \frac{\text{Variable}}{20000000} - \frac{\text{Variable}}{20000000} - \frac{\text{Variable}}{2000000} - \frac{\text{Variable}}{20000000} - \frac{\text{Variable}}{20000000} - \frac{\text{Variable}}{20000000} - \frac{\text{Variable}}{20000000} - \frac{\text{Variab

Government

CHAM

Employer

Others

Figure 19: Average and 95% CI for average basic monthly salary among Clinical Officers disaggregated by employer

Medical Assistants

10000.00

Figure 20 below shows the CI for mean basic monthly salaries among Medical Assistants (M/As) working in government, CHAM and the private sector. As the findings showed, the CI among M/As working in government was shorter implying that most M/As were getting almost same amount of basic salaries on average (~K12000-15000/month) whereas among M/As working in had a huge CI and huge gap. However, the CI of mean basic monthly salaries were not significantly different when employer was the separating variable (shown by the overlapping whiskers in Figure 20 below).

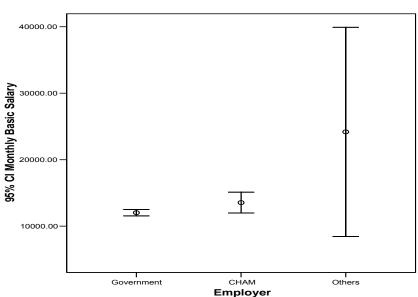


Figure 20: Average and 95% CI for average basic monthly salary among Medical Assistants disaggregated by employer

Nurses

The CI for mean basic monthly salaries among Nurses working in government, CHAM and the private sector are shown in Figure 21 below. Generally the mean basic monthly salaries were not significantly different between Nurses working in government and those working in CHAM but were significantly different with those working in the private sector. Nurses working in government were on average getting K15,300 (CI: K15,100 to K15,500) per month as basic salary compared to KK19200 on (CI: K18000 to K20400) average among Nurses working in the private sector.

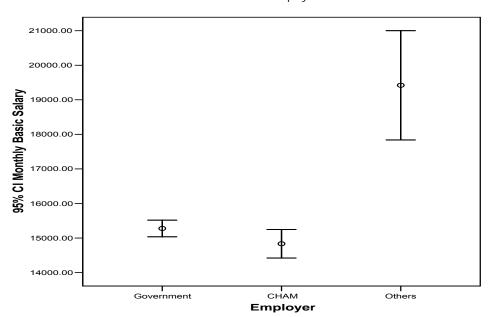


Figure 21: Average and 95% CI for average basic monthly salary among Nurses disaggregated by employer

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Annex 1: Detailed distribution of Physicians in Malawi (n)

												Distric	:†											Tota I
	Chitipa	Karonga	Rumphi	Mzimba	ataba	2 0	Ntchisi	Mchinji	Salima	Dowa	Lilongwe	Dedza	Ntcheu	Mangochi	Machinga	Zomba	Phalombe	Mulanje	Thyolo	Blantyre	Chiradzulu	Chikwawa	Neno	
General Practitioners	1	4	2	14	2	3	1	3	2	3	66	3	3	6	1	8	1	1	4	60	1	1	1	191
Radiology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Surgery	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0	1	4	0	0	0	10
Obstetrics and																								
Gaenecology	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	1	0	0	1	3	0	0	0	7
Pediatrics	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	1	0	0	0	4	0	0	1	8
Ophthalmology	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	2
Psychiatry	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	1	0	0	0	3	0	0	0	7
Urology	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2
Anesthesiology	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	2
Osteopathy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Dental	0	0	0	1	0	0	0	0	0	0	2	0	0	0	0	1	0	0	1	0	0	0	0	5
Orthopedics	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Hematology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Physiotherapy	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	2
Anatomy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Pathology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2
Optition	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2
Immunology	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Total	1	5	2	15	2	4	1	3	2	3	86	3	3	6	1	14	1	1	7	84	1	1	2	248

Annex 2: Detailed Distribution of Technicians in Malawi

Districts

		Chitipa	Karonga	Rumphi	Mzimba	Nkhatabay	Likoma	Kasungu	Nkhotakota	Ntchisi	Mchinji	Salima	Dowa	Lilongwe	Dedza	Ntcheu	Balaka	Mangochi	Machinga	Zomba	Phalombe	Mulanje	Thyolo	Blantyre	Mwanza	Chiradzulu	Chikwawa	Nsanje	Neno	
	All n	13	29	11	138	12	3	20	35	9	32	25	31	276	32	29	22	53	26	100	22	36	33	227	14	26	25	24	11	1314
	%	1.0	2.2	8.0	10.5	0.9	0.2	1.5	2.7	0.7	2.4	1.9	2.4	21.0	2.4	2.2	1.7	4.0	2.0	7.6	1.7	2.7	2.5	17.3	1.1	2.0	1.9	1.8	8.0	100.0
Laboratory	n	5	12	4	45	3	2	2	13	1	14	8	13	100	12	11	7	17	8	42	9	11	14	88	5	11	8	9	7	481
	%	1.0	2.5	8.0	9.4	0.6	0.4	0.4	2.7	0.2	2.9	1.7	2.7	20.8	2.5	2.3	1.5	3.5	1.7	8.7	1.9	2.3	2.9	18.3	1.0	2.3	1.7	1.9	1.5	100.0
Radiography	n	0	0	0	0	0	0	0	1	0	0	0	0	2	0	0	0	1	0	0	0	0	0	3	1	1	0	0	0	9
	%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	11.1	0.0	0.0	0.0	0.0	22.2	0.0	0.0	0.0	11.1	0.0	0.0	0.0	0.0	0.0	33.3	11.1	11.1	0.0	0.0	0.0	100.0
Dental	n	2	5	2	28	2	0	4	1	1	5	5	2	54	. 7	6	6	12	9	12	5	4	6	24	2	3	3	4	1	215
	%	0.9	2.3	0.9	13.0	0.9	0.0	1.9	0.5	0.5	2.3	2.3	0.9	25.1	3.3	2.8	2.8	5.6	4.2	5.6	2.3	1.9	2.8	11.2	0.9	1.4	1.4	1.9	0.5	100.0
Pharmacy	n	2	5	3	30	2	1	6	13	2	6	4	6	63	8	8	4	18	5	23	4	13	5	47	2	6	5	4	3	298
	%	0.7	1.7	1.0	10.1	0.7	0.3	2.0	4.4	0.7	2.0	1.3	2.0	21.1	2.7	2.7	1.3	6.0	1.7	7.7	1.3	4.4	1.7	15.8	0.7	2.0	1.7	1.3	1.0	100.0
Physiotherapy	n	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	6	0	0	0	0	0	9
	%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	33.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	66.7	0.0	0.0	0.0	0.0	0.0	100.0
Optical	n	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	1	0	0	1	0	0	1	2	0	0	0	0	0	7
	%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	14.3	0.0	0.0	0.0	0.0	14.3	0.0	0.0	14.3	0.0	0.0	14.3	0.0	0.0	14.3	28.6	0.0	0.0	0.0	0.0	0.0	100.0
Anesthetic	n	1	3	1	6	2	0	4	4	2	3	2	3	11	3	3	2	0	2	8	2	2	4	11	1	1	4	3	0	88
	%	1.1	3.4	1.1	6.8	2.3	0.0	4.5	4.5	2.3	3.4	2.3	3.4	12.5	3.4	3.4	2.3	0.0	2.3	9.1	2.3	2.3	4.5	12.5	1.1	1.1	4.5	3.4	0.0	100.0
Ophthalmology	, n	0	1	0	2	1	0	0	0	0	0	2	1	3	0	0	0	1	0	1	0	1	0	2	0	0	1	1	0	17
	%	0.0	5.9	0.0	11.8	5.9	0.0	0.0	0.0	0.0	0.0	11.8	5.9	17.6	0.0	0.0	0.0	5.9	0.0	5.9	0.0	5.9	0.0	11.8	0.0	0.0	5.9	5.9	0.0	100.0
Orthopedic	n	1	1	1	12	1	0	2	1	1	2	1	2	14	1	0	1	2	1	4	0	1	1	19	2	1	1	1	0	74
	%	1.4	1.4	1.4	16.2	1.4	0.0	2.7	1.4	1.4	2.7	1.4	2.7	18.9	1.4	0.0	1.4	2.7	1.4	5.4	0.0	1.4	1.4	25.7	2.7	1.4	1.4	1.4	0.0	100.0
Radiography	n	2	1	0	15	1	0	2	1	2	2	3	4	21	1	1	1	2	1	8	2	4	2	19	1	3	2	2	0	103
	%	1.9	1.0	0.0	14.6	1.0	0.0	1.9	1.0	1.9	1.9	2.9	3.9	20.4	1.0	1.0	1.0	1.9	1.0	7.8	1.9	3.9	1.9	18.4	1.0	2.9	1.9	1.9	0.0	100.0
Rehabilitation	n	0	0	0	0	0	0	0	0	0	0	0	0	4	0	-	0	0	0	1	0	0	0	6	0	0	0	0	0	11
	%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	36.4	0.0	0.0	0.0	0.0	0.0	9.1	0.0	0.0	0.0	54.5	0.0	0.0	0.0	0.0	0.0	100.0

Annex 3: List of Registered Medical Practitioners missed by the census

REG. NO	NAME
MCM/MP/0879	Amin, Nishal P.
MCM/MP/0785	Aryee, Joseph J.H.
MCM/MP/0770	Banda, Christopher M.
MCM/MP/0949	Banda, Francis M.
MCM/MP/0972	Banda, Ndaziona P.E.K
MCM/MP/0438	Bandawe, Lyeester R.
MCM/MP/1051	Barango, Prebo F.
MCM/MP/0992	Beekers, Audrey M.H.
MCM/MP/1015	Bestagini, Piero
MCM/MP/0243	Bhuptani, G.C.
MCM/MP/0882	Birbeek, Gretehen I.
MCM/MP/0944	Bonongwe, Phylos
MCM/MP/0596	Brooks, Christopher
MCM/MP/1022	Brunotte, Katharina E.
MCM/MP/0997	Bunn, Mary R.
MCM/MP/1231	Buvenge, Jean G.
MCM/MP/0523	Chalira, Chipo
MCM/MP/0802	Chaudhry, Humera A.
MCM/MP/0889	Chibaka, Smith W.D.
MCM/MP/0631	Chibwana, Cecilia
MCM/MP/0434	Chilambo, Wajilovia
MCM/MP/0994	Chimalizeni, Yamikani F.
MCM/MP/0984	Chinula, Lameck
MCM/MP/0689	Chiwaula, Lawrence M.D.
MCM/MP/0807	Chiwaya, Kwame W.
MCM/MP/1274	Chu, Steven Q.
MCM/MP/1085	Chunda, Reginald G.
MCM/MP/1239	Damas, Deogratias A.
MCM/MP/1223	Daniel, Byamukama
MCM/MP/1091	De Brahandere, Isabel
MCM/MP/0034	De Johnson, Maria I.M.
MCM/MP/0990	De Vargara, Andrew
MCM/MP/1066	
MCM/MP/1063	Faleye, Toluwani O.K.
	Gasparini, Francesca
MCM/MP/0542	Gaston, Andrew C.R.
MCM/MP/0013	Gatrad, Mahomed I.
MCM/MP/0014	Ghumra, Abdul G.A.
MCM/MP/0908	Glover, Simon J.
MCM/MP/1092	Haeseker, Michiel B.
MCM/MP/1252	Hattingh, Johann A.
MCM/MP/1230	Heinrich, Norbert
MCM/MP/1111	Hiba, Amr I.A.E
MCM/MP/1018	Hogenschurz, Rolandd J.
MCM/MP/1016	Hyde, Lisa J.
MCM/MP/0938	Jiskoot, Peter W.
MCM/MP/0774	Joaki, George R.
MCM/MP/0609	Joshua, Prema
MCM/MP/0766	Kabudula, Martha
MCM/MP/0021	Kahumbe, Charles F.

MCM/MP/1097	Kalengo, Stapael A.S.
MCM/MP/0779	Kalilani, Linda V.
MCM/MP/1068	Kapito-Tembo, Atupele
MCM/MP/1021	Kasmani, Mahomed I.M
MCM/MP/1241	Katamba, Kiwanuka W.
MCM/MP/0398	Katenga, Chimangu M.
MCM/MP/0809	Kawaza, Kondwani M.D.
MCM/MP/0498	Khemani, Chandra
MCM/MP/0759	Laufer, Mirrjam K.
MCM/MP/1246	Laurens, Mathew B.
MCM/MP/1064	Leonardo, Palombi
MCM/MP/0951	Liscano, Marina I.
MCM/MP/0027	Lorgat, Gulam M.
MCM/MP/0909	Lubega, Nicholas
MCM/MP/1069	Lutwama, George W.
MCM/MP/0985	Madhlopa, Victor B.
MCM/MP/0530	Magombo, Francis
MCM/MP/0890	Mahari, Maxwell
MCM/MP/0590	Maleta, Kenneth M.
MCM/MP/1073	Mankhambo, Limangeni
MCM/MP/1007	Marcella, Sacco
MCM/MP/0652	Martinson, Francis E. A.
MCM/MP/0935	M'baya, Bridon
MCM/MP/1276	Mbaididje, Leonard B.
MCM/MP/1060	Mbiya, Roman M.
MCM/MP/0600	Mdolo, Austin E.
MCM/MP/1250	Milner, Jr. Danny A.
MCM/MP/0591	Mkandawire, Winston
MCM/MP/0559	Mkumbwa, Albert W.
MCM/MP/0439	Mlombe, Yohannie B.
MCM/MP/0786	Motta, Gladys Y.B.
MCM/MP/0986	Moyo, Vincent V.P.
MCM/MP/0712	Msyamboza, Kelias P.
MCM/MP/0617	Mtika, Vincent D.G.
MCM/MP/0036	Mukadam, Mahomed A.
MCM/MP/0037	Mukadam, Rukiya M.
MCM/MP/0634	Muula, Adamson S.
MCM/MP/1070	Mvalo, Tisungane K.T.
MCM/MP/0813	Mwaponya, Martin M.
MCM/MP/0756	Namarika, Dan C.
MCM/MP/0415	Namboya, Felix L.
MCM/MP/0983	Ng'ambi, Tamiwe K
MCM/MP/0792	Ngoie, Leonard B.
MCM/MP/0765	Ngoma, Jonathan W.Z.
MCM/MP/0690	Ng'oma, Kondwani C.
MCM/MP/0713	Ngoma, Tionge M.
MCM/MP/0996	Nkhoma, Minyanga J.
MCM/MP/0988	Nutma, Tineke E.
MCM/MP/0833	Nyirenda, Mulinda
MCM/MP/0532	Nyirenda, Thomas E.
MCM/MP/1050	Onah, Okey V.
MCM/MP/0327	Pandya, Dinnesh
MCM/MP/0693	Phiri, Ndiyudi A.
MCM/MP/0761	Plowe, Christopher V.

MCM/MP/1243	Prosper, Lutala M.
MCM/MP/0953	Ras, Debby M.S.
MCM/MP/1036	Samuel, Adanesh
MCM/MP/0672	Sherry, Azeez
MCM/MP/1037	Sirali, Paul O.
MCM/MP/0939	Spini, Carlo
MCM/MP/1039	Sseguya, Paul
MCM/MP/1075	Sukhani, Rosario C.
MCM/MP/1233	Suleman, Ibrahim T.
MCM/MP/1071	Tan, Elaine J.H.
MCM/MP/0050	Tayub, Abdul M.A
MCM/MP/1245	Teffera, Tewodros B.
MCM/MP/0052	Thejopal, Sureshpal
MCM/MP/0937	Van De Ven. Roland A.
MCM/MP/1229	Van Nuenen Johanna
MCM/MP/1240	Van Os. Andrina F.M.
MCM/MP/0886	Varela, Carlos G.
MCM/MP/0990	Vergara, Andrew M.M.D
MCM/MP/1249	Wona
MCM/MP/0892	Yeganeh-Arani, Efran

LIST OF MEDICAL PRACTIONERS – TEMPORARY

MCM/MP/1268	Fox, Peter N
MCM/MP/1058	Carroll, Ryan W.
MCM/DEN/0051	Agra Jesse F.
MCM/DEN/0077	Chatto Jemima
MCM/DEN/0001	Girach Bilkis A.
MCM/DEN/0012	Hakimi Minoo F.
MCM/DEN/0049	Kidega W.F.V.O.
MCM/DEN/0036	Ligomeka J.F.
MCM/DEN/0004	Makadia C.K.
MCM/DEN/0021	Mazloum A.
MCM/DEN/0062	Mlotha Jessie M.
MCM/DEN/0006	Mukiwa Winston B.
MCM/DEN/0064	Ottober Charles
MCM/DEN/0063	Sreeram Ratnam
MCM/DEN/0056	Vose Frances A.
MCM/SP/0231	Boissevain, Augustine C.H.
MCM/SP/0035	Borgestein, Annie C.
MCM/SP/0079	Borgestein, Eric S.
MCM/SP/0069	Broadhead, Robert L.
MCM/SP/0262	Bunn, James E.G.
MCM/SP/0015	Chimimba, Peter C.
MCM/SP/0167	Chirwa, Patrick W.
MCM/SP/0155	Dzamalala, Charles P.
MCM/SP/0273	Fan Simon
MCM/SP/0058	Harries David A.
MCM/SP/0175	Harrison William J.
MCM/SP/0270	Hogenschurz Eva
MCM/SP/0172	Hosseinipour Mina
MCM/SP/0274	Joseph Kwong Leung Yu
MCM/SP/0185	Kafulafula George E.
MCM/SP/0226	Kamiza, Steve B.

MCM/SP/0150	Kampondeni, Samuel D.
MCM/SP/0208	Kerac, Marco
MCM/SP/0182	Khalil, George K.H.
MCM/SP/0279	Kibiogo, Mwiru
MCM/SP/0133	Kiromera Athanase
MCM/SP/0151	Kumwenda Jonny J.R.
MCM/SP/0232	Madinda Frank G.
MCM/SP/0144	Makin, Mary Sue
MCM/SP/0014	Mlenga, Grace J.
MCM/SP/0028	Mannion, Stephen J.
MCM/SP/0001	Mbvundula, Micheal W.
MCM/SP/0277	Mchenga, Maurice
MCM/SP/0156	Mkandawire Nyengo C.
MCM/SP/0132	Molyneux, Elizabeth
MCM/SP/0029	Molyneux, Malcom E.
MCM/SP/0107	Msamati Bonface
MCM/SP/0152	Mwansambo, Charles
MCM/SP/0281	Nijssen-Jordan Cheri L.
MCM/SP/0134	Nkume, Batumba H.
MCM/SP/0013	Phillips John Andrew
MCM/SP/0271	Schneider, Eberhard
MCM/SP/0256	Taulo Frank G.O.
MCM/SP/0140	Vigna Leonardo J.
MCM/SP/0236	Vochtchenkov, Ivan
MCM/OPT/0021	Hartleben, Axel
MCM/OPT/0016	Opperman, Catrin
MCM/DO/0002	Bandawe Chiwoza R.
MCM/DOC/0001	Christink, Blair M.
MCM/PHY/0083	Nesbit, Kathryn

Annex 4: List of health facilities and institutions visited in the census

		Level of		
District	Name of Facility	Care	Owner	Registere
Balaka	Comfort Clinic	Secondary	CHAM	No
Balaka	Kankao HC	Secondary	CHAM	No
Balaka	Ulongwe Mission	Primary	CHAM	No
Balaka	Utale 1 HC	Primary	CHAM	No
Balaka	Utale 2 HC	Primary	CHAM	No
Balaka	Balaka DHO	Secondary	Government	Yes
Balaka	Chiendausiku	Primary	Government	No
Balaka	Kalembo Dispensary	Primary	Government	Yes
Balaka	Kwitanda	Primary	Government	No
Balaka	Mbera	Primary	Government	Yes
Balaka	Mwima	Primary	Government	No
Balaka	Namanolo HC	Primary	Government	No
Balaka	Phalula HC	Primary	Government	Yes
Balaka	Phimbi HC	Primary	Government	Yes
Balaka	Balaka BLM	Primary	NGO	Yes
Balaka	Sue Ryder Foundation	Others	NGO	Yes
Balaka	Chizeni Clinic	Primary	Private for profit	No
Balaka	Pilirani	Primary	Private for profit	No
Blantyre	Chileka SDA	Primary	CHAM	Yes
Blantyre	Lumbira	Primary	CHAM	No
Blantyre	Mlambe	Secondary	CHAM	No
Blantyre	Soche SDA Dispensary	Primary	CHAM	Yes
Blantyre	St Vincent HC	Primary	CHAM	No
Blantyre	Carlsberg Clinic	Primary	Company	Yes
Blantyre	Limbe Leaf Clinic	Primary	Company	Yes
Blantyre	PCL Clinic	Primary	Company	Yes
Blantyre	Portland	Primary	Company	Yes
Blantyre	SOBO Clinic	Primary	Company	Yes
Blantyre	Walrkers Ferry	Primary	Company	No
Blantyre	Bangwe	Primary	Government	No
Blantyre	Blantyre DHO	Others	Government	No
Blantyre	BT Civic Centre	Primary	Government	No
Blantyre	Chavala HC	Primary	Government	Yes
Blantyre	Chichiri Prison	Primary	Government	No
Blantyre	Chikowa HC	Primary	Government	Yes
Blantyre	Chileka HC	Primary	Government	No
Blantyre	Chilomoni HC	Primary	Government	Yes
Blantyre	Chimembe HC	Primary	Government	Yes
Blantyre	Dziwe HC	Primary	Government	Yes
Blantyre	Kanjedza Police	Primary	Government	No
Blantyre	Limbe HC	Primary	Government	Yes
Blantyre	Lirangwe	Primary	Government	No
Blantyre	Lundu HC	Primary	Government	Yes
Blantyre	Madziabango HC	Primary	Government	Yes
Blantyre	Makata Dispensary	Primary	Government	Yes
Blantyre	Malawi College of Health Sciences	Others	Government	No
Blantyre	Mdeka HC	Primary	Government	Yes
Blantyre	Medical Stores	Others	Government	No
Blantyre	Mpemba HC	Primary	Government	Yes
Blantyre	Namikoko Dispensary	Primary	Government	Yes
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Blantyre	Ndirande HC	Primary	Government	Yes
Blantyre	PVHO	Primary	Government	No
Blantyre	Queen Elizabeth Central Hospital	Tertiary	Government	Yes
Blantyre	Soche Maternity/Namame	Primary	Government	No
Blantyre	South Lunzu HC	Primary	Government	Yes
Blantyre	South West Zone	Primary	Government	No
Blantyre	Zingwangwa HC	Primary	Government	Yes
Blantyre	Banja La Mtsogolo	Primary	NGO	Yes
Blantyre	Blantyre Malaria Project	Others	NGO	No
Blantyre	Chilomoni BLM	Primary	NGO	Yes
Blantyre	Cure International	Primary	NGO	Yes
Blantyre	Friends of Sick Children	Others	NGO	No
Blantyre	GOAL Malawi	Others	NGO	No
Blantyre	Limbe Home Based Care Centre	Others	NGO	No
Blantyre	Lunzu BLM	Primary	NGO	Yes
Blantyre	Macro BT Clinic	Others	NGO	No
Blantyre	Midima BLM	Primary	NGO	Yes
Blantyre	MSF Blantyre	Others	NGO	No
Blantyre	Zalewa/Lirangwe DAPP	Others	NGO	No
Blantyre	Zingwangwa BLM	Primary	NGO	Yes
Blantyre	Alinafe pvt Clinic	Primary	Private for profit	No
Blantyre	Arthur Garden Clinic	Primary	Private for profit	No
Blantyre	Ayali pvt Clinic	Primary	Private for profit	No
Blantyre	Banzi pvt	Primary	Private for profit	No
Blantyre	Bernald Kachale Pvt Clinic	Primary	Private for profit	No
Blantyre	Blantyre Adventist Hospital	Secondary	Private for profit	Yes
Blantyre	Chilani HC	Primary	Private for profit	No
Blantyre	Chilobwe Pvt Clinic	Primary	Private for profit	No
Blantyre	Chitawira	Primary	Private for profit	No
Blantyre	Dalirani Clinic	Primary	Private for profit	No
Blantyre	David Whitehead	Primary	Private for profit	No
Blantyre	Dr Chilemba Surgery	Primary	Private for profit	No
Blantyre	Dr Dzinyemba Pvt Clinic	Primary	Private for profit	No
Blantyre	Dr kidys	Primary	Private for profit	No
Blantyre	Dr S Kampondeni	Primary	Private for profit	No
Blantyre	Dr Thejopal	Primary	Private for profit	No
Blantyre	Elim pvt Clinic	Primary	Private for profit	Yes
Blantyre	Family Health Clinic	Primary	Private for profit	No
Blantyre	Hasco Clinic	Primary	Private for profit	No
Blantyre	Kachere Rehabilitation Centre	Primary	Private for profit	No
Blantyre	Kanjedza Medical Clinic	Primary	Private for profit	No
Blantyre	Limbe Central Clinic	Primary	Private for profit	No
Blantyre	Limbe Dignostic Centre	Primary	Private for profit	No
Blantyre	Lungu pvt Clinic	Primary	Private for profit	No
Blantyre	Makwasa	Primary	Private for profit	Yes
Blantyre	Malamulo Day Clinic	Primary	Private for profit	Yes
Blantyre	MASM Medical Clinic	Primary	Private for profit	No
Blantyre	Michiru pvt Clinic	Primary	Private for profit	No
Blantyre	Mombo	Primary	Private for profit	No
Blantyre	Monekela pvt Clinic	Primary	Private for profit	No
Blantyre	Mtengoumodzi pvt	Primary	Private for profit	Yes
Blantyre	Mwai pvt Clinic	Primary	Private for profit	No
Blantyre	Mwai Wathu Private	Secondary	Private for profit	Yes
Blantyre	Nancholi	Primary	Private for profit	No
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Blantyre	Naperi Clinic	Primary	Private for profit	No
Blantyre	Nyambadwe pvt Clinic	Primary	Private for profit	No
Blantyre	Pew Clinic	Primary	Private for profit	No
Blantyre	Praise Pvt Clinic	Primary	Private for profit	No
Blantyre	Semema Clinic	Primary	Private for profit	No
Blantyre	Soche Pvt Clinic	Primary	Private for profit	No
Blantyre	Sunny Side B	Primary	Private for profit	No
Blantyre	Tadala Pvt Clinic	Primary	Private for profit	No
Blantyre	Thekerani	Primary	Private for profit	No
Blantyre	Thoho Pvt Clinic	Primary	Private for profit	No
Blantyre	Thumbwe Pvt Clinic	Primary	Private for profit	No
Blantyre	Truzag	Primary	Private for profit	No
Blantyre	Ulemu Pvt Clinic	Primary	Private for profit	No
Blantyre	Uwigo Clinic	Primary	Private for profit	No
Blantyre	Wehmatt Pvt Clinic	Primary	Private for profit	Yes
Blantyre	Yankho Pvt Clinic	Primary	Private for profit	No
Blantyre	BLANTYRE WATER BOARD	Primary	Statutory Organisation	No
Blantyre	Central East African Railways Clinic	Primary	Statutory Organisation	Yes
Blantyre	Chichiri ESCOM Clinic	Primary	Statutory Organisation	Yes
Blantyre	College of Medicine	Others	Statutory Organisation	Yes
Blantyre	ESCOM	Primary	Statutory Organisation	Yes
Blantyre	John Hopkins Project	Others	Statutory Organisation	No
Blantyre	Malaria Alert Centre	Others	Statutory Organisation	No
Blantyre	Polytechnic	Primary	Statutory Organisation	No
Blantyre	Rota Vaccine Study	Others	Statutory Organisation	No
Blantyre	Tedzani Escom Clinic	Primary	Statutory Organisation	Yes
Blantyre	Welcome Trust	Others	Statutory Organisation	No
Chikwawa	Misomali HC	Primary	CHAM	No
Chikwawa	Ngabu SDA HC	Primary	CHAM	Yes
Chikwawa	St Montfort Hospital	Secondary	CHAM	No
Chikwawa	Arumenda U5	Primary	Company	No
Chikwawa	Sucoma Illovo Clinic	Primary	Company	No
Chikwawa	SUCOMA Kalulu Clinic	Primary	Company	No
Chikwawa	SUCOMA Mangulenje Clinic	Primary	Company	No
Chikwawa	Sucoma/Mwanza/Illovo Clinic	Primary	Company	No
Chikwawa	Beleu	Primary	Government	No
Chikwawa	Chang'ambika HC	Primary	Government	Yes
Chikwawa	Chapananga HC	Primary	Government	Yes
Chikwawa	Chikwawa	Secondary	Government	Yes
Chikwawa	Chipwaila HC	Primary	Government	Yes
Chikwawa	Chithumba	Primary	Government	No
Chikwawa	Dolo HC	Primary	Government	Yes
Chikwawa	Gaga HC	Primary	Government	Yes
Chikwawa	Gola	Primary	Government	No
Chikwawa	Kakoma HC	Primary	Government	Yes
Chikwawa	Kasinthula Dispensary	Primary	Government	Yes
Chikwawa	Kubalalika II	Primary	Government	No
Chikwawa	Lengwe Dispensary	Primary	Government	Yes
Chikwawa	Makhwira	Primary	Government	Yes
Chikwawa	Maperera HC	Primary	Government	Yes
Chikwawa	Mfela HC	Primary	Government	No
Chikwawa	Mitondo HC	Primary	Government	No
Chikwawa	Nchalo	Primary	Government	No
Chikwawa	Ndakwera HC	Primary	Government	Yes
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Chikwawa	Ngabu Rural Hospital	Secondary	Government	Yes
Chikwawa	Nkhate	Primary	Government	No
Chikwawa	Nkumaniza	Primary	Government	Yes
Chikwawa	Ngabu BLM	Primary	NGO	Yes
Chikwawa	Fema Pvt Clinic	Primary	Private for profit	No
Chikwawa	Masache Pvt Clinic	Primary	Private for profit	No
Chikwawa	Kapichira Clinic	Primary	Statutory Organisation	No
Chiradzulu	PIM HC	Primary	CHAM	No
Chiradzulu	St Joseph Hospital	Secondary	CHAM	No
Chiradzulu	St Josephy College of Nursing	Others	CHAM	No
Chiradzulu	Chiradzulu DHO	Secondary	Government	Yes
Chiradzulu	Chitera	Primary	Government	Yes
Chiradzulu	Likoswe	Primary	Government	No
Chiradzulu	Mauwa HC	Primary	Government	Yes
Chiradzulu	Mbulumbuzi HC	Primary	Government	No
Chiradzulu	Milepa HC	Primary	Government	Yes
Chiradzulu	Mwanje	Primary	Government	No
Chiradzulu	Namadzi HC	Primary	Government	Yes
Chiradzulu	Namitambo HC	Primary	Government	Yes
Chiradzulu	Ndunde HC	Primary	Government	Yes
Chiradzulu	Njuli	Primary	Government	No
Chiradzulu	Nkalo HC	Secondary	Government	No
Chiradzulu	Thumbwe	Primary	Government	No
Chiradzulu	Medicines San Frontiers	Others	NGO	No
Chiradzulu	Mikolongwe DAPP Hope Station	Others	NGO	No
Chiradzulu	Akasale Pvt Clinic	Primary	Private for profit	No
Chiradzulu	Bilal Islamic Clinic	Primary	Private for profit	Yes
Chiradzulu	Namadzi Pvt Clinic	Primary	Private for profit	No
Chitipa	Chambo HC	Primary	CHAM	No
Chitipa	Kaseye Rural Hospital	Secondary	CHAM	No
Chitipa	Chitipa DHO	Secondary	Government	Yes
Chitipa	Ifumbo HC	Primary	Government	No
Chitipa	Kameme HC	Primary	Government	Yes
Chitipa	Kapenda	Primary	Government	Yes
Chitipa	Misuku HC	Primary	Government	Yes
Chitipa	Nthalire HC	Primary	Government	No
Chitipa	Wenya HC	Primary	Government	Yes
Chitipa	Fwasani pvt Clinic	Primary	Private for profit	No
Dedza	Bembeke Health Centre	Primary	CHAM	No
Dedza	Chiphwanya St Josephs	Primary	CHAM	No
Dedza	Kanyama Health Centre	Primary	CHAM	No
Dedza	Kasina Rural Hospital	Secondary	CHAM	No
Dedza	Kaundu Health Centre	Primary	CHAM	No
Dedza	Matumba	Primary	CHAM	No
Dedza	Mikondo Health Centre	•	CHAM	No
Dedza		Primary	CHAM	No
	Mphunzi Health Centre	Primary		
Dedza	Mtendere Health Centre	Primary	CHAM	No No
Dedza	Mua Rural Hospital	Secondary	CHAM	No
Dedza	Nakalanzi Health Centre	Primary	CHAM	Yes
Dedza	Chimata	Primary	Government	Yes
Dedza	Chimoto	Primary	Government	Yes
Dedza	Chitowo	Primary	Government	Yes
Dedza	Chongoni College of For	Primary	Government	No
Dedza	Dedza District Hospital	Secondary	Government	Yes

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Dedza	Dzindevu	Primary	Government	No
Dedza	Golomoti	Primary	Government	Yes
Dedza	Kafere	Primary	Government	Yes
Dedza	Kalulu Health Centre	Primary	Government	Yes
Dedza	Kaname/Mdeza Dispensary	Primary	Government	No
Dedza	Kanyezi Health Centre	Primary	Government	No
Dedza	Kaphuka Rural Hospital	Secondary	Government	Yes
Dedza	Lobi Health Centre	Primary	Government	Yes
Dedza	Maonde Health Centre	Primary	Government	No
Dedza	Mayani Health Centre	Primary	Government	No
Dedza	Mjini Dispensary	Primary	Government	No
Dedza	Mlangali	Primary	Government	Yes
Dedza	Mphathi	Primary	Government	Yes
Dedza	Mtakataka/Police College HC	Primary	Government	Yes
Dedza	Ntakataka Police Dispensary	Primary	Government	Yes
Dedza	Tsoyo	Primary	Government	No
Dedza	Dedza BLM	Primary	NGO	Yes
Dedza	Mganja Maternity Clinic	Primary	Private for profit	No
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Dedza	Tanyaza Clinic	Primary	Private for profit	No
Dedza	Tiyese Maternity Clinic	Primary	Private for profit	No
Dowa	Madisi	Secondary	CHAM	Yes
Dowa	Mtengowanthenga Hospital	Secondary	CHAM	Yes
Dowa	Mvera Mission	Secondary	CHAM	No
Dowa	St Fransisco Palau Hospital	Secondary	CHAM	Yes
Dowa	St Mary's	Primary	CHAM	Yes
Dowa	Bowe Health Centre	Primary	Government	Yes
Dowa	Chakhaza Health Centre	Primary	Government	Yes
Dowa	Chankhungu	Primary	Government	Yes
Dowa	Chinkhwiri	Primary	Government	Yes
Dowa	Chisepo	Primary	Government	No
Dowa	Chizoloondo	Primary	Government	No
Dowa	Dowa District Hospital	Secondary	Government	Yes
Dowa	Dzeleka Refugee Camp Clinic	Primary	Government	Yes
Dowa	Dzoole Health Centre	Primary	Government	Yes
Dowa	Kayembe Health Centre	Primary	Government	Yes
Dowa	Mbingwa Health Centre	Primary	Government	Yes
Dowa	Mponela Rural Hospital	Secondary	Government	Yes
Dowa	Msakambewa Health Centre	Primary	Government	Yes
Dowa	Mvera Army Clinic	Primary	Government	No
Dowa	Mwangala	Primary	Government	No
Dowa	Nalunga	Primary	Government	No
Dowa	Thonje Health Centre	Primary	Government	Yes
Dowa	Dowa BLM	Primary	NGO	No
	Family Planning Association of Malawi	Others	NGO	Yes
Dowa				
Dowa	Kasese Lifeline Clinic	Primary	NGO	No
Dowa	Mtengo Dream	Primary	NGO	No
Dowa	Alinafe Pvt Clinic	Primary	Private for profit	No
Dowa	Chifundo Pvt Clinic	Primary	Private for profit	No
Dowa	Dalitso Pvt Clinic	Primary	Private for profit	No
Dowa	Evangelical Lutheran Clinic	Primary	Private for profit	Yes
Dowa	Mamoyo Pvt Clinic	Primary	Private for profit	No
Dowa	MBA-Esita Pvt Clinic	Primary	Private for profit	No
Dowa	Towoo's Pvt Clinic	Primary	Private for profit	No
Karonga	Atupele/Kasantha	Secondary	CHAM	No

Karonga	Sangilo HC	Primary	CHAM	No
Karonga	St Annes HC	Secondary	CHAM	No
Karonga	Chilumba	Secondary	Government	Yes
Karonga	Chilumba Garrison HC	Primary	Government	No
Karonga	Fulirwa	Primary	Government	Yes
Karonga	Hara Dispensary	Primary	Government	Yes
Karonga	Iponga HC	Primary	Government	Yes
Karonga	Kaporo	Secondary	Government	Yes
Karonga	Karonga DHO	Secondary	Government	Yes
Karonga	Kasoba	Primary	Government	No
Karonga	Lupembe	Primary	Government	No
Karonga	Luwezga HC	Primary	Government	No
Karonga	Mpata HC	Primary	Government	Yes
Karonga	Ngana	Primary	Government	Yes
Karonga	Nyungwe	Primary	Government	Yes
Karonga	Wililo	Primary	Government	Yes
Karonga	Karonga BLM	Primary	NGO	Yes
Karonga	Karonga Prevention Study	Others	NGO	No
Karonga	Lusakoliniti pvt clinic	Primary	Private for profit	No
Karonga	Maneno pvt clinic	Primary	Private for profit	No
Karonga	Mbukwa Private	Primary	Private for profit	No
Karonga	Wovwe Escom Clinic	Primary	Statutory Organisation	Yes
Kasungu	Newo	Primary	CHAM	No
Kasungu	Nkhamenya Hospital	Secondary	CHAM	No
Kasungu	St Andrews Health Centre	Secondary	CHAM	No
Kasungu	80 Block Clinic	Primary	Company	No
Kasungu	Kamuzu Acadamy Clinic	Primary	Company	Yes
Kasungu	Bua Dispensary	Primary	Government	Yes
Kasungu	Chamama Health Centre	Primary	Government	No
Kasungu	Chamwabvi	Primary	Government	Yes
Kasungu	Chulu	Primary	Government	Yes
Kasungu	Dwangwa Dispensary	Primary	Government	Yes
Kasungu	Gogode Dispensary	Primary	Government	No
Kasungu	Kaluluma Rural Hospital	Secondary	Government	Yes
Kasungu	Kamboni Health Centre	Primary	Government	Yes
Kasungu	Kapelula Health Centre	Primary	Government	Yes
Kasungu	Kapyanga	Primary	Government	No
Kasungu	Kasungu DH	Secondary	Government	Yes
Kasungu	kawamba Health Centre	Primary	Government	No
Kasungu	Khola	Primary	Government	No
Kasungu	KTFT/Mziza Health Centre	Primary	Government	No
Kasungu	Linyangwa Health Centre	Primary	Government	No
Kasungu	Lojwa Dispensary	Primary	Government	No
Kasungu	Mkhota Health Centre	Primary	Government	Yes
Kasungu	Мрера	Primary	Government	No
Kasungu	Mtunthama Health Centre	Primary	Government	Yes
Kasungu	Ofesi H.C	Primary	Government	No
Kasungu	Santhe Health Centre	Primary	Government	Yes
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Kasungu	Simulemba Health Centre	Secondary	Government	Yes
Kasungu	Wimbe Health Centre	Primary	Government	No
Kasungu	Kasungu BLM	Primary	NGO	Yes
Kasungu	Gogo Leya Pvt Clinic	Primary	Private for profit	No
Kasungu	Kalikene Pvt Clinic	Primary	Private for profit	No
Kasungu	Yankho Pvt	Primary	Private for profit	No

Likoma	Likoma HC	Primary	CHAM	No
Likoma	St Marys HC	Primary	CHAM	No
Likoma	St Peters Hospital	Secondary	CHAM	No
Likoma	Chizumulo	Primary	Government	No
Lilongwe	Adventist Health Centre Clinic	Primary	CHAM	No
Lilongwe	Bwatalika Health Centre	Primary	CHAM	Yes
Lilongwe	Chadza/Facilities33	Primary	CHAM	No
Lilongwe	CHAM Secretariat	Others	CHAM	No
Lilongwe	Chiwe HC	Primary	CHAM	No
Lilongwe	Dzenza HC	Primary	CHAM	No
Lilongwe	Likuni Hospital	Secondary	CHAM	No
Lilongwe	Mbwatalika HC	Primary	CHAM	No
Lilongwe	Mlale Rural Hospital	Secondary	CHAM	Yes
Lilongwe	Mlodza/Seventh Day	Primary	CHAM	Yes
Lilongwe	Nambuma HC	Secondary	CHAM	No
Lilongwe	Nkhoma College of Nursing	Others	CHAM	No
Lilongwe	Nkhoma Mission Hospital	Secondary	CHAM	Yes
Lilongwe	St Gabriel	Secondary	CHAM	No
Lilongwe	Dimon(Malawi)Clinic	Primary	Company	Yes
Lilongwe	Limbe Leaf Clinic	Primary	Company	Yes
Lilongwe	Sobo Clin	Primary	Company	Yes
Lilongwe	Airport HC	Primary	Government	No
Lilongwe	Area 18	Primary	Government	Yes
Lilongwe	Area 25 Health Centre	Primary	Government	Yes
Lilongwe	Bwaila Hospital	Secondary	Government	No
Lilongwe	Central Medical Stores	Others	Government	No
Lilongwe	Central West Zone Office	Others	Government	No
Lilongwe	Chikowa HC	Primary	Government	Yes
Lilongwe	Chileka HC	Primary	Government	Yes
Lilongwe	Chilobwe/Majiga	Primary	Government	No
Lilongwe	Chimbalanga HC	Primary	Government	Yes
Lilongwe	Chimwala HC	Primary	Government	No
Lilongwe	Chitedze	Primary	Government	Yes
Lilongwe	Chiunjiza	Primary	Government	Yes
Lilongwe	Chiwamba HC	Primary	Government	No
Lilongwe	CHSU	Others	Government	No
Lilongwe	City Assembly Health	Primary	Government	No
Lilongwe	Diampwe HC	Primary	Government	Yes
Lilongwe	Dickson HC	Primary	Government	No
Lilongwe	EPI	Others	Government	No
Lilongwe	Health Education Unit	Others	Government	No
Lilongwe	Health Services Commission	Others	Government	No
Lilongwe	Infrastrure Development Unit	Others	Government	No
Lilongwe	Kabudula	Secondary	Government	Yes
Lilongwe	Kamuzu Barr Hospital	Primary	Government	No
Lilongwe	Kamuzu Central	Tertiary	Government	No
Lilongwe	Kang'oma	Primary	Government	Yes
Lilongwe	Katchale	Primary	Government	Yes
Lilongwe	Kawale HC	Primary	Government	Yes
Lilongwe	Khongoni	Primary	Government	No
Lilongwe	Lemwe	Primary	Government	No
Lilongwe	Lumbadzi Dispensary	Primary	Government	Yes
Lilongwe	Malawi Army Air Wing Clinic	Primary	Government	No
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Lilongwe	Malawi College of Health Sciences	Others	Government	No

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Lilongwe	Malawi College of Health Sciences	Others	Government	No
Lilongwe	Malembo	Primary	Government	No
Lilongwe	Malingunde HC	Primary	Government	No
Lilongwe	Maluwa HC	Primary	Government	No
Lilongwe	MAP	Others	Government	No
Lilongwe	Matapila HC	Primary	Government	No
Lilongwe	Mbabzi	Primary	Government	No
Lilongwe	Mbang'ombe 11 HC	Primary	Government	Yes
Lilongwe	Mbang'ombe HC	Primary	Government	Yes
Lilongwe	Medical Council of Malawi	Others	Government	No
Lilongwe	Ming'ongo	Primary	Government	Yes
Lilongwe	Mitundu	Secondary	Government	Yes
Lilongwe	MoH Hq	Others	Government	No
Lilongwe	Mtenthera	Primary	Government	Yes
Lilongwe	Mtsiliza	Primary	Government	No
Lilongwe	NAC	Others	Government	No
Lilongwe	Nathenje	Primary	Government	Yes
Lilongwe	Natural Resources College	Primary	Government	No
Lilongwe	Ndaula	Primary	Government	Yes
Lilongwe	New State House	Primary	Government	Yes
Lilongwe	Ngoni HC	Primary	Government	No
Lilongwe	Nsaru	Primary	Government	Yes
Lilongwe	Nthondo	Primary	Government	Yes
Lilongwe	Police {Area 30}	Primary	Government	No
Lilongwe	Ukwe	Primary	Government	No
Lilongwe	Area 24 BLM	Primary	NGO	No
Lilongwe	Area 25 BLM	Primary	NGO	Yes
Lilongwe	Falls BLM	Primary	NGO	Yes
Lilongwe	Family Planning Association	Others	NGO	Yes
Lilongwe	Kawale BLM	Primary	NGO	Yes
Lilongwe	Lighthouse	Primary	NGO	No
Lilongwe	Lilongwe I BLM	Primary	NGO	No
Lilongwe	Macro Lilongwe	Others	NGO	No
Lilongwe	Management Science for Health	Others	NGO	No
Lilongwe	MAP - Lilongwe	Others	NGO	No
Lilongwe	Napham	Others	NGO	No
Lilongwe	NAPHAM Kawale	Others	NGO	No
Lilongwe	Reach Trust	Others	NGO	No
•	Red Cross	Others	NGO	No
Lilongwe	SOS Medical Centre		NGO	Yes
Lilongwe		Primary Primary		
Lilongwe	ABC Comm. Hospital	,	Private for profit	Yes
Lilongwe	Anniversary Dental Clinic	Primary	Private for profit	No
Lilongwe	Area 24 Pvt Clinic	Primary	Private for profit	No
Lilongwe	Blessings Hospital	Secondary	Private for profit	Yes
Lilongwe	Broadway Health Care	Primary	Private for profit	No
Lilongwe	Bwaila Pharmacy	Others	Private for profit	No
Lilongwe	Capital Pharmacy	Others	Private for profit	No
Lilongwe	CCK Health Clinic	Primary	Private for profit	No
Lilongwe	Chidzu	Primary	Private for profit	No
Lilongwe	Chilinde H Services	Primary	Private for profit	No
Lilongwe	Chinese Clinic	Primary	Private for profit	No
Lilongwe	Chirani - Lilongwe	Others	Private for profit	No
Lilongwe	City Centre Clinic	Primary	Private for profit	Yes
Lilongwe	David Livingstone Clinic	Primary	Private for profit	No

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Lilongwe	Dental Clinic	Primary	Private for profit	No
Lilongwe	Dopa PVT Clinic	Primary	Private for profit	No
Lilongwe	Dr AQA Ghumra	Primary	Private for profit	No
Lilongwe	Dr G M Lorgat	Primary	Private for profit	No
Lilongwe	Dr George Khalil	Primary	Private for profit	No
Lilongwe	Dr Lorgat	Primary	Private for profit	No
Lilongwe 	Emmanuel Pvt Clinic	Primary	Private for profit	No
Lilongwe	Family Dental Clinic	Primary	Private for profit	No
Lilongwe 	Family Health PVT Clinic	Primary	Private for profit	No
Lilongwe	Gika PVT Clinic	Primary	Private for profit	No
Lilongwe	Grahev Pvt Clinic	Primary	Private for profit	No
Lilongwe	kaliya	Primary	Private for profit	No
Lilongwe	KAMA Drug Store	Others	Private for profit	No
Lilongwe	Kamatenda PVT Clinic	Primary	Private for profit	No
Lilongwe	Khama PVT Clinic	Primary	Private for profit	No
Lilongwe	Kims Medical Clinical	Primary	Private for profit	Yes
Lilongwe	Lilongwe HC	Primary	Private for profit	No
Lilongwe	Lilongwe PVT Clinic	Primary	Private for profit	Yes
Lilongwe	Mai Aisha	Primary	Private for profit	Yes
Lilongwe	Malakia Pvt Clinic	Primary	Private for profit	No
Lilongwe	Malangalanga MASM	Others	Private for profit	No
Lilongwe	Mars Medical Centre	Primary	Private for profit	No
Lilongwe	Masida Pvt	Primary	Private for profit	No
Lilongwe	Matandani Clinic	Primary	Private for profit	No
Lilongwe	Maula Clinic	Primary	Private for profit	No
Lilongwe	Maula Pharmacy	Secondary	Private for profit	No
Lilongwe	Moyo Wanga Clinic	Primary	Private for profit	No
Lilongwe	Mphatso	Primary	Private for profit	No
Lilongwe	Mpumulo Pvt Clinic	Primary	Private for profit	No
Lilongwe	Mulowela Women Clinic	Primary	Private for profit	No
Lilongwe	Nyangu Clinic	Primary	Private for profit	No
Lilongwe	One Stop Community Pharmacy	Others	Private for profit	No
Lilongwe	Partners in Hope	Primary	Private for profit	No
Lilongwe	Pharmacar	Others	Private for profit	No
Lilongwe	Prne Pvt Clinic	Primary	Private for profit	No
Lilongwe	Seventh Centre Pvt Clinic	Primary	Private for profit	No
Lilongwe	SSH	Primary	Private for profit	No
Lilongwe	SVK Physiotherapy	Primary	Private for profit	No
Lilongwe	Tachila Pvt Clinic	Primary	Private for profit	No
Lilongwe	Tendai Pvt Clinic	Primary	Private for profit	No
Lilongwe	The Clinic	Primary	Private for profit	No
Lilongwe	Tovic Pvt Clinic	Primary	Private for profit	No
Lilongwe	Umoyo Pvt Clinic	Primary	Private for profit	No
Lilongwe	UNC Project	Others	Private for profit	No
Lilongwe	Vision Pvt	Primary	Private for profit	No
Lilongwe	Bunda College Clinic	Primary	Statutory Organisation	Yes
Lilongwe	KCN	Others	Statutory Organisation	Yes
Lilongwe	Lilongwe ESCOM Clinic	Primary	Statutory Organisation	Yes
Lilongwe	MIM Clinic	Primary	Statutory Organisation	No
Lilongwe	Nurses and Midwife Council of Malawi	Others	Statutory Organisation	No
Machinga	Gawanani HC	Primary	CHAM	Yes
Machinga	Mpiri HC	Primary	CHAM	No
Machinga	Mposa HC	Primary	CHAM	No
Machinga	namandanje HC	Primary	CHAM	Yes
Madringa	namanaanjo 110	ai y	O. 17 MVI	. 03

Machinga	Nsanama HC	Primary	CHAM	No
Machinga	St Moreen Marry	Primary	CHAM	No
Machinga	Chamba	Primary	Government	Yes
Machinga	Chikweo HC	Primary	Government	Yes
Machinga	Katema HC	Primary	Government	No
Machinga	Kawinga HC	Primary	Government	No
Machinga	Machinga DHO	Secondary	Government	No
Machinga	Machinga HC	Primary	Government	Yes
Machinga	Mang'amba HC	Primary	Government	No
Machinga	Mbonechela	Primary	Government	Yes
Machinga	Mkwepere	Primary	Government	No
Machinga	Mlomba	Primary	Government	No
Machinga	Namanja HC	Primary	Government	No
Machinga	Nayinunje HC	Primary	Government	No
Machinga	Nayuchi HC	Primary	Government	Yes
Machinga	Ngokwe HC	Primary	Government	Yes
Machinga	Ntaja HC	Primary	Government	Yes
Machinga	Ntholowa HC	Primary	Government	No
Machinga	Nyambi HC	Primary	Government	Yes
Machinga	BLM Liwonde	Primary	NGO	Yes
Machinga	Liwonde SDA HC	Primary	Private for profit	No
Machinga	Machinga Pvt Clinic	Primary	Private for profit	No
Machinga	Madalitso Pvt Clinic	Primary	Private for profit	No
Machinga	Malingamoyo Pvt Clinic	Primary	Private for profit	No
Machinga	Umoyo Pvt Clinic	Primary	Private for profit	No
Machinga	Zasintha Pvt Clinic	Primary	Private for profit	No
Mangochi	Chiwunda	Primary	CHAM	No
Mangochi	Kapire HC	Primary	CHAM	No
Mangochi	Koche	Primary	CHAM	No
Mangochi	Lugola HC	Primary	CHAM	No
Mangochi	Lulanga HC	Primary	CHAM	No
Mangochi	Luwalika HC	Primary	CHAM	No
Mangochi	Mase HC	Primary	CHAM	No
Mangochi	Mbalama	Primary	CHAM	No
Mangochi	Mkumba HC	Primary	CHAM	No
Mangochi	Mpondasi HC	Primary	CHAM	No
Mangochi	Namakala HC	Primary	CHAM	No
Mangochi	Nankhwali HC	Primary	CHAM	No
Mangochi	Nkope HC	Primary	CHAM	No
Mangochi	Sister Martha HC	Primary	CHAM	No
Mangochi	St Johns Seminary	Primary	CHAM	No
Mangochi	St Martin Hospital	Secondary	CHAM	No
Mangochi	San'n'Sand	Primary	Company	Yes
Mangochi	Chikole	Primary	Government	Yes
Mangochi	Chilipa HC	Primary	Government	Yes
Mangochi	Chiponde	Primary	Government	No
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Mangochi Mangochi	Chiumbangame HC	Primary	Government	Yes
Mangochi Mangochi	lba	Primary	Government	No
Mangochi	Jalasi HC	Primary	Government	Yes
Mangochi	Katuli HC	Primary	Government	Yes
Mangochi	Kukalanga Dispensary	Primary	Government	Yes
Mangochi	Lungwena HC	Primary	Government	Yes
Mangochi	Makanjira HC	Primary	Government	Yes
Mangochi	Malawi Army Marine Dispensary	Primary	Government	No

Mangochi	Malembo HC	Secondary	Government	No
Mangochi	Maleta	Primary	Government	No
Mangochi	Malombe	Primary	Government	No
Mangochi	Mangochi District Hospital	Secondary	Government	Yes
Mangochi	Monkey Bay	Secondary	Government	Yes
Mangochi	Mtimabi HC	Primary	Government	No
Mangochi	Namwera HC	Secondary	Government	Yes
Mangochi	Nancholi Dispensary	Primary	Government	Yes
Mangochi	Nangelamu HC	Primary	Government	Yes
Mangochi	Nankumba HC	Primary	Government	Yes
Mangochi	Phirilongwe HC	Primary	Government	Yes
Mangochi	Sinyala	Primary	Government	No
Mangochi	Mangochi BLM	Primary	NGO	Yes
Mangochi	Mulibwanji Community Hospital	Secondary	NGO	No
Mangochi	Assalam Clinic	Primary	Private for profit	No
Mangochi	Billy Riordan Memorial Trust	Secondary	Private for profit	No
Mangochi	Ngapani Sable Clinic	Primary	Private for profit	No
Mangochi	Stuka Pvt Clinic	Primary	Private for profit	No
Mangochi	Sukasanje Clinic	Primary	Private for profit	No
Mangochi	Umodzi Clinic	Primary	Private for profit	No
Mangochi	Maldeco Dispensary	Primary	Statutory Organisation	No
Mchinji	Kapiri	Secondary	CHAM	No
Mchinji	Ludzi Community Hospital	Secondary	CHAM	Yes
Mchinji	St Michaels Hospital	Secondary	CHAM	Yes
Mchinji	Chipumi	Primary	Government	Yes
Mchinji	Chiwoshya HC	Primary	Government	Yes
Mchinji	Gumba Health Post	Primary	Government	No
Mchinji	Kaigwazanga HC	Primary	Government	Yes
Mchinji	Kapanga HC	Primary	Government	Yes
Mchinji	Kazyozyo/Sakhuta Maternity	Primary	Government	No
Mchinji	Kochilila	Secondary	Government	Yes
Mchinji	Mchinji District Hospital	Secondary	Government	Yes
Mchinji	Mikundi HC	Primary	Government	Yes
Mchinji	Mkanda HC	Primary	Government	Yes
Mchinji	Nkhwazi HC	Primary	Government	Yes
Mchinji	Tembwe Dispensary	Primary	Government	Yes
Mchinji	Mai Mwana	Others	NGO	No
Mchinji	Mchinji BLM	Primary	NGO	Yes
Mchinji	Alinafe Pvt Clinic	Primary	Private for profit	No
Mchinji	Bua Medical Centre	Primary	Private for profit	No
Mchinji	Chabuka Pvt Clinic	Primary	Private for profit	No
Mchinji	Dekhani Pvt Clinic	Primary	Private for profit	No
Mchinji	ITES Medical Clinic	Primary	Private for profit	No
Mchinji	Jumplia Pvt Clinic	Primary	Private for profit	No
•	St Alex Pvt Clinic	•	Private for profit	
Mchinji Mulania		Primary	CHAM	No
Mulanje	Mulanje Mission	Secondary		No
Mulanje Mulanjo	Mulanje Mission College of Nursing Namasalima	Others	CHAM	No No
Mulanje		Primary	CHAM	No
Mulanje	Namulenga HC	Primary	CHAM	Yes
Mulanje	Thembe	Primary	CHAM	No
Mulanje	Eldorado	Primary	Company	Yes
Mulanje	Esperenza	Primary	Company	No
Mulanje	Glenorchy	Primary	Company	Yes
Mulanje	Lauderdale	Primary	Company	Yes

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Mulanje	Limbuli	Primary	Company	Yes
Mulanje	Lujeri Tea Estate	Primary	Company	No
Mulanje	Mimosa TRF Clinic	Primary	Company	Yes
Mulanje	Mini-Mini Tea Estate	Primary	Company	Yes
Mulanje	Ruo Estate Clinic	Primary	Company	Yes
Mulanje	Sayama Dispensary	Primary	Company	No
Mulanje	Thornwood Clinic	Primary	Company	Yes
Mulanje	Bondo HC	Primary	Government	Yes
Mulanje	Chambe	Primary	Government	No
Mulanje	Chinsambo HC	Primary	Government	No
Mulanje	Chinyama	Primary	Government	No
Mulanje	Chisitu HC	Primary	Government	No
Mulanje	Chonde HC	Primary	Government	Yes
Mulanje	Dzenje HC	Primary	Government	No
Mulanje	Kambenje HC	Primary	Government	Yes
Mulanje	M'biza	Primary	Government	No
Mulanje	Milonde	Primary	Government	No
Mulanje	Mpala HC	Primary	Government	No
Mulanje	Mulanje District Hospital	Secondary	Government	Yes
Mulanje	Mulomba HC	Primary	Government	No
Mulanje	Muloza HC	Primary	Government	No
Mulanje	Namphungo	Primary	Government	Yes
Mulanje	Naphimba HC	Primary	Government	No
Mulanje	Thuchila	Primary	Government	No
Mulanje	Mulanje BLM	Primary	NGO	Yes
Mulanje	Red Cross	Others	NGO	No
Mulanje	Kabula Pvt Clinic	Primary	Private for profit	No
Mulanje	Khamalathu Pvt Clinic	Primary	Private for profit	No
Mulanje	Likanga	Primary	Private for profit	No
Mulanje	Machado Pvt Clinic	Primary	Private for profit	No
Mulanje	phwazi	Primary	Private for profit	No
Mulanje	Saha Pvt Clinic	Primary	Private for profit	No
Mwanza	Kunenekude HC	Primary	Government	Yes
Mwanza	Mwanza District Hospital	Secondary	Government	Yes
Mwanza	Thambani HC	Primary	Government	Yes
Mwanza	Tulokhondo hc	Primary	Government	Yes
Mwanza	Muyendebwino Wellness Centre	Primary	NGO	No
Mwanza	Mwanza BLM	Primary	NGO	Yes
Mwanza	Tiyende Ptv Clinic	Primary	Private for profit	No
Mzimba	Dunduzu	Primary	CHAM	No
Mzimba	Ekwendeni	Secondary	CHAM	Yes
Mzimba	Ekwendeni Nursing School	Others	CHAM	No
Mzimba	Embangweni Misson Hospital	Secondary	CHAM	No
Mzimba	Kalikumbi HC	Primary	CHAM	No
Mzimba	Katete Rural Hospital	Secondary	CHAM	No
Mzimba	Lunjika HC	Primary	CHAM	No
Mzimba	Mary Mount	•	CHAM	No
	Mwabili HC	Primary	CHAM	No
Mzimba Mzimba		Primary		
Mzimba Mzimba	Nkhorongo HC	Primary	CHAM	Yes
Mzimba	St John Mauru	Tertiary	CHAM	Yes
Mzimba Mzimba	St Johns Hospital	Others	CHAM	No
Mzimba	St Johns Hospital	Secondary	CHAM	No
Mzimba	Mzuzu Sobo	Primary	Company	Yes
Mzimba	Raiply Dispensary	Primary	Company	Yes

M=imaba	Dulala LIC	Drive em (Carramant	Voc
Mzimba Mzimba	Bulala HC	Primary	Government Government	Yes No
Mzimba	Chikangawa Choma HC	Primary		Yes
Mzimba		Primary	Government	Yes
	Edingeni Rural Hospital	Secondary	Government	
Mzimba	Ehehleni Dispensary	Primary	Government	No
Mzimba	Ekwaiweni Dispensary	Primary	Government	No
Mzimba	Emfeni HC	Primary	Government	Yes
Mzimba	Emsizini HC	Primary	Government	Yes
Mzimba	Endindeni HC	Primary	Government	Yes
Mzimba	Enukweni HC	Primary	Government	No
Mzimba	Euthini Rural Hospital	Primary	Government	Yes
Mzimba	Hoho HC	Primary	Government	Yes
Mzimba	Jenda HC	Primary	Government	Yes
Mzimba	Kabila	Primary	Government	No
Mzimba	Kabuwa HC	Primary	Government	Yes
Mzimba	Kabwafu HC	Primary	Government	Yes
Mzimba	Kafukule HC	Primary	Government	No
Mzimba	Kamteteka HC	Primary	Government	Yes
Mzimba	Kamwe HC	Primary	Government	No
Mzimba	Khosolo	Primary	Government	No
Mzimba	Khoza	Primary	Government	No
Mzimba	Luvwere HC	Primary	Government	No
Mzimba	Luwawa HC	Primary	Government	No
Mzimba	Luwelezi HC	Primary	Government	Yes
Mzimba	Madede HC	Primary	Government	Yes
Mzimba	Malidade	Primary	Government	Yes
Mzimba	Manyamula HC	Primary	Government	Yes
Mzimba	Matuli Dispensary	Primary	Government	No
Mzimba	Mbalachanda HC	Primary	Government	Yes
Mzimba	Mharaunda	Primary	Government	No
Mzimba	Mkoma	Primary	Government	No
Mzimba	Moyale Barracks	Primary	Government	No
Mzimba	Mpherembe HC	Primary	Government	Yes
Mzimba	Msese HC	Primary	Government	Yes
Mzimba	Mtende	Primary	Government	Yes
Mzimba	Mtwalo	Primary	Government	Yes
Mzimba	Mzalangwe HC	Primary	Government	No
Mzimba	Mzambazi Rural Hospital	Secondary	Government	No
Mzimba	Mzimba DHO	Secondary	Government	Yes
Mzimba	Mzimba Prison	Primary	Government	No
Mzimba	Mzuzu Cental Hospital	Tertiary	Government	Yes
Mzimba	Mzuzu Central Medical Stores	Others	Government	No
Mzimba	Mzuzu Police Dispensary	Primary	Government	Yes
Mzimba	Mzuzu Prison	Primary	Government	No
Mzimba	Mzuzu Urban HC	Primary	Government	Yes
Mzimba	Njuyu HC	Primary	Government	Yes
Mzimba	Nkhuyukuyu HC	Primary	Government	No
Mzimba	Vibangalala	Primary	Government	No
Mzimba	Zolozolo	Primary	Government	No
Mzimba	Zonal Office - Mzimba	Others	Government	No
Mzimba	Macro Mzuzu	Others	NGO	No
Mzimba	Mzimba BLM	Primary	NGO	Yes
Mzimba	Mzuzu BLM	Primary	NGO	Yes
Mzimba	SOS pvt Clinic	Primary	NGO	Yes
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Mzimba	ALFA Dental Surgery	Primary	Private for profit	No
Mzimba	Chibavi	Primary	Private for profit	No
Mzimba	Chigezelo Pvt Clinic	Primary	Private for profit	No
Mzimba	Dr Musachi's Surgery	Primary	Private for profit	No
Mzimba	Evergreen/Kandindi	Primary	Private for profit	No
Mzimba	J & M Pvt Clinic	Primary	Private for profit	No
Mzimba	Kaswavipindi pvt Clinic	Primary	Private for profit	No
Mzimba	Khuyu	Primary	Private for profit	No
Mzimba	Kings pvt Clinic	Primary	Private for profit	No
Mzimba	Kochi	Primary	Private for profit	No
Mzimba	Mchizga Medical Clinic	Primary	Private for profit	No
Mzimba	Mkunkhula Pvt Clinic	Primary	Private for profit	No
Mzimba	Mumbwe Medical Centre	Primary	Private for profit	No
Mzimba	Temwa Clinic	Primary	Private for profit	No
Mzimba	Vitumbiko pvt Clinic	Primary	Private for profit	No
Mzimba	Vizimba Pvt Clinic	Primary	Private for profit	No
Mzimba	WAFC pvt Clinic	Primary	Private for profit	No
Mzimba	Katoto ESCOM Clinic	Primary	Statutory Organisation	No
Mzimba	Mzuzu ESCOM	Primary	Statutory Organisation	Yes
Mzimba	Mzuzu Univ. Clinic	Primary	Statutory Organisation	No
Neno	Matandani HC	Primary	CHAM	Yes
Neno	Neno Parish HC	Primary	CHAM	Yes
Neno	Chifunga Hc	Primary	Government	Yes
Neno	Lisungwi HC	Primary	Government	No
Neno	Luwani HC	Primary	Government	Yes
Neno	Magaleta HC	Primary	Government	Yes
Neno	Matope Rural Hospital	Secondary	Government	No
Neno	Neno Rural Hospital	Secondary	Government	Yes
Neno	Nkula Hc	Primary	Government	No
Neno	Nsambe HC	Primary	Government	No
Neno	Zalewa DAPP VCT Station	Others	NGO	No
Neno	Langwe Clinic	Primary	Private for profit	No
Neno	Muferanji Clinic	Primary	Private for profit	No
Nkhatabay	Chilambwe HC	Primary	CHAM	No
Nkhatabay	Chombe Estate Dispensary	Primary	Company	No
Nkhatabay	Kawalazi Estate Clinic	Primary	Company	No
Nkhatabay	Visala Dispensary	Primary	Company	Yes
Nkhatabay	Bula HC	Primary	Government	Yes
Nkhatabay	Chesamu	Primary	Government	Yes
Nkhatabay	Chikwina HC	Primary	Government	Yes
Nkhatabay	Chintheche	Secondary	Government	Yes
Nkhatabay	Chisala HC	Primary	Government	No
Nkhatabay	Chitheka	Primary	Government	Yes
Nkhatabay	Kachere HC	Primary	Government	Yes
Nkhatabay	Kande HC	Primary	Government	Yes
Nkhatabay	Khondowe	Primary	Government	No
Nkhatabay	Liuzi	Primary	Government	No
Nkhatabay	Lwazi	Primary	Government	No
Nkhatabay	Maula HC	Primary	Government	No
Nkhatabay	Mpamba	Primary	Government	Yes
Nkhatabay	Mzenga HC	Primary	Government	Yes
Nkhatabay	Nkhatabay DHO	Secondary	Government	Yes
Nkhatabay	Ruarwe Dispensary	Primary	Government	No
Nkhatabay	Thungwa	Primary	Government	No
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Nkhatabay BLM Nkhatabay Primary NGO Yes Nkhatabay Nkhatabay Nkhatabay Nkhatabay Nkhatabay Primary Private for profit No Nkhatabay Nkhatabay pvt Clinic Primary Private for profit No Nkhatabay Nkhatabay pvt Clinic Primary Private for profit No Nkhatabay Raha pvt Clinic Primary Private for profit No Nkhotakota Raha pvt Clinic Primary Private for profit No Nkhotakota Childid Primary CHAM Yes Nkhotakota Childid Primary CHAM No Nkhotakota Kapili HC Primary CHAM No Nkhotakota Kasitu Primary CHAM No Nkhotakota Liwaladzi HC Primary CHAM No Nkhotakota Liwaladzi HC Primary CHAM No Nkhotakota Dwangwa Cane Grower Ltd Clinic Primary Company Yes Nkhotakota Buwa Dispensary Primary Government Yes Nkhotakota Buwa Dispensary Primary Government Yes Nkhotakota Dwangwa Cane Grower Ltd Clinic Primary Government Yes Nkhotakota Dwangwa Cane Grower Ltd Clinic Primary Government Yes Nkhotakota Dwangwa Cane Grower Ltd Clinic Primary Government Yes Nkhotakota Dwangwa Cane Grower Ltd Clinic Primary Government Yes Nkhotakota Dwangwa Cane Grower Ltd Clinic Primary Government Yes Nkhotakota Dwangwa Cane Grower Ltd Clinic Primary Government No Nkhotakota Matiki HC Primary Government No Nkhotakota Malowa Dispensary Primary Government No Nkhotakota Manamatha Dispensary Primary Government No Nkhotakota Mamamatha Dispensary Primary Government No Nkhotakota Mwansambo Primary Government Yes Nkhotakota Mwansambo Primary Government Yes Nkhotakota Mwansambo Primary Government Yes Nkhotakota Nkhotakota Nkhotakota Primary Government Yes Nkhotakota Nkhotakota DLM Primary Government Yes Nkhotakota NaSO Others NGO No Nkhotakota DLM Primary Private for profit No Nkhotakota NaSO Others NGO No Nkhotakota NaSO No No Nanaje Nanaje Nanaje Primary Government Yes Nkhotakota NaSO Others NGO No Nanaje Primary Government Yes Nanaje Makhanga Primary Government Yes Nanaje Makhanga Primary Government Yes Nanaje Makhanga Primary Government Yes Nanaje Nanaje Nanaje Nanaje Primary Government Yes Nanaje Nanaje Nanaje District Hospital Secondary Government Yes Nanaje Nanaje Di	Nkhatabay Kavuze Estate Primary Nkhatabay Nkhatabay Nkhatabay pvt Clinic Primary Nkhatabay Nkhatabay pvt Clinic Primary Nkhatabay Nkhatabay Primary Nkhotakota Raha pvt Clinic Primary Nkhotakota Alinafe HC Primary Nkhotakota Kasili Primary Nkhotakota Kasili Primary Nkhotakota Kasili Primary Nkhotakota Liwaladzi HC Primary Nkhotakota St Annes Hospital Secondary Nkhotakota Dwangwa Cane Grower Ltd Clinic Primary Nkhotakota Buwa Dispensary Primary Nkhotakota Buwa Dispensary Primary Nkhotakota Kasili Primary Nkhotakota Dwambazi Rural Hospital Secondary Nkhotakota Matiki HC Primary Nkhotakota NaSO Others Nkhotakota Nkhotakota Nyamvuu Clinic Primary Nsanje Kalemba HC Secondary Nsanje Chididi Mission Primary Nsanje Masenjere Primary Nsanje Masenjere Primary Nsanje Masenjere Primary Nsanje Masenjere Primary Nsanje Nsanje District Hospital Secondary Primary Nsanje Nsanje	•	
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Nkhotakota Nkhotakota Nkhotakota Nkhotakota Msenjere HCPrimary Primary Primary Msenjere HCPrimary Primary Primary Government Primary Government Primary Government Primary Government Primary Government Primary Government Primary Government Primary Government Primary Government Primary Government Primary Government Primary Government Primary Government Primary Government No Nkhotakota Nkhotakota Nkhotakota Nkhotakota Nkhotakota Nkhotakota Nkhotakota Nkhotakota Naso Naso Others NGO No Nkhotakota Nkhotakota Nkhotakota Nkhotakota Nkhotakota Nkhotakota Nkhotakota Nkhotakota Nkhotakota Nkhotakota Nkhotakota Nkhotakota Nkhotakota Nkhotakota Nyamvuu Clinic Nsanje Chididi Mission Nsanje Chididi Mission Nsanje Drimary Primary <td>Nkhotakota Mpamantha Dispensary Nkhotakota Msenjere HC Nkhotakota MTOSA Nkhotakota MWansambo Nkhotakota Ngala HC Nkhotakota Nkhotakota DH Nkhotakota Nkhotakota DH Nkhotakota Ukasi Clinic Nkhotakota Dwangwa BLM Nkhotakota Nkhatakota BLM Nkhotakota Nkhatakota BLM Nkhotakota Nkhatakota BLM Nkhotakota Nkhatakota BLM Nkhotakota World Medical Fund Nkhotakota Nyamvuu Clinic Nsanje Chididi Mission Nsanje Kalemba HC Nsanje Trinity College of Nursing Nsanje Makhanga Nsanje Masenjere Nsanje Masenjere Nsanje Mbenje Nsanje Mohacha Nsanje Mohacha Nsanje Nsanje Mohacha Nsanje Mohacha Nsanje Mohacha Nsanje Mohacha Nsanje Nsanje Mohacha Nsanje Nsanje Nsanje Mohacha Nsanje Nsanje Nsanje Mohacha Nsanje Primary Nsanje Nsanje Nsanje District Hospital Nsanje Phokera Nsanje Primary Nsanje Phokera Primary Nsanje Primary Nsanje Nsanje Primary Nsanje Primary</td> <td>Government</td> <td>No</td>	Nkhotakota Mpamantha Dispensary Nkhotakota Msenjere HC Nkhotakota MTOSA Nkhotakota MWansambo Nkhotakota Ngala HC Nkhotakota Nkhotakota DH Nkhotakota Nkhotakota DH Nkhotakota Ukasi Clinic Nkhotakota Dwangwa BLM Nkhotakota Nkhatakota BLM Nkhotakota Nkhatakota BLM Nkhotakota Nkhatakota BLM Nkhotakota Nkhatakota BLM Nkhotakota World Medical Fund Nkhotakota Nyamvuu Clinic Nsanje Chididi Mission Nsanje Kalemba HC Nsanje Trinity College of Nursing Nsanje Makhanga Nsanje Masenjere Nsanje Masenjere Nsanje Mbenje Nsanje Mohacha Nsanje Mohacha Nsanje Nsanje Mohacha Nsanje Mohacha Nsanje Mohacha Nsanje Mohacha Nsanje Nsanje Mohacha Nsanje Nsanje Nsanje Mohacha Nsanje Nsanje Nsanje Mohacha Nsanje Primary Nsanje Nsanje Nsanje District Hospital Nsanje Phokera Nsanje Primary Nsanje Phokera Primary Nsanje Primary Nsanje Nsanje Primary	Government	No
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Nsanje Sorgin Hc Primary Government Yes			
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Nsanje Tengani HC Primary Government Yes	•		
Nsanje Chikonzero Clinic Primary Private for profit No	· · · · · · · · · · · · · · · · · · ·	·	
Nsanje Tikondane Primary Private for profit No	· · · · · · · · · · · · · · · · · · ·		
Ntcheu Chigodi HC Primary CHAM No			
NICHEU GANVA MATENITY PRIMARY CHAM NO	Ntcheu Ganya Materity Primary	CHAM	No

Ntcheu	Gowa HC	Primary	CHAM	No
Ntcheu	Lake View HC	Primary	CHAM	No
Ntcheu	Matanda HC	Primary	CHAM	No
Ntcheu	Mlanda	Primary	CHAM	No
Ntcheu	Muluma	Primary	CHAM	No
Ntcheu	Mzama	Primary	CHAM	No
Ntcheu	Nsipe Rural Hospital	Primary	CHAM	Yes
Ntcheu	Ntonda Rural Hospital	Secondary	CHAM	No
Ntcheu	Senzani HC	Primary	CHAM	Yes
Ntcheu	Sharpe valley HC	Primary	CHAM	Yes
Ntcheu	Sister Theresa Rural Hospital	Secondary	CHAM	Yes
Ntcheu	Tsangano HC	Primary	CHAM	No
Ntcheu	Bilila	Primary	Government	Yes
Ntcheu	Biriwiri HC	Primary	Government	Yes
Ntcheu	Bwanje HC	Primary	Government	Yes
Ntcheu	Chikande HC	Primary	Government	Yes
Ntcheu	Doriko Dispensary	Primary	Government	Yes
Ntcheu	Dzonzi Mvai Dispensary	Primary	Government	No
Ntcheu	Dzunje Dispensary	Primary	Government	Yes
Ntcheu	Kampanje	Primary	Government	No
Ntcheu	Kandeu Dispensary	Primary	Government	Yes
Ntcheu	Kapeni	Primary	Government	Yes
Ntcheu	Kasinje HC	Primary	Government	Yes
Ntcheu	Katsekera	Primary	Government	Yes
Ntcheu	Likudzi U5 Clinic	Primary	Government	No
Ntcheu	Lizulu HC	Primary	Government	Yes
Ntcheu	Manjawira	Primary	Government	No
Ntcheu	Masasa Dispensary	Primary	Government	Yes
Ntcheu	Mlangeni / Police Dispensary	Primary	Government	Yes
Ntcheu	Mlangeni HC	Primary	Government	Yes
Ntcheu	Mphepo zinayi Dispensary	Primary	Government	No
Ntcheu	Namisu	Primary	Government	No
Ntcheu	Nsiyaludzu H.C.	Primary	Government	Yes
Ntcheu	Ntcheu DH	Secondary	Government	Yes
Ntcheu	Phanga Dispensary	Primary	Government	No
Ntcheu	Ntcheu BLM	Primary	NGO	Yes
Ntcheu	Chilitseni Clinic	Primary	Private for profit	No
Ntcheu	Chiole Pvt Clinic	Primary	Private for profit	No
Ntchisi	Mpherere HC	Primary	CHAM	No
Ntchisi	Chinguluwe	Primary	Government	Yes
Ntchisi	Chinthembwe HC	Primary	Government	No
Ntchisi	Kamsonga HC	Primary	Government	No
Ntchisi	Kangolwa HC	Primary	Government	Yes
Ntchisi	Khuwi HC	Primary	Government	No
Ntchisi	Malomo HC	Primary	Government	No
Ntchisi	Mkhuzi	Primary	Government	Yes
Ntchisi	Mndinda Dispensary	Primary	Government	No
Ntchisi	Mzandu HC	Primary	Government	Yes
Ntchisi	Ntchisi DH	Secondary	Government	Yes
Ntchisi	Nthondo Dispesary	Primary	Government	No
Ntchisi	Amayeso PVT Clinic	Primary	Private for profit	No
Phalombe	Chiringa HC	Primary	CHAM	No
Phalombe	Holy Family College of Nursing	Others	CHAM	No
Phalombe	Holy Family Hospital	Secondary	CHAM	No

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Phalombe	Mwanga HC	Primary	CHAM	Yes
Phalombe	Sukasanje HC	Primary	CHAM	No
Phalombe	Chiringa Maternity	Primary	Government	No
Phalombe	Chitekesa HC	Primary	Government	No
Phalombe	Kalinde HC	Primary	Government	No
Phalombe	Migowi HC	Primary	Government	No
Phalombe	Mkhwayi HC	Primary	Government	No
Phalombe	Mpasa HC	Primary	Government	No
Phalombe	Nazombe Health Centre	Primary	Government	No
Phalombe	Nkhulambe HC	Primary	Government	No
Phalombe	Phalombe DHO	Others	Government	No
Phalombe	Phalombe HC	Secondary	Government	Yes
Rumphi	DGM Livingstonia	Secondary	CHAM	No
Rumphi	Luwichi Dispensary	Primary	CHAM	No
Rumphi	Mlowe HC	Primary	CHAM	No
Rumphi	Nthenje HC	Primary	CHAM	No
Rumphi	St Patricks Rural Hospital	Primary	CHAM	Yes
Rumphi	Tcharo	Primary	CHAM	No
Rumphi	Zunga HC	Primary	CHAM	No
Rumphi	Mchenga Clinic	Primary	Company	No
Rumphi	Bolero	Secondary	Government	Yes
Rumphi	Bwengu HC	Primary	Government	Yes
Rumphi	Chitimba HC	Primary	Government	No
Rumphi	Jalawe HC	Primary	Government	No
Rumphi	Katowo Rural Hospital	Secondary	Government	No
Rumphi	Luzi HC	Primary	Government	No
Rumphi	Mhuju Rural Hospital	Secondary	Government	Yes
Rumphi	Mphompha HC	Primary	Government	Yes
Rumphi	Mwazisi HC	Primary	Government	Yes
Rumphi	Mzokoto HC	Primary	Government	No
Rumphi	Ng'onga HC	Primary	Government	No
Rumphi	Rumphi DHO	Secondary	Government	Yes
Rumphi	Thunduwike HC	Primary	Government	Yes
Rumphi	Rumphi BLM	Primary	NGO	Yes
Rumphi	Eva Demaya pvt Clinic	Primary	Private for profit	Yes
Rumphi	Hewe Medical Clinic	Primary	Private for profit	No
Rumphi	Kasambala Medical Centre	Primary	Private for profit	No
Rumphi	Kasambala pvt Clinic	Primary	Private for profit	No
Rumphi	Phwezi Clinic	Primary	Private for profit	No
Rumphi	Wongani Pvt Clinic	Primary	Private for profit	No
Rumphi	Yache	Primary	Private for profit	No
Salima	Chitala	Primary	CHAM	No
Salima	Ndimoyo Palliative Care	Primary	CHAM	Yes
Salima	Ngozi HC	Primary	CHAM	No
Salima	Thavite HC	Primary	CHAM	No
Salima	Central East Zone	Others	Government	No
Salima		Primary	Government	No
Salima	Chingulano	•		
	Chinguluwe	Primary	Government	Yes
Salima	Chipoka	Secondary	Government	Yes
Salima	Kaphatenga	Primary	Government	No
Salima	Khombedza	Primary	Government	Yes
Salima	Lifuwu HC	Primary	Government	Yes
Salima	Mafco HC	Primary	Government	No
Salima	Maganga HC	Primary	Government	Yes

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Salima	Makioni	Primary	Government	Yes
Salima	Mchoka	Primary	Government	Yes
Salima	Parachute Battalion dispensary	Primary	Government	No
Salima	Salima DHO	Secondary	Government	Yes
Salima	Life Line Mw HC	Primary	NGO	No
Salima	Salima AIDS Support Organisation	Others	NGO	No
Salima	(SASO) Salima BLM	Primary	NGO	Yes
Salima	Asante Pvt Clinic	Primary	Private for profit	No
Salima	Baptist Medical Clinic	Primary	Private for profit	No
Salima	Bliss Pvt Clinic	-	Private for profit	No
		Primary	·	
Salima Salima	Katemela Clinic	Primary	Private for profit	No No
	Madalitso pvt clinic	Primary	Private for profit	
Salima	Muchila Pvt Clinic	Primary	Private for profit	No
Thyolo	Chipho HC	Primary	CHAM	No
Thyolo	Halena Oakely (Mtambanyama) Clinic	Primary	CHAM	No
Thyolo	Makapwa HC	Primary	CHAM	No
Thyolo	Malamulo	Secondary	CHAM	No
Thyolo	Malamulo College of Health Sciences	Secondary	CHAM	No
Thyolo	Mitengo HC	Primary	CHAM	No
Thyolo	Molere HC	Primary	CHAM	No
Thyolo	Conforzi Estate Clinic	Primary	Company	No
Thyolo	Gotha Dispensary	Primary	Company	Yes
Thyolo	Makwasa	Primary	Company	Yes
Thyolo	Masikini	Primary	Company	No
Thyolo	Mpeni Tea Estate	Primary	Company	No
Thyolo	Naming'omba Division Dispensary	Primary	Company	No
Thyolo	Sambankhanga	Primary	Company	No
Thyolo	Satemwa Clinic	Primary	Company	No
Thyolo	Zoa HC	Primary	Company	Yes
Thyolo	Amalika HC	Primary	Government	No
Thyolo	Bvumbwe HC	Primary	Government	No
Thyolo	Bvumbwe Makungwa	Primary	Government	Yes
Thyolo	Bvumbwe Research HC	Primary	Government	Yes
Thyolo	Changata HC	Primary	Government	Yes
Thyolo	Chimaliro HC	Primary	Government	Yes
Thyolo	Chimvu	Primary	Government	No
Thyolo	Chingazi	Secondary	Government	No
Thyolo	Chizunga	Primary	Government	No
Thyolo	Delule	Primary	Government	No
Thyolo	Dzimbiri HC	Primary	Government	No
Thyolo	Gombe	Primary	Government	No
Thyolo	Kasembeleka	Primary	Government	No
Thyolo	Khonjeni HC	Primary	Government	Yes
Thyolo	Mafisi HC	Primary	Government	No
Thyolo	Magunda Clinic	Primary	Government	Yes
Thyolo	Makungwa	Primary	Government	No
Thyolo	Mapanga Clinic	Primary	Government	No
Thyolo	Mbalanguzi Dispensary	Primary	Government	No
Thyolo	Mchima Main	Primary	Government	No
Thyolo	Mianga HC	Primary	Government	No
Thyolo	Mikolongwe HC	Primary	Government	Yes
Thyolo	Mindale	Primary	Government	No
Thyolo	Mwalawanthunzi Clinic	Primary	Government	No

			_	
Thyolo	Nasonia	Primary	Government	No
Thyolo	Nkhataombele	Primary	Government	No
Thyolo	Nsabwe Dispensary	Primary	Government	Yes
Thyolo	Nthekerani HC	Secondary	Government	Yes
Thyolo	Sukasanje Dispensary	Primary	Government	No
Thyolo	Thomasi	Primary	Government	No
Thyolo	Thyolo District Hospital	Secondary	Government	Yes
Thyolo	Byumbwe BLM	Primary	NGO	Yes
Thyolo	Thyolo MSF	Others	NGO	No
Thyolo	Jeofia	Primary	Private for profit	No
Thyolo	Kadango HC	Primary	Private for profit	No
Thyolo	Mdziwika Clinic	Primary	Private for profit	No
Thyolo	Monekera Pvt	Primary	Private for profit	No
Thyolo	Thunga Clinic	Primary	Private for profit	No
Zomba	Chilipa HC	Primary	CHAM	No
Zomba	Chipini	Primary	CHAM	Yes
Zomba	H Parker Sharp Dispensary	Primary	CHAM	No
Zomba	Magomero HC	Primary	CHAM	Yes
Zomba	Matiya Dispensary	Primary	CHAM	Yes
Zomba	Mayaka HC	Primary	CHAM	No
Zomba	Namasalima HC	Primary	CHAM	Yes
Zomba	Namikango	Primary	CHAM	No
Zomba	Nkasala HC	Primary	CHAM	Yes
Zomba	Pirimiti HC	Primary	CHAM	No
Zomba	St Lukes Nursing	Others	CHAM	No
Zomba	St Lukes Rural Hospital	Secondary	CHAM	No
Zomba	Thondwe Pastoral Clinic	Primary	CHAM	Yes
Zomba	Zomba Adventist Clinic	Primary	CHAM	No
Zomba	Wallace Clinic	Primary	Company	No
Zomba	Airwing Dispensary Bimbi HC	Primary	Government	No
Zomba Zomba	Chamba	Primary	Government Government	Yes Yes
Zomba	Chingale HC	Primary	Government	Yes
Zomba	Chisi Island Health Centre	Primary Primary	Government	No
Zomba	Cobbe Barracks	Primary	Government	No
Zomba	Domasi Rural Hospital	Secondary	Government	Yes
Zomba	Forestry Dispensary	Primary	Government	No
Zomba	Lambulira HC	Primary	Government	Yes
Zomba	Likangalara HC	Primary	Government	Yes
Zomba	Makwapala HC	Primary	Government	Yes
Zomba	Matawale HC	Primary	Government	No
Zomba	M'mambo	Primary	Government	No
Zomba	Muluzi Barracks	Primary	Government	No
Zomba	Municipality Assembly Clinic	Primary	Government	No
Zomba	Naisi HC	Primary	Government	No
Zomba	Nasawa/Chimwalira HC	Primary	Government	Yes
Zomba	Ngwelero HC	Primary	Government	Yes
Zomba	Police Hospital	Primary	Government	No
Zomba	State House Dispensary	Primary	Government	Yes
Zomba	Thondwe HC	Primary	Government	Yes
Zomba	Zomba Central Hospital	Tertiary	Government	Yes
Zomba	Zomba DHO	Others	Government	No
Zomba	Zomba Mental Hospital	Tertiary	Government	Yes
Zomba	Zomba Nursing School	Others	Government	No
	<u> </u>			

Zomba	Zomba Prison Dispensary	Primary	Government	No
Zomba	Zomba Zonal Office	Others	Government	No
Zomba	Compassionate Mission Clinic	Primary	NGO	No
Zomba	Dignitas International	Others	NGO	No
Zomba	Zomba BLM	Primary	NGO	Yes
Zomba	AHI Clinic	Primary	Private for profit	Yes
Zomba	Chinamwali Pvt Clinic	Primary	Private for profit	No
Zomba	Mpunga Clinic	Primary	Private for profit	No
Zomba	Chancellor College	Primary	Statutory Organisation	No

1.0 Background

The current human resources for health (HRH) crisis situation in Malawi is in part due to a variety of historical and developmental challenges, the extent of which have severely weakened the health care delivery system. In response, the Malawi health sector has adopted concerted and strategic efforts to better manage its scarce resources through the development and roll-out of the *Health Sector-wide Approach* (SWAp) joint *Programme of Work* (2004-2010), which further encompasses the *6-year Emergency Pre-service Training Plan*, launched in 2002, and subsequent *6-year Emergency Human Resource Programme* (EHRP) of April 2004. The SWAp programme of work incorporates a comprehensive development and implementation programme for HRH policy objectives and system requirements to address the critical HRH situation in Malawi.

Within the context of ongoing health systems strengthening initiatives, the MoH aims to collate and maintain accurate high-quality, and timely HRH data to inform the development, implementation and monitoring of comprehensive sector-wide HRH policies, plans and practices. Specific interventions for institutionalizing and maintaining improved HRH information and data systems are reflected in the *Strategic Human Resources for Health Framework* for the Health Sector and are guided by the supplementary *HRH Monitoring & Evaluation Framework* as part of broader SWAP M&E.

Against this background a 'Headcount' exercise was undertaken in August 2005, covering MoH facility based staff in Malawi, to gather data on the actual number and distribution of staff deployed (established staff in post) as well as vacancy trends and levels. The main focus of this Headcount aimed at verifying and reconciling staff records with the new government payroll system. This initiative therefore was seen as an important first step in institutionalizing the regular collation and management of accurate and up-to-date staffing information for subsequent use in key HRH planning and decision making, administer day-to-day HRH policies and practices, and update personnel records. In addition, the results of the exercise were to be used, *inter alia*, as the basis for monitoring the impact on recruitment and staff retention of the 52% salary top-up incentives that were introduced in April 2005 by MoH, with financial support from DFID. A fundamental implementation failure with this Headcount was that the exercise lacked structure or coordination. From the terms of reference and final report produced, the following observations and limitations were noted:

- i. The planned data collection design methodology lacked attention to detail and was incomplete
- ii. The data collection instrument is not available in the report, therefore it is unclear as to what primary data was collected, or whether the instrument used was appropriately pilot tested
- iii. Prior guidance, training or orientation was not adequately provided to data collection teams and others involved in the implementation process
- iv. There was no clear communication & coordination plan in place, which should have been cascaded down to the districts. As a result, DHOs could not provide adequate or advance communication to members of staff in their districts, resulting in the data collection teams failing to locate and/or interview staff who were not present in their respective duty stations at the time of the data collection.
- v. Implementation was further compromised by the lack of quality assurance / checks & balances built in to the process. For example:

- Some staff did not submit their completed forms for data capturing.
- Incidents of duplication as a result of staff submitting more than one data form
- Instances of employees submitting inaccurate information. i.e. it was observed that a number of fields were left blank or incomplete on many data forms
- vi. Due to logistical and capacity constraints, the data input and data analysis phases of the exercise schedule lapsed, seriously compromising the availability validity and accuracy of the data
- vii. As a result of the above constraints the MoH was unable to input and clean the available data and complete the headcount exercise to the required auality and standard

The MoH aims to implement a fresh HRH Data Census, which will be fully expanded to cover all registered public and private sector health facilities, incorporating NGOs and the for-profit private sector. A suitably qualified and experienced agency will be sourced and contracted to carry out the HRH Data Census under the guidance of the Ministry of Health.

2.0 Objectives of the HRH Census

Key objectives of the HRH Data Census are to obtain primary HRH data and information in the form of a "snap-shot picture" of current availability, numbers, profiles, skills-mix, and distribution of trained health workers, including management and support staff, employed in registered public and private sector health facilities across all districts of Malawi. The HRH Data Census will help calculate and refine accurate and reliable HRH baseline data to facilitate effective sector-wide HRH planning, implementation and monitoring, within the scope of the HRH M&E Framework.

The primary objective is to ensure that targeted and adequate policies, strategies and programmes are developed, implemented and monitored in order to address the current inadequacy and mal-distribution of HRH in the country.

3.0 SCOPE OF WORK

Oversight & Accountability:

The contracted agency will be expected to work under the direct supervision of the HRH Census Coordination Team (CCT), established by the HRH Technical Working Group (TWG), which shall have delegated responsibility for the 'oversight and supervision' of the process on behalf of the MoH. The CCT is comprised of selected MOH officials, Technical Assistants and representatives from partners such as the World Bank and DFID. The CCT will have an oversight role during the entire HRH Data Census exercise until the completion and dissemination of the final census report. The CCT will be responsible for evaluating the proposals from firms on behalf of the internal procurement committee, reviewing the census methodology including final approval of the census instrument and implementation plan, and will regularly report back on progress made on the HRH Data Census to the HRTWG.

(i) Conduct a facility-based HRH data census using a pre-determined data collection instrument and electronic database, supplied by the MoH, which will be developed in conjunction with World Bank and adapted context-specific by MOH to collect data on HRH at facility level. It is anticipated that the contracted agency will constitute, train and deploy appropriate data collection teams in each district, depending on the number and location of facilities to be covered. The MoH will provide, in advance, a detailed list, including physical location and contact point, for all registered facilities to be covered by the Data Census. The contracted agency will determine its personnel / logistics needs and other inputs based on the established number and spread of facilities to be covered per district. It is further expected that the survey instrument and process methodology be pre-tested by the agency prior to full-scale implementation of the survey.

- (ii) Facilitate establishment of linkages/reporting mechanisms between facility and the district health offices. The contracted agency will ensure that for each facility visited, the established HR focal point and responsible district HR officer (MoH) are contacted in order to report an updated HRH picture of the facility to the DHO. The mode of getting updated HRH data to the district level on a regular basis will also be identified and assessed.
- (iii) Facilitate establishment of linkages/reporting mechanisms between district and zonal health support offices. Linkages as indicated in (2) above will also be facilitated between the MoH zonal M&E officer and the district HR officer (MoH).
- (iv) Enter collected data into a consolidated database at the district level. When the data collection process is completed at the district level, the contracted agency will enter the data into a pre-designed database, supplied by MoH. Thereafter the agency will work closely with the established district HR officer (MoH) and zonal M&E officer to demonstrate the database and the mode of entering data to and updating the consolidated district database in future.
- (v) Enter collected data into a database at national level for analysis. The contracted agency will collate all HRH data submitted from district level and enter this data into a consolidated national database, supplied by MoH. The agency will undertake a detailed analysis of the HRH data at national level and generate a final report indicating key HRH trends and gaps with regard to the availability, numbers, profiles, skills-mix, and distribution of the health workforce. Thereafter the agency will work closely with established MoH HRH officers and explain the database as well as the modes of future entering and analysis of the collected data.

Key points and observations

- (I) Enumeration of all registered private and public health facilities will be undertaken by the MoH, and communicated in advance
- (II) Pre-testing of the data collection instrument and survey will be undertaken by the contracted agency, with brief summary feedback reports provided to the HRH Census Coordination Team, highlighting specific weaknesses and proposed modifications to the process methodology.
- (III) Adequate advance notification and instruction will be communicated by the MoH through the national & local press, radio / TV and other formal official channels, making it compulsory for individual health workers to report at their station on the day(s) fixed for the HRH Census, bringing with them specific information and/or supporting documentation as indicated (e.g. employment number, etc)

(IV) Specific information on 'Dual Employment' of health workers may be enquired during the filling up of the census tool as well as determined during the analysis phase.

4.0 Qualification of Consultant

The consultant team shall comprise a Project Manager, four professional staff and enumerators. The minimum qualifications for the consultants are as follows:

4.1 Project Manager

Project Manager shall have the following attributes:

Essential

- A postgraduate degree in an area relevant to the assignment such as Public Health, Epidemiology, Demography, Health Systems Research, Human Resources Development/Management, Statistics and Management Information systems
- Experience in organizing health surveys/health census or health research
- At least 10 years experience in public health/health development
- Experience as a consultant in international health in the sub Saharan region
- Excellent interpersonal ,facilitation, coordination and communication skills and team working

Desirable

- Awareness of key health issues including health sector reforms, Swap and Essential Health Package (EHP)
- Experience in project management
- Experience in designing and implementing HR systems and practices
- Ability to budget and monitor financial expenditures
- Knowledge of organization of health services in Malawi

4.2 Other Professional Team Members

Other professional team members shall have the following attributes:

Essential

- A post graduate degree in an area relevant to the assignment such as Public Health, Epidemiology, Demography, Health Economics, Health Systems Research, Human Resource Development/Management, Statistics and management information system
- Has participated in at least two national surveys or research
- At least five years experience in public health/health development
- At least five years experience as a consultant in international health

Desirable

- Awareness in key health issues such as Essential Health Package etc
- Experience in project management and in particular management of large scale surveys
- Knowledge of statistical packages in health
- Ability to communicate in local language

4.6 Data Collectors/ Enumerators

Enumerators shall have a minimum of diploma in a health related field, management information system or statistics and must have participated in at least one national level survey

5.0 Time frame and expected Inputs

The HRH Data Census is expected to be carried out From November to December 2007 with a detailed final report prepared and submitted by 23rd December 2007

The assignment is estimated to require 50 Person Days of input by professional consultants in addition to enumerators.

6.0 Obligations of the Ministry of Health

MOH would provide:

- a) relevant policy documents and reports including electronic information and data bases
- b) HRH census tool
- c) technical guidance and supervision by the HRH Census Coordination Team (CCT) constituted by the Ministry
- d) List of all facilities (public and private sector) to be covered
- e) contact persons in the districts and zones
- f) letter of introduction to the zones and districts
- g) adequate advance notification and instructions to health workers through media

The Client will not provide office accommodation and or transport to consultants or contractors

Government of Malawi



Ministry of Health

Malawi Health Sector Employee Census: 2007 TOOL 1: FACILITY INFORMATION

Note: Only one form to be filled per facility (public/private sector) (Please √ tick wherever applicable)

Part A: CENSUS INTERVIEW DETAILS
1 Names of Interviewers
2. Name of Supervisor:
3. Date of first visit to the facility: (DD/MM/YYYY)
4. Commencement Time: (HH/MM) Completion time: (HH/MM)
5. Date of second visit to the facility: (DD/MM/YYYY)
6. Commencement Time: (HH/MM) Completion time: (HH/MM)
7. Date of third visit to the facility: (DD/MM/YYYY)
8. Commencement Time: (HH/MM) Completion time: (HH/MM)
9.Total number of days that the facility has been visited:
10.Total number of hours and minutes spent in the facility:
Part B: FACILITY DETAILS
i) Name of the Facility (to be taken from the list of facilities):
ii) Health facility code as indicated in the health facility registry provided to you:
MWIHF
For e.g. 000001 is code for Achidya Clinic in Dedza district

Note: Put 999999 if facility not in the list			
iii) Postal address of the facility (put 9999 if any item does not apply):			
iiia) Street number and Name:			
iiib) City/Town/Village:			
iiic) Postal code:			
iiid) PO Box:			
iiie) District: 10 Chitipa 11 Karonga 12 Rumphi 13 Mzimba 14 Nkhatabay 15 Likoma 16 Kasungu 17 Nkhotakota 18 Ntchisi 19 Mchinji 20 Salima 21 Dowa 22 Lilongwe 23 Dedza 24 Ntcheu 25 Balaka 26 Mangochi 27 Machinga 28 Zomba 29 Phalombe 30 Mulanje 31 Thyolo 32 Blantyre 33 Mwanza 34 Chiradzulu 35 Chikwawa 36 Nsanje 37 Neno			
iiif) Zone: 1 ☐ North 2 ☐ Central East 3 ☐ Central West 4 ☐ South East 14 ☐ South West			
iiie) Other address related information, if any:			
iv) Contact information for the facility (put 9999 if any item does not apply):			
iva) Main phone number:			
ivb) Main fax number:			
ivc) Main e-mail address:			
ivd) Name of the Director/Chief/In-charge:			
ive) Director's telephone number:			
v) Location: 1 Urban 2 Rural 3 Semi-Urban			
vi) Classification of Facility 1			
vii) Level of facility 1			
2 Secondary Health Care Facility (District Hospital, Rural Hospital, Community Hospital,			

Maternity Hospital & Private Hospital)		
3 Tertiary Health Care Facility (Mental Hospital, Central Hospital)		
4 Others (MoH Headquarters, Zonal Health Support Office, DHO without hospital, Health training/Research Institution, Health Project Office, etc.)		
viii) Ownership (You may √ tick in more than one box wherever applicable) 1 ☐ Government of Malawi (MoH ☐, Local Government ☐, Military☐, Police☐, Forestry☐,		
MoE □, Others □ please specify)		
2 CHAM		
3 NGO: (please specify)		
4 Private for Profit: (please specify)		
5 Other: (please specify)		
Part C: DEPARTMENT/UNIT DETAILS		
Categories of Departments/Units in various health sector facilities in Malawi		
 Ministry of Health Headquarters 101 ☐ Planning & Policy Development 102 ☐ Finance and Administration 		
103 Preventive Health Services 104 Clinical Services		
105 ☐ Health Technical Support Service 106 ☐ Nursing Services 107 ☐ Central Medical Stores 108 ☐ CHSU 109 ☐ Health Education Section 110 ☐ Other, specify		
2. Zonal Health Support Office (ZHSO) 201 ☐ ZHSO		
3. Central Hospital		
301 Internal Medicine 302 Surgery 303 Obstetrics and Gynaecology		
304 Paediatrics 305 Dentistry 306 Ophthalmology 307 Dermatology 308 Nursing 309 Anaesthesiology		
310 Radiology 311 Pharmacy 312 Laboratory Services		
313 Rehabilitation 314 Medical Engineering 315 Administration 316 Transport 317 Accounts 318 Catering		
316 Transport 317 Accounts 318 Catering 319 Laundry 320 Others, specify		
4. Mental Hospital 401 ☐ Psychiatry 402 ☐ Clinical 403 ☐ Nursing		
404 Rehabilitation 405 Administration 406 Others, specify		
5. District Health Office with District Hospital		
501 Internal Medicine 502 Surgery 503 Obstetrics and Gynaecology		
504 Paediatrics 505 Dentistry 506 Ophthalmology 507 Dermatology 508 Clinical Nursing 509 Anaesthesiology		
507 Dermatology 508 Clinical Nursing 509 Anaesthesiology 510 Radiology 511 Pharmacy 512 Laboratory Services		
513 Env. Health 514 Disease Control 515 Health Education		
516 Rehabilitation 517 Nutrition 518 Administration 519 Transport 520 Accounts 521 Catering		
519 Transport 520 Accounts 521 Catering 522 Stores Management 523 MTCE services 524 Laundry & Housekeeping		
525 Others, specify		
6. District Health Office without District Hospital		
601 Preventive & Community Health 602 Curative Services 603 Accounts		
604 Administration 605 Others, specify		

7. Community Hospital/Health Centre		
701 Clinical	702 Dental	703 Laboratory
704 Nursing	705 Pharmacy	706 Preventive
707 Administration	708 Accounts	709 Office Service
710 Catering	711 🗌 Laundry	712 Catering
713 Others, specify		
8. Urban/Rural Health Centre		_
801 Clinical	802 🗌 Dental	803 🗌 Laboratory
804 Nursing	805 🗌 Pharmacy	806 Preventive
807 Administration	808 Nutrition	809 Others, specify
Dispensary/Private Hospital/Clinic		
901 Clinical	902 🗌 Dental	903 Laboratory
904 Nursing	905 🗌 Pharmacy	906 Preventive
907 Administration	908 Nutrition	913 Others, specify
		•

Government of Malawi



Malawi Health Sector Employee Census: 2007 TOOL 2: Questionnaire for Individual Health Workers

Note: Only <u>one</u> form to be filled per health worker in each facility (public/private sector) that is visited

(Please $\sqrt{\text{tick wherever applicable}}$

(Figure 4 Here 4		
Part A: INTERVIEW DETAILS		
1 Name of Interviewer		
3. Date of the Interview: (DD/MM/YYYY)		
4. Start Time: (HH:MM):		
Questions 6 & 7 to be answered if health worker is not available even after three visits to the facility 6. Name and title of respondent if individual staff member is not interviewed:		
7. Reason for not interviewing the individual staff member 1. Sick and out of area/facility 2. Attending sick relative/ funeral 3. Attending overseas/out-station training 4. Other, specify		
Part A: Personal Details		
A.1 Title: 1 Mr. 2 Mrs. 3 Ms. 4 Dr. 5 Other, Specify		
A.2 Full Name: First Name: Surname: Middle Name: Maiden Name (if applicable):		
A.3 Gender:		
A.4 Nationality: 1 Malawian 2 Others, specify (if possible, as stated on Passport):		
A.5 If non-Malawian, Please state your status in the health sector in Malawi 1 =UNV; 2= Peace Corp 3=Other foreign – volunteer; 4=Other foreign non-volunteer worker; Other specify		
A.6 Date of Birth: (DD/MM/YYYY)		
A.7 Marital Status: 1 Single 2 Married 3 Divorced 4 Widowed 5 Separated 6 Estranged/Abandoned		
Part B: Employment Status		
B.1 Employment Number (As stated on pay slip or payroll):		

	☐ Not available Reasons for not being available		
	B.2 Current position and Occupational Classification:		
	What is your official position in this facility/institution?		
	[specify]: Enter Code as indicated in Appendix 1: Reference Sheet		
	B.3 Date of appointment to the current position:		
	(DD/MM/YYYY)		
	B.4 Name of the facility & unit/department currently working in:		
	B.4a Health facility code as per Appendix 2 (Facility List)		
	B.4b Enter Dept./Unit Code as per Appendix 1		
	B.5 How many hours per week do you work in the department/unit where you belong? $1 = <10 2 \square > 10-20 3 \square > 20-30 \square 4 >30-40 5 \square > 40$		
	B.6 Do you work in other departments in this facility?		
	B.7 How many hours per week do you work in the other departments/units? $1 \square = <10 2 \square \square > 10-20 3 \square \square > 20-30 \square 4 \square > 30-40 5 \square \square > 40$		
	B.8 Do you work in another health-related facility apart from this one? Yes No (GO TO B11)		
	B.9 What is the ownership of the other facility where you work?		
	1 Government of Malawi		
	Specify government department or ministry		
	1=MoH 2= Local Government 3=Military 4=Police 5=Forestry,		
	6=MoE Other please specify)		
	2 □□ CHAM		
	3 NGO: (please specify)		
	4 Private for Profit: (please specify)		
	5 Statutory Corporation (please specify)		
	6 Other: (please specify)		
	B.10 How many hours/week do you work in this other facility? 1 =<10 2 \(\text{\$\subset\$} > 10-20 3 \(\text{\$\subset\$} > 20-30 \square 4 \)		
	B.11 Do you work in another non-health related institution apart from this facility? Yes No(Go to B13)		
	B.12 How many hours/ week do you work in this other institution? 1 =<10 2 _>10-20 3 _>20-30 _4 >30-40 5 _>40		
	B.13). ASK NURSES ONLY: Do you have midwifery skills? 1 Tyes 2 No		
	If yes, when and where they were acquired:		
В.	14 Date of First Appointment in the Health Sector		
	(DD/MM/YYYY)		
В.	15 Name the facility and location of your first appointment in the health sector?		

B.16 Ownership of facility of first appointment (You may √ tick in more than one box wherever applicable)		
1 Government of Malawi		
Specify government department or ministry		
1=MoH 2= Local Government 3=Military 4=Police 5=Forestry,		
6=MoE Other please specify)		
2 □□ CHAM		
3 NGO: (please specify)		
4 Private for Profit: (please specify)		
5 Statutory Corporation (please specify)		
6 Other: (please specify)		
B.17 Have you ever changed your employment to work for another institution providing health services? 1 Yes 2 No [GO TO B.20]		
B.18 When did you <u>first</u> change your job? (DD/MM/YYYY)		
B.19 Which employer (providing health services) did you join? (You may $\sqrt{\ }$ tick in more than one box wherever applicable)		
1 Government of Malawi		
Specify government department or ministry		
1=MoH ☐ 2= Local Government ☐ 3=Military☐ 4=Police☐ 5=Forestry☐, 6=MoE ☐ Other ☐ please		
specify)		
2 🗌 🗀 CHAM		
3 NGO: (please specify)		
4 Private for Profit: (please specify)		
5 Statutory Corporation (please specify)		
6 Other: (please specify)		
B.20 Have you ever changed your employment to work for another institution NOT providing health services? 1 \square Yes 2 \square No [GO TO B.22]		
B.21 When did you change your job?		
(DD/MM/YYYY)		
ASK ONLY THOSE THAT HAVE EVER CHANGED JOBS		
B.22 How many times have you changed jobs since you first joined the health sector?		
1 Once 2 Twice 3 Thrice 4 Four times 5 Five times 6 Six times 7 Seven times 8 Eight times 9 Nine times 10 Ten times 11 Eleven or more times		
ASK ONLY THOSE NOT WORKING IN GOVERNMENT		
B.23 Are you seconded from government to work in this facility/institution? 1 Yes 2 No [GO TO B.25]		
B.24 Since when have you been seconded? Within last 6 months >6months-1 year >1-3 yrs >3-5 yrs >5-10yrs >10-20yrs 21 yrs and		

more
B.25 Current Grade and Salary of Post
i) Grade – <u>Indicate whether old grade or new grade</u> : Old grade, please specify
New grade, please specify
Not applicable
ii) Monthly Salary/Income: [Basic salary): MK
[all allowances): MK
Total monthly salary/income: MK
Does not know exactly No response
iii) Source of Salary (Tick all applicable): 1 Government of Malawi
Specify government department or ministry
1=MoH 🗌 2= Local Government 🔲 3=Military 🔲 4=Police 🗌 5=Forestry 🔲, 6=MoE 🔲 Other 🗌 please
specify)
2 CHAM
3 DNGO: (please specify)
4 Private for Profit: (please specify)
5 Statutory Corporation (please specify)
6 Other: (please specify)
B.26 Status of Employment
i) 1. Permanent 2. Temporary (or month-to-month) 3. Tixed contract 4. Probation 5. Self-employed
ii) 1. Part-time 2. Full-time
iii) Confirmed in service?
iv) If No, why? 1 Still serving probation; 2 My bosses don't like me; Other specify
B.27 How long have you worked in the Health Sector? < 6 months >=6months-1 year >1-3 yrs >3-5 yrs >5 -10yrs >10-20yrs >20 -30yrs >30yrs
Part C: Education & Professional Training
C.1 Educational Background
i) Highest Level of Education Achieved 1

ii) Highest/Latest Professional Training received
Title of Degree/Long-term Course: Name of Institution:
Year obtained:
iii) Statutory Professional Registration & Licensing in Malawi
a. Have you ever been registered with any health professional body in Malawi relevant to your work in this facility? Yes No GO TO C.2
If yes, Name of Licensing Body: 1 = Medical Council of Malawi; 2=Nurses & Midwives Council of Malawi; 3= Poisons and Pharmaceutical Drugs Board; Other specify
Date of Registration: Registration Number:
b. Are you currently registered / licensed with any health professional body in Malawi?
C.2 In-service Training
i) Number of short-term in-service training courses and/or programmes have you completed in the past one (1) year 0 1 2 3 4 5 5 More than 5 (please state exact number):
If 0, reasons why did not attend any in-service training? Work overload Not considered by superiors/higher authorities Budgetary constraints Not interested in further training other, specify

Part D: Promotion History
D. Promotion D.1 Have you ever been promoted in your job? Yes No D.2 When were you last promoted (Indicate month and year) Month Year Promoted from position to position If never promoted, why?
☐ Don't know ☐ No response
Part E: Housing Conditions, transport and other amenities
E 1. Where is your residence located?
i) City/Town/Village:ii) 1=Urban 2=Rural 3=Semi-Urban
iii) District:
E 2. Ownership of residence?
1. 🗌 Staff Quarters 2. 🗎 Own House 3. 🗌 Relative's/Friend's House 4. 🗌 Rented House 5. 🗌 Other,
specify
E 3. Does the house that you stay in have electricity?
E 4. Does the house that you stay in have running water inside?
E 5. How far is your house from the nearest tarmac/all weather road?km
E 6. How far is your house from the nearest primary school?km
E 7. How far is your house from the nearest shopping centre?
E 8. How far is your house from your place of work?km
E 9. How do you get to work? (Tick all applicable):
1. Private vehicle 2. Public transportation
3. Taxicab 4. Ambulance or emergency vehicle
5. Bicycle 6. Walk
5. Other, specify
E 10. About how long does it take for you to get to work? (Hours, Minutes) 98 Don't know 99 No response
Part F: Section Specific to CHAM/NGO/Private for Profit Employees
F1. Have you ever worked in a government health facility before?
F 2. For how long did you work in the government service?
\square < 6 months \square >6months-1 year \square >1-3 yrs \square 4-5 yrs
☐ 6 -10yrs ☐ 11-20yrs ☐ 21 -30yrs ☐ >30yrs
F 3. When did you stop working in the government? (Year)
F 4. Why did you leave government? (Enter code or specify)
1 ☐ Low pay 2 ☐ Poor working conditions 3 ☐ Poor motivation 4 ☐ Lack of incentives 5 ☐ No recognition
6 ☐ Desire for more challenging work elsewhere 7 ☐ Need for new working environment 8 ☐ Retired
9 removed from service 10 Other, specify

Annex 8: Potential Indicators that may be derived from HRH Census in Malawi

1. AVAILABILITY	2. PROFILES	3. DISTRIBUTION
Skill mix (cadre) - number of different health cadres (i.e. doctors, nurses, assistants etc)	Educational attainment - % with basic education vs higher education (degrees attained) - % with specialist education vs non specialist education -p% educated at national vs international level (i.e educated in- country, in-Africa, outside of Africa – per degree obtained)	Geographical distribution - % distributed per district - % distributed per Zone (5 zones) - % distributed per region (3 regions) - % urban vs rural vs. semi-urban
Ratios population/provider, provider/provider (e.g.: nurse/doctor)	Age structure - % young vs old (based on date of birth)	Health facility ownership - percentage distribution by sector (public- Govt. and CHAM, quasi-public, private for profit, private not for profit)
	Sex - % <u>female</u> vs male	Health facility type - percentage working in one type of facility vs another (hospital, health center, health post etc)
	Migration status - % of foreign-born AND % of foreign- trained health workers in the total health workforce	Level of Care - percentage working in primary vs. secondary vs. tertiary
	Professional experience - % with limited professional experience (years) vs vast experience (as per the time periods provided in the questionnaire)	Occupation - % of different specialists, when applicable, for e.g. in the case of doctors, clinical officers and nurses
	Employee "ownership" - % whose salary paid by private vs public sector	Type of activity - % engaged in clinical (patient care), preventive, administrative, teaching, etc
	Employee work hours - % full time workers vs part time workers (determined by hours worked a week)	
	Registration status - % of different categories who are registered with the respective professional bodies	
	Educational status - % of health workers with tertiary-level educational attainment among the total health workforce	
	In-service training status - % of different categories who have attended at least one course during the year vs. none	
	Promotion status - % of different categories who have been promoted at least once during their entire service vs. none	
	Deployment/transfer status - % of different categories who have remained at their duty station for more than last 5 years vs. those who have	
	been at their duty station for less than last 5 years Income/salary - Average monthly income,	
	occupational earnings or hourly wages among health workers	

	- Comparisons in average income/salary between Public, Private for profit and Private not for profit sectors	
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Computation of some key Indicators

#	INDICATOR	DESCRIPTION	NUMERATOR	DENOMINATOR	DISAGGRE-	
Но	Health services provision function GATION					
1	Stock of HRH	Proportion of HRH among the total	Number of health workers	Total mid-year population	Region, zone, district	
		population	Number of health workers of economically active age	Total mid-year population of economically active age	Region, zone, district	
		Doctor/population ratio	Estimated mid-year population	Number of doctors (including government, CHAM, BLM and all registered private facilities) enumerated	Region, zone, district	
		Nurse/population ratio	Estimated mid-year population	Number of nurses (including nurse-midwives and midwives) (including government, CHAM, BLM and all registered private facilities) enumerated	Region, zone, district	
		Health workforce (Doctors/Nurses/Mid wives) ratio	Estimated mid-year population	Number of doctors and nurses (including nurse- midwives and midwives) (including government, CHAM, BLM and all registered private facilities) enumerated	Region, zone, district, gender	
		HSA population ratio	Estimated mid-year population	Number of HSAs enumerated	Region, zone, district	
2	Skills mix	Distribution of health workers with a given	Number of health professionals	Total number of health sector workers	Region, zone, district	
		occupation, specialization or	Number of doctors	Number of nurses and midwives	Region, zone, district	
		other skill-related characteristic among the total health workforce (and compared to other category of workers)	Number of medical specialists	Number of medical generalists	Region, zone, district	
		% of health centres with minimum staff norms	No. of HCs with 2 Clinicians (Doctor/Clinical Officer/ Medical Asst.), 2 Nurse/ Midwives and 1 Env. Health Officer/ Health Assistant:	No. of HCs in the district	Region, zone, district	
3	Migration status	Proportion of foreign- born or foreign- trained health	Number of health workers who were born in a foreign country	Total number of health workers	Region, zone, district	
		workers in the total health workforce	Number of health workers who received their academic training in a foreign country	Total number of health workers	Region, zone, district	
4	Institutional sector	Proportion of health workers engaged in the public sector	Number of health workers employed in the public sector	Total number of health workers	Region, zone, district	
		Proportion of health workers engaged in the private for profit sector	Number of health workers employed in the private for profit sector	Total number of health workers	Region, zone, district	

		Proportion of health workers engaged in the private not for profit sector	Number of health workers employed in the private not for profit sector	Total number of health workers	Region, zone, district
5	Income / earnings	Relative income/earnings among health workers	Average annual income, occupational earnings or hourly wages among health workers in the public sector	Average annual income, occupational earnings or hourly wages among all workers in the private sector (both for profit and not for profit)	Region, zone
6	Distribution of HRH by location / gender / other	Proportion of health workers working in urban areas, being female, or having another specific characteristic among the total health workforce	Number of health workers working in urban areas Number of health workers who are female	Total number of health workers Total number of health workers	Region, zone, district Region, zone, district
7	Gender gap in income / earnings	Ratio of women's to men's income/ earnings in the health workforce	Average annual income, occupational earnings or hourly wages among female health workers	Average annual income, occupational earnings or hourly wages among male health workers	Region, zone, district
Re	source generation	function			
8	Renewal and loss of HRH	Ratio of new arrivals to the health workforce	Number of health workers aged 30 years or less	Total number of health workers	Region, zone, district
9	Education and training	Proportion of health workers with tertiary-level educational attainment among the total health workforce	Number of health workers with tertiary-level educational attainment (or other level)	Total number of health workers	Region, zone, district
		Proportion of health workers having undertaken continuous education program within a given period of time among the total health workforce	Number of health workers having undertaken at least one continuous education program in the last one year	Total number of health workers	Region, zone, district

Annex 9: Census Coordinating Team and Execution Team

Census Coordinating Team - Ministry of Heath

Name	Position in Ministry	Role in Census

Census Execution Team - Centre for Social Research

Name	Position in CSR	Role in Census
John Kadzandira	Deputy Director &	Team Leader
	Research Fellow	
Sidon Konyani	Research Fellow	Co-Leader
Charles Chunga	Assistant Director, Finance	Co-leader
	& Administration	
Alister Munthali	Senior Research Fellow	Co-Leader
Charles Chilimampunga	Director	Co-Leader
Massy Chiocha	Data Analyst	Data Management