

A Census of Private Health Facilities and Providers in Malawi

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Background

 The private sector plays an increasingly significant role in health service delivery in Malawi, yet the geographic scope and size of the private health sector was relatively unknown.

Objectives

- Determine the total number of private health facilities, the services and products they offer, and their geographic distribution.
- Identify the key characteristics of private health providers, the main barriers to expanding private health businesses, and top clinical and supportive trainings desired by providers.

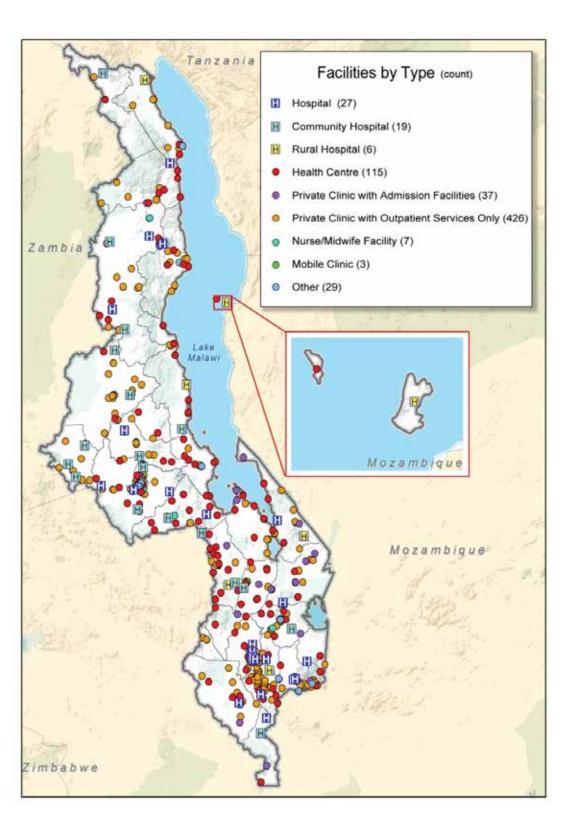
Methodology



While it is estimated that 80-85 percent of the population of Malawi is rural, just 47 percent of all private facilities are found in a rural setting, 13 percent in peri-urban areas, and 40 percent in urban areas; 64 percent of private pharmacies were in urban areas. Approximately 86% of facilities are located in the Central or Southern regions of Malawi, where about 87% of the population resides.

By type of provider, the largest group by far is nurse-midwives (52 percent of providers), followed by clinical officers (16 percent), and medical assistants (10 percent). There are 95 private doctors in Malawi, constituting 4 percent of the sample. The gender ratio of providers is 53 percent female, 47 percent male. Providers have been working an average of 8.8 years in their profession. Providers are clustered in the major urban areas of Lilongwe and Blantyre.

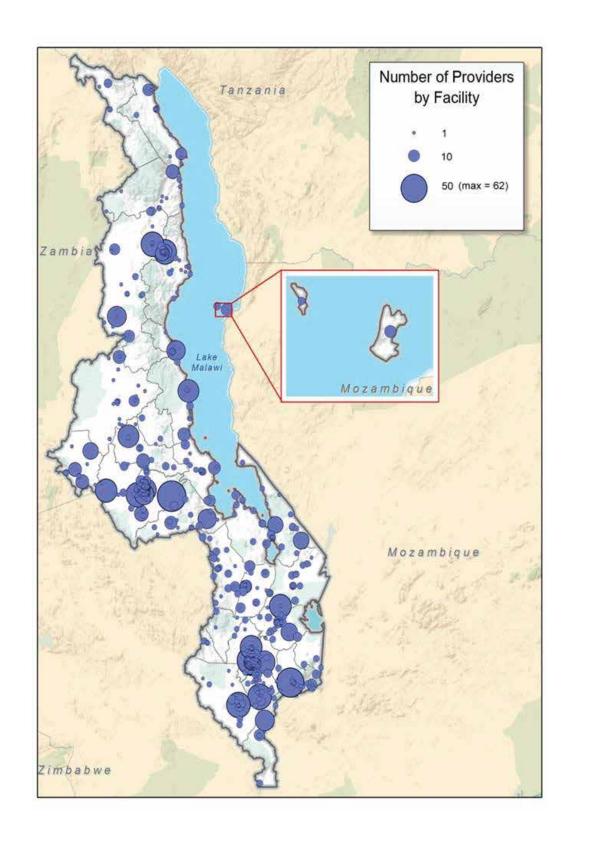
Geographic Distribution



Providers

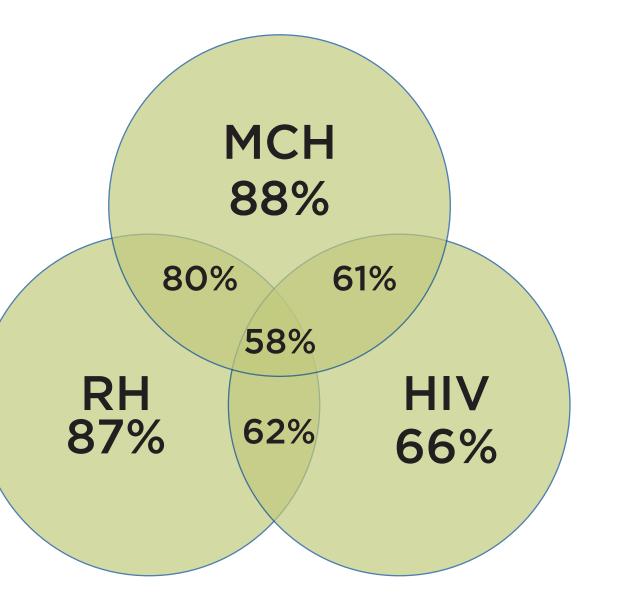
Provider Type	Frequency
Nurse-midwives	1285
Clinical officers	393
Medical assistants	248
Nurse	149
Laboratory technicians	142
Doctors	95
Dental technician	41
Radiography technicians	37
Physiotherapist	28
Pharmacy technicians	25
Pharmacists	13
Dentist	11
Anesthetist	9
Community health nurse	7
Environmental health officer	5
Pharmacy assistants	3
Other	1
Fotal (n)	2,492

Density of Private Providers



Results

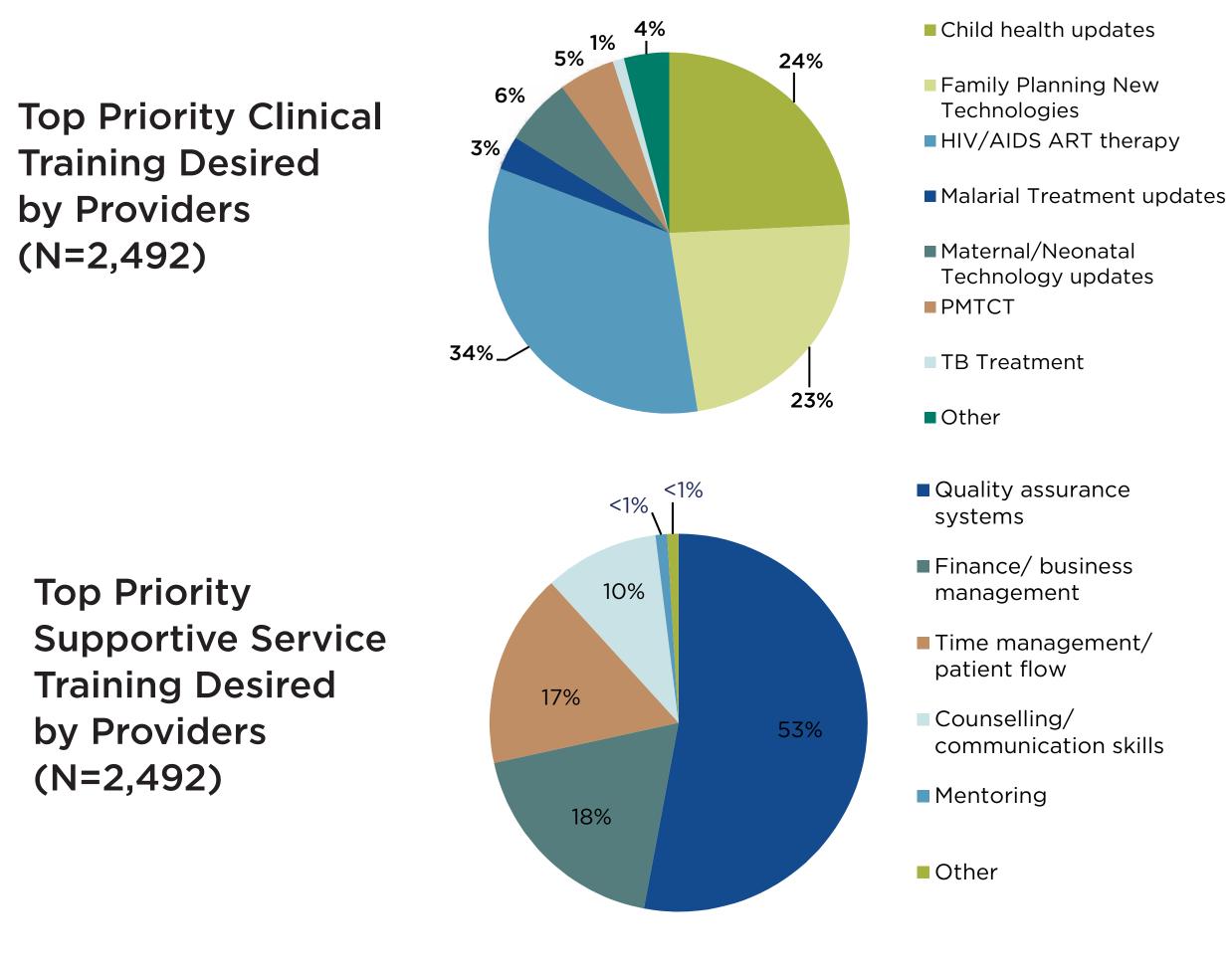
Services



Of the facilities surveyed, 88 percent offer at least one maternal/child health (MCH) service, 87 percent offer at least one reproductive health (RH) service, and 66 percent of facilities offer at least one HIV service. Although not pictured in the diagram, 74 percent of facilities offer at least one family planning (FP) method.

Trainings Desired ere asked about their top priority for I

Providers were asked about their top priority for both clinical and service-related trainings. The two pie charts show the results from these questions.



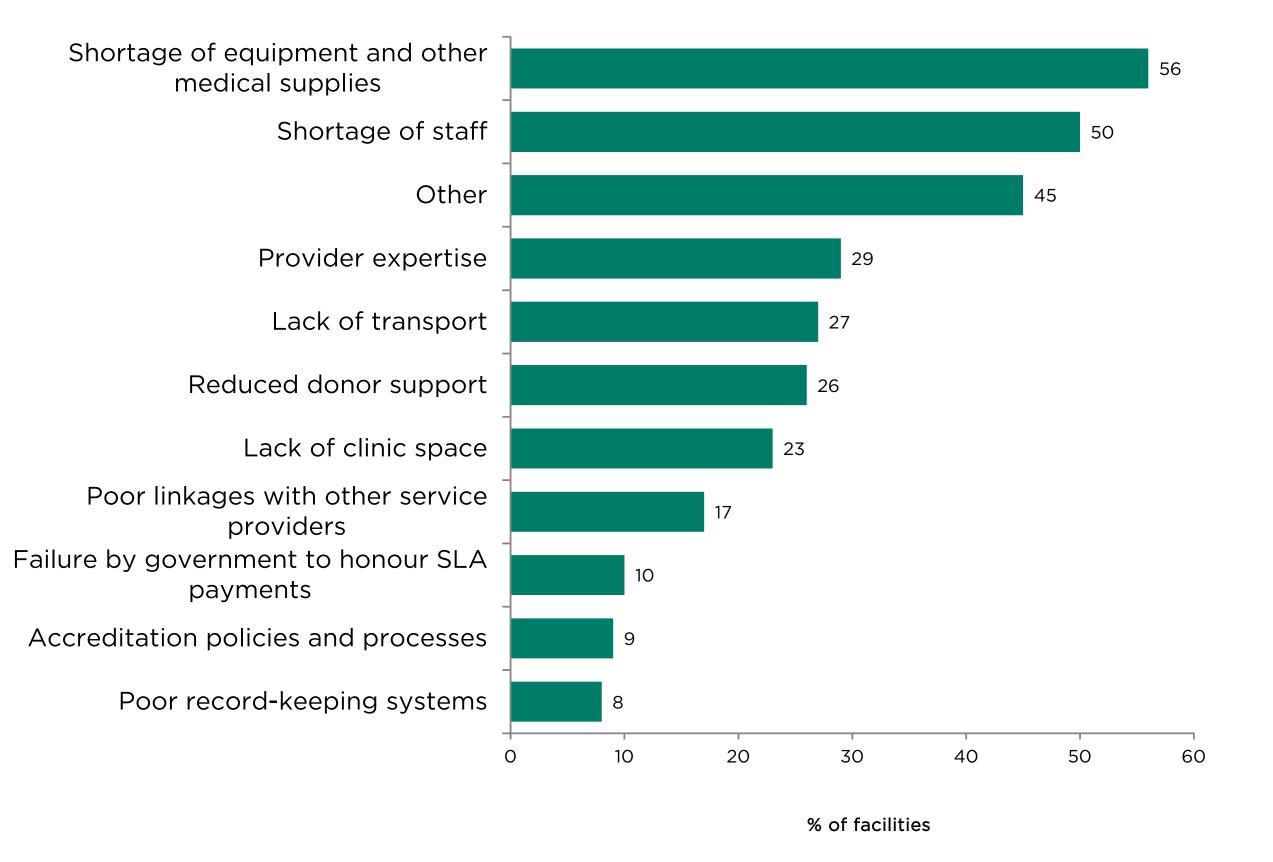






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Proportion of Facilities Citing each Issue as a Barrier to Expansion (N=669)



Conclusions and Implications

The use of maps is crucial in visualizing health needs, gaps, and overlap.

- Geographic locations of private sector facilities, plotted in conjunction with existing public health sector facilities, disease burden, and population statistics data can help identify key health priorities.
- Donors and project implementers can better localize their activities to address the greatest need.

Accurate information enables more effective capacity building of private health sector providers.

- With this census data, professional provider associations can better cater to their members needs, including more effective coordination of desired clinical and supportive trainings.
- Improving access to finance, among other important measures to break down barriers to expanding businesses, can be more easily facilitated to providers.
- Data informs national health policy and regulations.
- With a clearer picture of where the private sector operates and its makeup, policymakers in government and outside it can ensure that private sector capacity is tapped when needed to fill coverage gaps.