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**A NEEDS ASSESSMENT OF STDs, HIV/AIDS AND
FAMILY PLANNING SERVICE DELIVERY THROUGH
THE PRIVATE COMMERCIAL SECTOR AND PRIVATE
MEDICAL PRACTITIONERS IN MALAWI**

May 1998



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MEDICAL PRACTITIONERS IN MALAWI**

Conducted by

**Professor Valentino M. Lema; M.B;CH.B; M.Med.O/G
Department of Obstetrics and Gynaecology
College of Medicine, University of Malawi
Private Bag 360, Chichiri
Blantyre 3. Malawi.
Tel. (265) 630236/674744
Fax. (265) 632578/674700**

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i. LIST OF ABBREVIATIONS:-

1. AIDS - Acquired Immunodeficiency Syndrome
2. AIDSEC - Acquired Immunodeficiency Syndrome Secretariat
3. APGR - Annual Population Growth rate
4. BLM - Banja la Mtsongolo
5. CAPS - Central African Pharmaceuticals Services
6. CMS - Central Medical Stores
7. C.O - Clinical Officer
8. C.O.C - Combined Oral Contraceptives (pills)
9. CPR - Contraceptive Prevalence Rate
10. DHO - District Health Officer
11. DMPA - Depo-Medroxyprogesterone Acetate (depo-provera)
12. FP - Family Planning
13. GMO - General Medical Officer
14. GTI - Genital Tract Infection
15. GUD - Genital Ulcerative Disease
16. HIV - Human Immunodeficiency Virus
17. ICPD - International Conference on Population and Development
18. IEC - Information, Education, and Communication
19. IUCD - Intrauterine Contraceptive Device
20. JSI - John Snow Incorporated
21. KAP - Knowledge, Attitude, and Practice
22. LCH - Lilongwe Central Hospital
23. MA - Madical Assistant
24. MCM - Medical Council of Malawi
25. MDHS - Malawi Demographic and Health Survey
26. MK - Malawi Kwacha

- 27. MOH - Ministry of Health
- 28. MOH&P - Ministry of Health and Population
- 29. MPL - Malawi Pharmacies Limited
- 30. MTP - Medium - Term Plan
- 31. MNACP - Malawi National AIDS Control Programme
- 32. n= - Number is equal to
- 33. NFWCM - National Family Welfare Council of Malawi
- 34. NGO - Non - Governmental Organisation
- 35. NSO - National Statistical Office
- 36. OPC - Office of the President and Cabinet
- 37. OPD - Out Patient Department
- 38. Pen V - Penicillin V.
- 39. P.O.P - Progestagen Only Pills
- 40. P.P.F. - Procaine Penicillin Fortified
- 41. QECH - Queen Elizabeth Central Hospital
- 42. RHO - Regional Health Officer
- 43. SD - Standard Deviation
- 44. STAFH - Support to AIDS and Family Health
- 45. STD - Sexually Transmitted Disease
- 46. STI - Sexually Transmitted Infection
- 47. TBA - Traditional Birth Attendant
- 48. TFR - Total Fertility Rate
- 49. UN - United Nations
- 50. UNFPA - United Nations Fund for Population Activities
(United Nations Population Fund)
- 51. USA - United States of America
- 52. VSC - Voluntary Surgical Contraception
- 53. < - Less than
- 54. ≤ - Less than or equal to

- 55. > - More than
- 56. \geq - Equal to or more than

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iv. ACKNOWLEDGEMENTS:-

Family planning and STD/HIV/AIDS are some of the major reproductive health issues of great importance and in Malawi. The fact that there are efforts to explore possible strategies to expand services aimed at addressing them is not only welcome but very opportune and appropriate indeed.

Cognisant of the fact that the private medical practitioners and those in the private sector are generally very busy, we are most grateful to those who were able to find time to fill in and return the questionnaires to us. Their willingness to participate is a clear indication of the importance they too attach to these issues. It is also perhaps testimony of their desire to play a meaningful role in helping to addressing them.

It is hoped that the results of this survey will help in identifying the possible strategies aimed at improving STD management and FP service provision, through the private health sector in Malawi.

This study was commissioned by the Work Place Task Force and funded by the USAID through JSI-STAFH, to whom I am grateful for the opportunity and privilege to undertake.

v. EXECUTIVE SUMMARY

Reproductive health has acquired a new status and dimension in the health sector of many countries over the past ten to fifteen years.

As a result of the global pandemic of HIV/AIDS, the ICPD Cairo congress (1994), and the 4th Women Congress in Beijing (1995), there have been renewed and concerted global efforts to have fresher looks at national and international reproductive health programmes.

Cognisant of the interrelationship between STD's and HIV/AIDS, and of the fact that control of the former helps reduce the spread of HIV/AIDS, and the role of FP in addressing some of the poor RH indices, there are several efforts to increase their service outlets and utilisation by as many potential clients as possible. One such effort has been the use of the private sector.

Malawi has already acknowledged the important role the private sector can and plays in this regard. However it is not clear to what extent, if any, they are involved, and what, if any, are the potential problems.

This needs assessment was designed with that background in mind. It was aimed at identifying the role played by the private medical practitioners, company/estate in-house and NGO's clinics in STD management and FP service provision in Blantyre, Lilongwe districts and Mzuzu city in Malawi.

This was a descriptive analytical survey, involving self administered questionnaires.

The results of the survey show that there are 112 such health facilities registered by the Malawi Medical Council, of which 58.9% responded by filling and returning the questionnaires. Paramedics are the majority of private medical practitioners in all the three sites under study. 71.2% of the facilities are situated in urban areas, which gives an unequal distribution of health facilities.

Over half and over one third of these facilities were providing STD management and FP services respectively. They see and treat substantial numbers of clients, and have the potential to increase the numbers with appropriate support.

They provide syndromic STD management as recommended by the MOH&P Malawi. The facilities which offered FP services had wide ranges of non-surgical contraceptives. Most of the STD drugs and FP commodities were obtained from local pharmaceutical companies. This means they are more-or-less assured of continued supply of these drugs.

These services are charged variable fees by the health facilities, some of which are very expensive, making them least affordable by majority of the population, who may be most in need.

The staff working in these health facilities have had training on STD management and FP service provision, but they feel incompetent to provide the services adequately.

In conclusion, the private health sector plays a significant role in providing STD management and FP services in Malawi. To improve their contribution, it is recommended that the staff working in these facilities should be given adequate and appropriate training, provide them guidelines to manage such patients, and improve their service provision areas.

1.0 INTRODUCTION AND BACKGROUND INFORMATION:-

1.1 The current status of F/P and HIV/AIDS/STD's in Malawi

Malawi, has an estimated total population of about 11,000,000 people (UNFPA, 1996). It has one of the highest total fertility rate (TFR) and annual population growth rate (APGR) globally, at 6.7 and 3.2% respectively (NSO 1996). The current contraceptive prevalence rate is estimated at 22.0% for all methods with 14.0% using modern and 8.0% traditional methods (NSO 1996), an increase from 13.0% in 1992 (MDHS 1992). The Nation has registered great success in terms of the CPR since 1992, when family planning programme received official support. There have even been greater successes since the introduction of Multiparty Democracy in 1993.

The Nation has also been severely affected by the HIV/AIDS global pandemic. The exact figures of HIV infected and AIDS victims in Malawi is unknown, like in most countries. According to the National AIDS Control Programme, between 1985 when the first case of AIDS was reported and 1992, a total of about 27,000 people had died of AIDS (NACP 1992). In 1996 the NACP estimated that the overall National HIV seroprevalence was 12%, with urban areas like Blantyre, having higher prevalences of up to 20% (NACP 1996). The most studied group in this regard are antenatal mothers. Taha et al, (1992), in their study at QECH - reported that 27.2% of antenatal mothers were HIV seropositive. A more recent study showed that this had increased to 33.0% (Taha et al 1996). According to the NACP (1992), the most affected individuals were men aged 20-44 years, who formed 78.4% of all reported AIDS cases amongst men, and women aged 20-39 years, who formed 71.3% of all reported cases amongst women (NACP 1992). The same survey indicated that skilled women formed 24.3% and housewives 27.9% of the total female victims (NACP 1992).

Studies in Malawi have also shown that STD's are quite common amongst sexually active adults, especially in urban settings. STD's account for a significant burden on the Nation's health services as in other Sub-Saharan African countries. As a group, they form the fourth most common reason for consultation in the adult outpatient (OPD) nation-wide (MOH 1991). Kristesen (1990) found that out of an unselected sample of 705 OPD patients at the LCH, STD's accounted for 4.4%. In a more-or-less similar study at the QECH, Blantyre, Lule et al (1992-93) saw 1295 patients over a 5 months period, which gives a monthly rate of about 260 patients. Of these, 58.9% presented with GUD, while 44.5% had urethritis (Lule et al 1998). In

an earlier study amongst antenatal mothers at the QECH, Dallabetta et al (1993) reported that 42% of the mothers had one or more STD's, such as gonorrhoea, chlamydia, trichomoniasis, or candidiasis.

1.2 National FP and HIV/AIDS/STD's Programmes and Efforts

The National FP programme was established in 1982. But it was not until 1992 when it received official government support and endorsement.

According to the MDHS, (1992) the CPR was 13.0% of all currently married women, with 7.0% using modern and 6.0% traditional methods. The most popular amongst the modern methods were the COC's, female sterilisation, condoms, and injectables, each used by approximately 2.0% of women. The same survey indicated that urban women were more likely to use modern methods than rural women. Women of high parities, age and educational levels were also more likely to use modern contraceptives than their counterparts.

Following the 1992 official support, the introduction of multiparty democracy in 1993 and installation of the new government in 1994, the UN-ICPD (Cairo 1994), the 4th Women World Conference, in Beijing (1995) the Nation has witnessed intensified efforts and programmes to seriously address population issues through fertility regulation. The Government of Malawi adopted a national population policy in 1994. The policy is designed to reduce population growth to a level which is compatible with Malawi's social and economic goals (OPC 1994). Some of the strategies aimed at achieving that include:-

- . improved family planning.
- . improved health care programmes (presumably those for STD/HIV/AIDS as well).
- . increased school enrolment, with emphasis on raising the proportion of female students to 50% of total enrolments.
- . wider employment opportunities especially in the private sector.

Other strategies put in place by the Government include improvement of:

- . Service delivery by extending coverage, upgrading training of service providers, and re-organising management systems to improve collaboration among the units of MOH&P and cost effectiveness (MOH&P 1995).

Since 1994, there have been intensified and concerted efforts to raise the level of awareness amongst the general public; increase FP knowledge and skills amongst health care providers nationally, service outlets and coverage, as well as the contraceptive mix.

All these efforts as well as others have resulted in a tremendous increase in the CPR, to 22.0% for all methods, with 14.0% using modern and 8.0% traditional, (NSO 1996). According to the KAP in Health Survey (1996) approximately 1:5 and 2:5 of currently married women and men respectively were using a modern method. The most commonly used methods amongst the currently married women were condoms (7%), injectables (6%) and COC's (5%), while amongst men were periodic abstinence and condoms (NSO 1996). The same differentials regarding use by age, parity, level of education and location (urban vs rural) were noted as in the 1992 DHS (NSO 1996).

Following the emergence of the HIV/AIDS global pandemic, Malawi, just like other nations of the world, has instituted strategies aimed at controlling its spread. The first AIDS care was confirmed in Malawi in 1985. Screening of blood supply for HIV began at about the same time. The National AIDS Control Programme was launched officially soon thereafter. The first Medium-Term Plan (AIDS) (MTP I) was implemented in 1987, which was followed by MTP II (1994-98). The AIDS Secretariat (AIDSEC) under the supervision and coordination of the National AIDS Committee has drawn up the MTP III to run until the year 2001.

Under the MTP II, the emphasis, as would be expected, since there is no known cure or vaccine, is on preventive information, education and communication (IEC); counselling; social support and case management; blood supply monitoring; epidemiology and surveillance (AIDSEC 1994).

HIV/AIDS is, in the developing world, transmitted mainly by heterosexual intercourse. It is therefore one of the sexually transmitted infections (STI's). As epidemiological studies, both within and without Malawi, have demonstrated, the inter-relationships between HIV/AIDS and the other "traditional" or "conventional" STI's especially GUD's, most programmes globally are aimed at addressing both (Wasserheit et al 1992; Laga et al 1993; Clottety et al 1993; Pepin et al 1989; Potts et al 1991).

It has been shown that individuals with GUD are more prone to contracting HIV infection than those without. Likewise individuals with any form of STI's are more

likely to contract HIV infection than those without. Cognisant of these, the Government of Malawi integrated the control of STD's and HIV/AIDS under the MNAC. This is under the MOH&P, and aims at reducing the prevalence of HIV infection/AIDS and other sexually transmitted infections as well as GTI's, which may be sequelae of STI's.

On top of the above strategies, the programme has intensified efforts to treat STD's, a measure which has been shown to reduce HIV acquisition and/or transmission, and provision of condoms through several outlets.

1.3 The Players in FP and STD/HIV/AIDS Service Delivery, and Role of the Private Sector

There are essentially three principal categories of health care delivery structures in Malawi. These are:-

- i. Government (public) Health Facilities
 - Hospitals - mainly in urban areas.
 - Health centres - in urban, and rural areas.
 - Dispensaries - in rural and urban areas.
 - Maternity clinics
 - Mobile clinics - in rural areas.
 - Health posts

Services provided at these facilities are still by and large free.
 - ii. Mission Health Facilities
 - These are largely similar to the public (only that the hospitals are generally smaller in size).
 - They are usually situated in rural areas.
 - These charge a fee for services rendered.
 - iii. Private Medical Sector
 - In house clinics within
 - Industries
 - Companies
 - Estates
 - Institutions (e.g. Colleges)
 - Voluntary NGO's
 - Private Medical Practitioners - clinics
 - Privately owned - hospitals
 - health centres
 - dispensaries
- These are distributed within urban and rural areas. The distribution varies from place to place.

On top of the formal structures, there are other informal ones, which include:-

- iv. The traditional healers, (health workers), e.g.
 - . TBA's
 - . Local medicine men/women (herbalists)

These are used to varying degrees by individuals for various ailments including STD's (Lule et al 1998).

These are however slowly being accepted by the medical profession, as part of the health care system in Malawi, informal though they may be.

- v. Shops, pharmacies and drug stores
 - . In a rapidly changing world, these are being used by increasing proportions of individuals for either STD's and/or FP services, e.g. in the distribution/sale of
 - condoms
 - diaphragms
 - vaginal sponge,
 - drugs,
 - oral pills, etc
 - . With time they are bound to become an important outlet for these and other health care services.

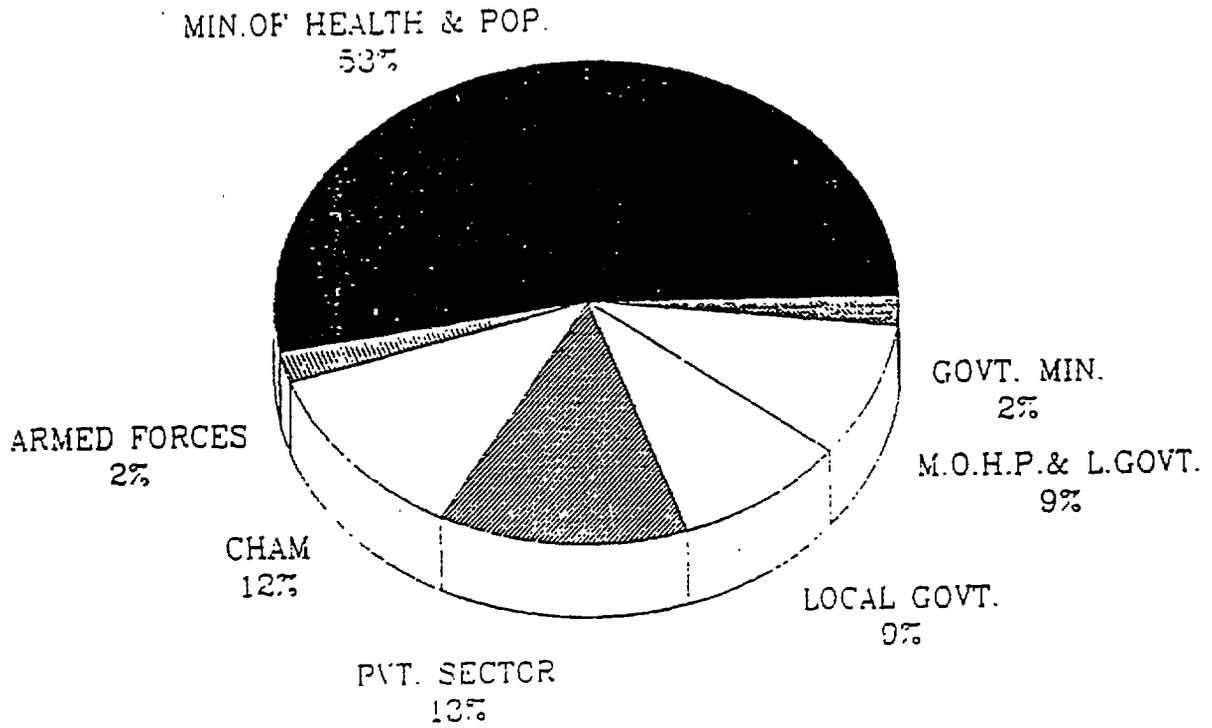
All the above structures play varying roles in the provision of specific health care services. For example many mission hospitals have until recently played very little role in the management of STD's and FP service provision. Even those which offer FP services, some have only offer a particular service, e.g. natural FP in Catholic Church owned or run institutions.

As regards FP, the 1996 KAP on Health Survey, showed that 58% of the clients sought their supplies from Government health facilities, while 31.0% did so from private medical sector which included some Mission Hospitals, and 10% sought them from shops and/or pharmacies (NSO 1996).

The private sector accounts for only 13% of the health facilities offering FP services in Malawi (NFWCM - 1993) (Figure 1). The Council hopes that this will have increased to 25% by the year 2000 (NFWCM 1995). This underlies the recognition of the role of the private sector in the provision of health care services in Malawi. the private sector can be used to complement the Government efforts, since the government can not be expected to manage on its own, considering its financial and manpower constraints.

FIGURE 1:

**CONTRIBUTION DISTRIBUTION OF HEALTH FACILITIES
OFFERING FP SERVICES
IN MALAWI BY THEIR PERCENTAGE**



N.F.W.C.M. (MAY, 1993).

The concept of private sector involvement in the provision of health services has also been accepted as part of the employees' benefits (NFCWM 1995, Awori 1992, JSI 1990). The demand for health care services has increased with people's increased awareness of the health, social and economic benefits of FP, the implications of STD's/HIV/AIDS and the need to protect oneself and one's partner(s)/spouse(s).

Many private companies, industries, parastatals, institutions and agricultural estates have realised that provision of health care services in-house, to their employees, contributes to:-

- . lowered overall medical costs.
- . savings on maternity leaves.
- . savings on "sick offs"/"sick leaves".
- . reduced employees' absenteeism.
- . increased productivity.
- . improved corporate image.
- . savings on housing demand/costs.
- . reduced children allowance (e.g. for education, travel, etc).

Different enterprises have different health schemes, which may include:-

- running their own in-house clinics.
- utilisation of private medical practitioners.
- special arrangements with hospitals.
- refunding health care costs to employees.

1.4 This study

There are about 300 large companies in Malawi of which 55% are thought to provide HIV/AIDS/STD's and FP education to their employees (NFCWM 1995). It is not known, though how many of these companies have in-house clinics. It is also not known how many of the companies and the registered private medical practitioners in Malawi are currently providing FP, HIV/AIDS/STD's services and to what extent.

This needs assessment was therefore designed and conducted with the foregoing background in mind.

It was aimed at determining:-

- . How many companies have registered in-house clinics and the number of registered private medical practitioners.
- . Which registered commercial in-house clinics and private medical practitioners are currently providing FP and STD services.

- . The volume of FP clients and STD patients attending these facilities - on a monthly basis.
- . Whether these commercial and private medical clinics provide appropriate FP services and have adequate FP equipment for the services.
- . Whether they provide standardised STD management services.
- . The level of exposure to FP counselling and service provision and type of STD management training received by the service providers in these clinics.
- . The short falls and areas needing improvement in FP service provision and STD management in the selected health facilities.

The study involved companies, estates and parastatals with in-house clinics, clinics run by NGO's and private medical practitioners registered by the Medical Council of Malawi (MCM) in two districts and one city in the three regions of Malawi, namely;

- Southern Region - Blantyre District
- Central Region - Lilongwe District
- Northern Region - Mzuzu City

The selection was felt would give a fairly representative picture of the country, as these are the largest districts and cities in each of the region.

2.0 THE OBJECTIVES

2.1 Broad objectives

- 2.1.1 To identify and list all registered commercial in-house clinics and private medical clinics that are currently providing FP services and STD management.
- 2.1.2 To determine the extent of the FP clientele and STD patients seen at these facilities.
- 2.1.3 To assist in identifying problems and their potential solutions for standardised case management of STD's in the private sector.

2.2 Specific objectives

- 2.2.1.1. To determine the number of private clinics currently registered by the Medical Council of Malawi, their geographical distribution and urban and rural locations.
- 2.2.1.2. To identify the private or parastatal organisations, and agricultural estates which have in-house clinics, and how many workers and which cadres have access to each.
- 2.2.1.3. To identify which of the above health facilities provide FP services and STD management services.
- 2.2.2.1. To determine the number of FP clients and STD patients who visit the above private clinics per month on average per clinic.
- 2.2.2.2 To compare the number of FP clients and STD patients seen in these private facilities to those seen in Government and NGO's health facilities per month per facility.
- 2.2.2.3. To determine the age distribution of the FP clients and STD patients seen in these facilities.
- 2.2.2.4. To determine the proportion of STD patients who bring their sexual partners to receive treatment as well.

- 2.2.3.1. To survey the availability and range of contraceptives, and drugs used for the treatment of STD's in these facilities.
- 2.2.3.2. To survey the adequacy of FP equipment available at these health facilities.
- 2.2.3.3. To survey the fees charged to patients and clients, if any, for these services in these facilities.
- 2.2.3.4. To determine the adequacy of FP counselling provided to clients in places where it is.
- 2.2.3.5. To find out if these clinics have IEC materials on FP and STD's, what types, their sources and how often they are used.
- 2.2.3.6. To survey the level/extent of training received by the staff providing FP and STD management services at these facilities.
- 2.2.3.7. To identify the strategies needed to strengthen FP service provision within the private health sector.

- 2.2.4.1. To find out the procedures followed and management protocols for managing STD patients in these facilities.
- 2.2.4.2. To identify the procedures/processes used, if any, in sexual contact tracing.
- 2.2.4.3. To survey the level and type of training on STD management received by the staff in these facilities.
- 2.2.4.4. To identify the strategies needed to strengthen STD service management within the private health sector.

3.0 STUDY METHODOLOGY

3.1 The type of study

This was a descriptive analytical survey, involving commercial and estate in-house, NGO's and private practitioners clinics in two districts and one City, in the three regions of Malawi.

3.2 The study Place

The study was conducted in three districts within the three Regions of Malawi. These are:-

Northern Region = Mzimba District - Mzuzu City

Central Region = Lilongwe District

Northern Region = Blantyre District

These were chosen because of their sizes in terms of area and population, and had the biggest proportions of registered private health facilities in each region.

3.3 The study population

This involved:-

- (i) Clinics run by commercial private companies/industries.
- (ii) Clinics run by commercial parastatals companies.
- (iii) Clinics run by NGO's.
- (iv) Clinics run by private medical practitioners.

The last category included those manned by

- . Specialists
- . General Medical Officers (GMO's)
- . Clinical officers (C.O.'s)
- . Medical assistants (M.A.'s)

3.4 Sample size and sampling criteria

The study group included all health facilities in the above categories, which were at the time registered by the Medical Council of Malawi. A total of 112 such facilities were identified in the three sites involved and were included in the survey.

	<u>Blantyre</u>	<u>Lilongwe</u>	<u>Mzuzu</u>
i. Commercial private companies/estates	20	9	2
ii Private Hospitals	2	-	-
iii. NGO's	3	2	1
iv. Personal clinics: owned by			
. Specialists	7	4	0
. G.M.O.'s	19	7	2
. C.O.'s	6	2	2
. M.A.'s	9	10	5
Total	66	34	12

This list was obtained from the Medical Council of Malawi.

3.5 Data Collection

- . The Medical Council of Malawi was approached and requested to provide a register of
 - all health facilities
 - all private practitioners in Malawi.
- . A list was then made consisting of the required study group.
 - initially a list was compiled detailing all private health facilities in all the districts of Malawi.
 - a scrutiny was made and in each of the three regions - the three chosen districts Blantyre, Lilongwe, Mzimba, (Mzuzu City) had the biggest number for each. They were then selected as the study areas
- . A questionnaire was developed, based on the objectives of the assessment and after reading through the provided and other relevant literature on STD, HIV, AIDS and FP in Malawi.

- This was discussed with the JSI-STAFH Project, NFWCM and MCM authorities. Appropriate corrections/modifications were made and the final version produced.

- They were mailed out with a covering letter from the Registrar - Medical Council of Malawi, to each of the 112 health facilities. They were requested to return the filled questionnaires to the JSI-STAFH Project offices by a certain date.

- . Even after two weeks beyond the deadline, only 17 (15.2%) had returned the filled questionnaires. Following consultations it was agreed that we'd send out reminders in the form of:

- Letters, together with the original letter and questionnaire.

- . These were sent out to the 95 health facilities and were given a new deadline, which was still extended to end of April 1998. By then a total of 66 partly filled questionnaires had been returned. This comprised 58.9% of the total sent out.

- . Following further consultations with the JSI-STAFH Project authority, it was decided to analyse what had been received and prepare a report.

3.6 Data Analysis

- A data entry file had been prepared, using EPI-INFO 6.0.
- All the data was subsequently entered and analyzed using the program.

3.7 The study Period

The entire project covered the period - mid - January to end of May 1998. This included

- . identification and appointment of a consultant.
- . preparation of the list of the health facilities.
- . preparation of the questionnaire.
- . mailing out/reception of the questionnaires.
- . data entry and analysis.
- . preparation of draft project report.
- . submission of the draft project report.

4.0 CONSTRAINTS OF THE PROJECT

4.1 The list of registered private sector health facilities and private medical practitioners

- was not up to date.

There were some practitioners and health facilities known to the investigator, which were not on the MCM register.

This meant a few private health facilities/clinics which may be providing FP and STD management services, were excluded from this needs assessment.

4.2 The response was not good enough.

There are several probable explanations to this:-

- . Lack of interest in the proposed/suggested benefits of the assessment to the individual clinics.
- . The facilities may not be involved in FP and/or STD management services and therefore did not see why they'd respond.
- . The facilities did not receive the questionnaires - a bit unlikely, considering the fact that we sent them twice.
- . Staff at some of these facilities may have had no time to fill the questionnaires.
- . A combination of any of the above.

The response of 58.9% after sending questionnaires twice is perhaps as good as could be expected.

4.3 Completeness in filling of the questionnaires

- None of the questionnaires was completely filled. Some were relatively empty when returned. A very small proportion was relatively well filled (i.e. > 80.0% filled).

This has implications on

- . the reliability of the information supplied.
 - is it possible that even what was provided was guess work?
- . reliability of record keeping, if any, within these health facilities.
- . similar future studies in Malawi.

N.B Even if site visits were made, it is doubtful whether they would be cost-beneficial and supplied the required information more than was provided through the questionnaires.

4.4 Delay in finalising the project.

- This was occasioned by various factors; the major ones being:-
 - . the slow rate of response from the clinics/facilities.
 - . the need for consultations between the investigator (consultant) and JSI-STAFH at each stage. The person responsible at the JSI-STAFH Project was very busy in the field for long periods during the study period.

The report was supposed to have been ready by end of April 1998. It is therefore six weeks late due to the foregoing.

4.5 Site visits

These were supposed to have been conducted as part of this survey. It was however omitted following discussion between the JSI-STAFH Authorities and the consultant. The merits and demerits for them, considering the response, the time and the costs involved and potential for bias - as the managers of these health facilities may have made window-dressing preparations for the site visits, which may not reflect the true picture. On the other hand, the reliability of the responses and likelihood of the managers not cooperating with the interviewer, were thought will compromise the quality of the results to obtained in the course of site visits.

The decision was therefore made to omit them.

Notwithstanding the foregoing, it is hoped though that, the results of this survey will help to shed some light on the provision of FP and STD management services and quality thereof, within the private sector in Malawi and help in identifying potential strategies to improve them.

5.0 RESULTS

5.1 Completeness in filling the questionnaire:-

The questionnaires were on the whole incompletely filled. Not a single one was filled fully.

5.2 The health facilities

As per the MCM register, there were a total of 112 private health facilities in the three selected districts, which met the sampling criteria mentioned above. Of these, 66 (58.9%) responded by returning filled questionnaires (Table 1).

Table 1: DISTRIBUTION OF THE HEALTH FACILITIES BY TYPE AND DISTRICT

TYPE OF FACILITY	BLANTYRE			LILONGWE			MZUZU			TOTAL		
	ID.		RESPONDED	ID.		RESPONDED	ID.		RESPONDED	ID.		RESPONDED
	No	No	%	No	No	%	No	No	%	No	No	%
Personal & owned by												
. Specialists	7	3	42.9	4	1	25.0	0	0	-	11	5	45.5
. GHO's	19	9	47.4	7	4	57.1	2	1	50.0	28	13	46.4
. CO's	6	5	83.3	2	2	100	2	2	100.0	10	7	70.0
. MA's	9	5	55.6	10	7	70.0	5	4	80.0	24	19	79.2
Companies/Estates Industries	20	10	50.0	9	7	77.8	2	1	50.0	31	16	51.6
NGO's	3	2	66.7	2	2	100	1	0	0.0	18	4	50.0
Hospitals	2	1	50.0	-	-	-	-	-	-	-	-	-
TOTAL	66	35	53.0	34	23	67.6	12	8	66.7	112	66	58.9

ID. = Identified

Majority 73(65.2%) of these facilities were owned by individuals. Blantyre District had the majority of these 41(56.2%), as well as a majority of the overall facilities 66(58.9%). It is the largest of the three districts in terms of size and population. It is also the commercial city of Malawi. Mzuzu had the lowest number in each category. Clinical officers were the biggest single professional group with private clinics (38.4%). They were followed by M.A.'s(32.9%)(Table 2).

The overall response was 58.9%. It was best amongst the M.A.'s as a single group of professionals (79.2%), while it was poorest amongst the specialists (45.4%). By study sites, Lilongwe had the best response (67.6%), which was followed closely by Mzuzu (66.7%), with Blantyre far behind (53.0%).

5.3 Location of the facilities

The majority 47(71.2%), of these facilities were located within urban areas. Fifteen (22.7%) were in semi-urban areas. The rest 4 (6.1%) were located in typical rural areas of Malawi.

All the specialists, and GP's were based in urban areas. On the other hand, 14(70.0%) of the CO's and 7(38.9%) of the MA's were in urban areas. Only 1(5.0%) of the clinical officers, (CO's) and 3(16.7%) of M.A.'s were based in rural areas.(Table 2).

5.4 Categories of health facility and services offered

The greatest bulk 62(93.9%), of these facilities offered outpatient services only. The rest 4(6.1%) provided both out- and in-patient services. Table 3 shows the distribution of services offered by the type of facility. Of these 62(93.9%) offered general medical health care, 38(57.6%) offered STD management and 26(39.4%) offered FP services. As expected, some offered more than one type. All those who offered FP services offered STD services as well, but not vice versa.

Amongst the privately owned clinics, (n=42) 95.2% provided general medical health care; 57.8% offered STD screening and management, while only 28.6% reported to be offering FP services. On the other hand, of the company-in-house health facilities, (n=16) 87.5% offered general medical health care services; 50.0% offered STD screening and management, and 43.8% offered FP services. Overall FP appeared to be the least offered health care service in all facility categories.

TABLE 2

LOCATION, TYPE OF FACILITY AND PERSON INCHARGE:

FACILITY	LOCATION	TYPE							I/C
		Hosp.	H/C	Disp.	Pers. Clinic	Company Factory	Estate	NGO	
<u>A: MZUZU:</u>									
1. Dr. A.C. Mkandawire	Urban	-	-	-	Y	-	-	-	GMO
2. Mr. E.L. Ndovi	S-Urban	-	-	-	Y	-	-	-	MA
3. Mr. R.T. Mchizi	S-Urban	-	-	-	Y	-	-	-	CO
4. Mr. R.J. Chisenga	Urban	-	-	-	Y	-	-	-	CO
5. Mr. J. C. Chibaka	S-Urban	-	-	-	Y	-	-	-	MA
6. Mr. E.E.T. Simwaba	Urban	-	-	-	Y	-	-	-	CO
7. Mr.W.K. Chavula	S-Urban	-	-	-	Y	-	-	-	MA
8. Stagecoach - Mzuzu	Urban	-	-	-	-	Y	-	-	MA

B: LILONGWE:

1. Dr. E. Ndovi	Urban	-	-	-	Y	-	-	-	Specialist
2. Dr. A.Q.A. Ghumra	Urban	-	-	-	Y	-	-	-	GMO
3. Dr. A.M.A. Tayub	Urban	-	-	-	Y	-	-	-	GMO
4. Dr. G.M. Lorgat	Urban	-	-	-	Y	-	-	-	GMO
5. Dr. A.I. Kharodia	Urban	-	-	-	Y	-	-	-	GMO
6. Mr. H.J. Phalira	Rural	-	-	-	Y	-	-	-	MA
7. Mr. N.G. Chonde	S-Urban	-	-	-	Y	-	-	-	MA
8. Mr. T.D.B. Chete	Rural	-	-	-	Y	-	-	-	MA
9. Mr. A. J.M. Kazako	Urban	-	-	-	Y	-	-	-	MA
10. Mr. G. Mfuné	Rural	-	-	-	Y	-	-	-	CO
11. Mr. G. Mwandira	Urban	-	-	-	Y	-	-	-	MA
12. Mr. A.A. Mkhaya	Urban	-	-	-	Y	-	-	-	MA
13. Mr. A.S.B. Mkoola	Rural	-	-	-	Y	-	-	-	MA
14. Mr. K.G. Ngalauka	Urban	-	-	-	Y	-	-	-	CO
15. Stagecoach - Depot	Urban	-	-	-	-	Y	-	-	CO
16. SOBO	Urban	-	-	-	-	Y	-	-	MA

17.ADMARC	Urban	-	-	-	-	Y	-	-	N/M
18.Auction Holdings Kanengo	Urban	-	-	-	-	Y	-	-	CO
19.Tobacco Processors Kanengo	Urban	-	-	-	-	Y	-	-	MA
20.ADMARC - Malangalanga	Urban	-	-	-	-	Y	-	-	N/M
21.Limbe Leaf Tobacco	Urban	-	-	-	-	Y	-	-	GMO
22.BLM - Kawale	S-Urban	-	-	-	-	-	-	Y	CO
23.BLM - Falls	Urban	-	-	-	-	-	-	Y	CO

C: BLANTYRE

1. Mr. B.A. Kadzola	S-Urban	-	-	-	Y	-	-	-	CO
2. Mr. P.A. Chimpeni	S-Urban	-	-	-	Y	-	-	-	CO
3. Mr. J.G. Lungu	Urban	-	-	-	Y	-	-	-	MA
4. Mr. G.P. Mundila	S-Urban	-	-	-	Y	-	-	-	MA
5. Mr. O.W. Mzumara	S-Urban	-	-	-	Y	-	-	-	CO
6. Mr. S.N. Ngaiyaye	Urban	-	-	-	Y	-	-	-	CO
7. Mr. A.D. Chitekwe	S-Urban	-	-	-	Y	-	-	-	MA
8. Dr. D.Chilemba	Urban	-	-	-	Y	-	-	-	GMO

9.	Dr. A.G.A. Ghumra	Urban	-	-	-	Y	-	-	-	GMO
10.	Dr. R.M. Mukadam	Urban	-	-	-	Y	-	-	-	GMO
11.	Dr. M.A.R. Mukadam	Urban	-	-	-	Y	-	-	-	GMO
12.	U.C. Patel	Urban	-	-	-	Y	-	-	-	GMO
13.	Dr. R.S. Thejopal	Urban	-	-	-	Y	-	-	-	GMO
14.	Dr. S. Thejopal	Urban	-	-	-	Y	-	-	-	GMO
15.	Dr. D.S. Kokri	Urban	-	-	-	Y	-	-	-	GMO
16.	Dr. F.O.Kidy	Urban	-	-	-	-	Y	-	-	GMO
17.	Dr. J. Dzinyemba	Urban	-	-	-	Y	-	-	-	GMO
18.	Prof.J.D.Chiphangwi	Urban	Y	-	-	-	-	-	-	Specialist
19.	Prof. G.N. Liomba	Urban	-	-	-	Y	-	-	-	Specialist
20.	Dr. G.N. Mtafu	Urban	-	-	-	Y	-	-	-	Specialist
21.	Lever Brothers	Urban	-	-	-	-	Y	-	-	CO
22.	Stagecoach	Urban	-	-	-	-	Y	-	-	GMO
23.	National Seed Co.	Urban	-	-	-	-	Y	-	-	N/M
24.	Press Corporation	Urban	-	-	-	-	Y	-	-	CO
25.	Portland Co.	Urban	-	-	-	-	Y	-	-	CO

26.	Malawi Railways Mpingwe	Urban	-	-	-	-	Y	-	-	MA
27.	Malawi Railways Limbe	Urban	-	-	-	-	Y	-	-	CO
28.	Limbe Leaf Tobacco	Urban	-	-	-	-	Y	-	-	MA
29.	Blantyre Water Board	Urban	-	-	-	-	Y	-	-	CO
30.	BLM - South Lunzu	S-Urban	-	-	-	-	-	-	Y	CO
31.	BLM - Midima	S-Urban	-	-	-	-	-	-	Y	CO
32.	Adventist Hospital	Urban	Y	-	-	-	-	-	-	Specialist
33.	Precious Clinic	Urban	-	-	-	Y	-	-	-	MA
34.	Mr. H.D. Kapata	Urban	-	-	-	Y	-	-	-	MA
35.	Mr. S.N. Kamalizeni	S-Urban	-	-	-	Y	-	-	-	CO

TABLE 3

TYPE OF FACILITY AND HEALTH SERVICES OFFERED

TYPE OF FACILITY	TYPES OF HEALTH SERVICE						
	F/P	STD	GENERAL MEDICAL	SPECIALIST	MATERNITY CARE	UNDER FIVE	OTHERS
<u>A: MZUZU:</u>							
1. Dr. A.C. Mkandawire	-	-	Y	-	Y	-	-
2. Mr. E.L. Ndovi	-	Y	Y	-	-	-	-
3. Mr. R.T. Mchizi	-	Y	Y	-	-	-	-
4. Mr. R.J. Chisenga	-	-	Y	-	-	Y	-
5. Mr. J. C. Chibaka	-	-	Y	-	-	-	-
6. Mr. E.E.T. Simwaka	-	-	Y	-	-	-	-
7. Mr.W.K. Chavula	-	-	Y	-	-	-	-
8. Stagecoach - Mzuzu	-	-	Y	-	-	-	-

B: LILONGWE:

1. Dr. E. Ndovi	Y	Y	Y	Y	Y	Y	Y	-
2. Dr. A.Q.A. Ghumra	-	-	Y	-	-	-	-	-
3. Dr. A.M.A. Tayub	-	-	Y	-	-	-	-	-
4. Dr. G.M. Lorgat	Y	Y	Y	-	-	Y	-	-
5. Dr. A.I. Kharodia	-	Y	Y	Y	-	-	-	-
6. Mr. H.J. Phalira	-	-	Y	-	-	-	-	-
7. Mr. N.G. Chonde	-	Y	Y	-	-	-	-	-
8. Mr. T.D.B. Chete	-	-	Y	-	-	-	-	-
9. Mr. A. J.M. Kazako	-	-	Y	-	-	-	-	-
10.Mr. G. Mfunu	-	Y	Y	-	-	-	-	-
11.Mr. G. Mwandira	Y	Y	Y	-	Y	Y	-	-
12.Mr. A.A. Mkhaya	-	-	Y	-	-	-	-	-
13.Mr.A.S.B. Mkoola	-	-	Y	-	-	-	-	-
14.Mr.K.G. Ngalauka	-	Y	Y	-	-	Y	Dental	-
15.Stagecoach - Depot	-	-	Y	-	-	-	-	-
16.SOBO	-	Y	Y	-	-	-	-	-
17.ADMARC	Y	Y	Y	-	-	Y	-	-

18. Auction Holdings Kanengo	-	Y	Y	-	-	-	-
19. Tobacco Processors Kanengo	-	-	Y	-	-	-	-
20. ADMARC - Malangalanga	-	-	Y	-	-	-	-
21. Limbe Leaf Tobacco	-	Y	Y	Y	-	-	-
22. BLM - Kawale	Y	Y	Y	-	-	Y	-
23. BLM - Falls	Y	Y	Y	-	-	Y	-

C: BLANTYRE

1. Mr. B.A. Kadzola	-	-	Y	-	-	-	-
2. Mr. P.A. Chimpeni	-	-	Y	-	-	-	-
3. Mr. J.G. Lungu	Y	Y	Y	-	-	Y	-
4. Mr. G.P. Mundila	Y	Y	Y	-	-	-	-
5. Mr. O.W. Mzumara	-	-	Y	-	-	-	-
6. Mr. S.N. Ngaiyaye	-	-	Y	-	-	-	-
7. Mr. A.D. Chitekwe	-	Y	Y	-	-	-	-
8. Dr. D. Chilemba	-	-	Y	-	-	-	-

9.	Dr. A.G.A. Ghumra	-	-	Y	-	-	-	-
10.	Dr. R.M. Mukadam	Y	Y	Y	-	Y	Y	-
11.	Dr. M.A.R. Mukadam	Y	Y	Y	-	-	Y	Minor Surgery
12.	U.C. Patel	Y	-	Y	-	-	-	-
13.	Dr. R.S. Thejopal	Y	Y	Y	-	-	-	-
14.	Dr. S. Thejopal	Y	Y	Y	-	-	-	-
15.	Dr. D.S. Kokri	-	Y	Y	-	-	-	-
16.	Dr. F.O.Kidy	-	-	Y	-	-	-	-
17.	Dr. J. Dzinyemba	Y	Y	Y	-	-	-	-
18.	Prof.J.D.Chiphangwi	Y	Y	Y	-	-	-	-
19.	Prof. G.N. Liomba	-	Y	-	Y	-	-	Lab.
20.	Dr. G.N. Mtafu	-	-	-	Y	-	-	-
21.	Lever Brothers	-	-	Y	-	-	-	-
22.	Stagecoach	-	-	Y	-	-	-	-
23.	National Seed Co.	Y	-	Y	-	-	-	-
24.	Press Corporation	Y	Y	Y	-	-	-	-
25.	Portland Co.	Y	Y	Y	-	-	-	-

26. Malawi Railways Mpingwe	Y	-	Y	-	-	-	-
27. Malawi Railways Limbe	Y	-	Y	-	-	-	-
28. Limbe Leaf Tobacco	-	-	Y	Y	-	-	-
29. Blantyre Water Board	Y	Y	Y	-	-	-	-
30. BLM - South Lunzu	Y	Y	Y	-	-	Y	-
31. BLM - Midima	Y	Y	Y	-	-	Y	-
32. Adventist Hospital	Y	Y	Y	Y	Y	Y	-
33. Precious Clinic	-	Y	Y	-	Y	Y	-
34. Mr. H.D. Kapata	Y	Y	Y	-	-	-	-
35. Mr. S.N. Kamalizeni	-	Y	Y	-	-	Y	-

5.5 Sizes of population served by the facilities

Regarding the sizes of populations served or had the potential of being served by these facilities as estimated by the respondents ranged from 300 to 600,000 people, with a mean of 91,515, median of 17,500 and mode of 50,000. Only 44 (66.7%) had an idea of the size of their catchment areas.

The health facilities owned by private practitioners or NGO's such as BLM, were reported to serve large catchment areas including whole cities/or districts!

On the other hand, a majority 11(68.8%) of the health facilities based within companies and/or estates treated their staff only. The others (25.0%) treated members of staff's immediate families and/or the general public from within their vicinity. Their served population sizes were on the whole low, ranging from 117 to 2500 staff members, with a mean of 1057 (SD 767).(Table 5).

5.6 Actual number of patients/clients served by these facilities:

Total number of patients/clients served by individual facilities for the whole of 1997 ranged from 11 to 39441, with a mean of 10312 (SD 9721), median 6000 and mode of 5000, (n=57). (Table 4).

Table 4: NUMBER OF PATIENTS/CLIENTS SEEN BY INDIVIDUAL FACILITIES IN 1997

<u>NUMBER OF PATIENTS/CLIENTS</u>	<u>%</u>
≤ 1,000	10.5
1001 - 5,000	28.0
5001 - 10,000	24.6
10,001 - 29,000	21.1
20,001 - 30,000	14.0
> 30,000	1.8
Total	<u>100.00</u>

The monthly average was therefore between 1 to 3287 patients/clients, with a mean of 859, median 500 and mode of 417.

Table 5 shows the distribution of patients/clients seen in 1997 by type of health facility. 30.6% of the privately owned facilities saw >10,000 patients/clients, 10(24.4%) saw ≤5000 patients/clients. On the other hand, of the company in-house clinics, (n=16) 43.8% saw >10,000 while 25% saw ≤5000 patients/clients.

In the months of January and February 1998, the number of patients/clients seen ranged from 2 to 4860 (n=60), with a mean of 912 (SD 923), and 1 to 3633, with a mean of 883 (SD 837) respectively.

Table 5: DISTRIBUTION OF THE NUMBER OF PATIENTS/CLIENTS SEEN BY THE TYPE OF FACILITY FOR 1997

NUMBER OF PATIENTS/CLIENTS	TYPE OF FACILITY								TOTAL	
	PRIVATE/PERSONAL		COMPANY/ESTATE		HOSPITAL		NGO			
	No	%	No	%	No	%	No	%	No	%
< 1000	2	6.5	2	13.3	1	100.0	0	0.0	5	10.2
1001 - 5000	8	25.8	2	13.3	0	0.0	0	0.0	10	20.4
5001 - 10,000	10	32.3	3	20.0	0	0.0	0	0.0	13	26.5
10,001 - 20,000	5	16.1	7	46.7	0	0.0	0	0.0	12	24.5
20,001 - 30,000	6	19.4	0	0.0	0	0.0	1	50.0	7	14.3
30,001 - 40,00	0	0.0	1	6.7	0	0.0	1	50.0	2	4.1
TOTAL	31	63.3	15	30.6	1	2.0	2	4.1	49	100.0

Table 6 shows the distribution by the individual health facility in more details.

5.7 Age and gender distribution of the patients/clients:

Table 7 shows the age distribution of the patients/clients seen at these facilities. Only 34 (51.5%) of the facilities provided figures on the ages of their patients/clients. The main age groups seen were <10, 20-29, and 30-39 years.

The proportion of male patients/clients seen by these facilities ranged from 15 to 99.0%, with a mean of 52.5%, while that of females ranged from 1 to 81.0% with a mean of 45.1% (n=42)

TABLE 6

TYPE OF FACILITY, SIZE OF CATCHMENT AREAS, AND NUMBER OF CLIENTS

<u>TYPE OF FACILITY</u>	<u>CATCHMENT AREA</u>	<u>NUMBER SEEN IN 1997</u>	<u>NUMBER SEEN IN JAN.1998</u>	<u>NUMBER SEEN IN FEB 1998</u>	<u>STD CLIENTS JAN.&FEB 98</u>
<u>A: MZUZU:</u>					
1. Dr. A.C. Mkandawire	100,000	7,000	390	593	-
2. Mr. E.L. Ndovi	-	942	119	149	289
3. Mr. R.T. Mchizi	10,000	6,000	-	-	6
4. Mr. R.J. Chisenga	38,000	2,528	226	180	78
5. Mr. J. C. Chibaka	550,000	1,937	201	233	2
6. Mr. E.E.T. Simwaka	15,000	48	195	214	48
7. Mr.W.K. Chavula		6,720	491	406	35
8. Stagecoach - Mzuzu	300	3,831	274	280	36

B: LILONGWE:

1. Dr. E. Ndovi	-	24,200	2,100	2,240	14
2. Dr. A.Q.A. Ghumra	-	14,000	1,373	1,420	34
3. Dr. A.M.A. Tayub	-	4,400	409	377	-
4. Dr. G.M. Lorgat	-	27,500	2,265	2,050	785
5. Dr. A.I. Kharodia	40,000	5,606	528	611	169
6. Mr. H.J. Phalira	-	5,000	5,046	314	146
7. Mr. N.G. Chonde	10,000	1,970	150	166	12
8. Mr. T.D.B. Chete	-	-	-	-	64
9. Mr. A. J.M. Kazako	20,000	-	1,169	1,497	30
10.Mr. G. Mfuno	20,000	10,000	698	408	12
11.Mr. G. Mwandira	25,000	10,579	766	807	76
12.Mr. A.A. Mkhaya	-	-	15	25	-
13.Mr.A.S.B. Mkoola	15,000	5,546	568	394	-
14.Mr.K.G. Ngalauka	6,000	3,818	346	380	5
15.Stagecoach - Depot	499	10,325	455	347	-
16.SOBO	770	9,193	415	427	17
17.ADMARC	2,000	10,390	806	1,125	0

18. Auction Holdings Kanengo	-	3,000	496	333	30
19. Tobacco Processors Kanengo	2,000	18,064	692	744	16
20. ADMARC - Malangalanga	-	72	-	-	0
21. Limbe Leaf Tobacco	-	17,000	599	804	100
22. BLM - Kawale	6,000	27,513	1,804	1,746	-
23. BLM - Falls	500,000	27,900	2,433	2,458	942

C: BLANTYRE

1. Mr. B.A. Kadzola	8,000	1,367	134	228	27
2. Mr. P.A. Chimpeni	-	2,759	218	200	-
3. Mr. J.G. Lungu	50,000	12,109	1,040	960	350
4. Mr. G.P. Mundila	-	-	214	262	2
5. Mr. O.W. Mzumara	40,000	5,000	600	550	220
6. Mr. S.N. Ngaiyaye	25,000	4,325	367	314	-
7. Mr. A.D. Chitekwe	2,000	8,000	1,348	1,210	60
8. Dr. D. Chilemba	50,000	12,109	1,040	960	350

9.	Dr. A.G.A. Ghumra	-	12,000	1,500	1,500	210
10.	Dr. R.M. Mukadam	100,000	24,000	2,000	2,400	880
11.	Dr. M.A.R. Mukadam	100,000	24,000	2,000	2,400	880
12.	U.C. Patel	300,000	25,000	2,500	2,500	-
13.	Dr. R.S. Thejopal	-	2,000	2,400	2,700	9
14.	Dr. S. Thejopal	-	2,000	2,400	2,700	9
15.	Dr. D.S. Kokri	75,000	1,200	600	700	200
16.	Dr. F.O.Kidy	350	1,944	185	157	2
17.	Dr. J. Dzinyemba	-	-	-	-	-
18.	Prof.J.D.Chiphangwi	-	1,000	-	-	8
19.	Prof. G.N. Liomba	-	3,000	289	402	8
20.	Dr. G.N. Mtafu	4,000,000	5,000	600	600	5
21.	Lever Brothers	-	5,805	442	470	7
22.	Stagecoach	2,100	39,441	3,091	3,633	-
23.	National Seed Co.	-	11	2	1	0
24.	Press Cooperation	-	5,147	429	554	-
25.	Portland Co.	3,000	5,650	613	604	14

26. Malawi Railways Mpingwe	1,253	12,284	1,341	1,407	-
27. Malawi Railways Limbe	12,500	26,278	2,528	2,678	-
28. Limbe Leaf Tobacco	1,600	12,220	929	372	6
29. Blantyre Water Board	-	11,904	1,020	1,126	9
30. BLM - South Lunzu	50,000	-	1,477	1,450	572
31. BLM - Midima	-	37,000	4,860	1,215	562
32. Adventist Hospital	600,000	-	-	-	-
33. Precious Clinic	250,000	5,000	472	455	102
34. Mr. H.D. Kapata	10,000	-	206	218	57
35. Mr. S.N. Kamalizeni	50,000	6,000	433	256	300

TABLE 7

TYPE OF FACILITY AND AGES OF CLIENTS SEEN IN PERCENTAGES

TYPE OF FACILITY	AGES OF CLIENTS SEEN AND GENDER IN PERCENTAGES							MALES	FEMALES
	0 - 9	10 - 19	20 - 29	30 - 39	40 - 49	50+			
<u>A: MZUZU:</u>									
1. Dr. A.C. Mkandawire	-	-	-	-	-	-	-	-	-
2. Mr. E.L. Ndovi	21	7	15	13	9	8	46	54	
3. Mr. R.T. Mchizi	50	20	5	5	5	5	30	70	
4. Mr. R.J. Chisenga	-	-	-	-	-	-	-	-	
5. Mr. J. C. Chibaka	43	28	14	7	5	2	56	44	
6. Mr. E.E.T. Simwaka	40	25	9	20	5	1	40	60	
7. Mr.W.K. Chavula	19	16	14	18	15	12	25	75	
8. Stagecoach - Mzuzu	-	-	-	-	-	-	-	-	

B: LILONGWE:

1. Dr. E. Ndovi	-	-	-	-	-	-	45	55
2. Dr. A.Q.A. Ghumra	-	-	-	-	-	-	-	-
3. Dr. A.M.A. Tayub	-	-	-	-	-	-	-	-
4. Dr. G.M. Lorgat	20	10	15	20	20	15	45	55
5. Dr. A.I. Kharodia	30	12	25	20	10	3	40	60
6. Mr. H.J. Phalira	-	-	-	-	-	-	-	-
7. Mr. N.G. Chonde	25	13	10	15	20	17	45	55
8. Mr. T.D.B. Chete	-	-	-	-	-	-	75	25
9. Mr. A. J.M. Kazako	30	25	20	10	10	5	42	58
10. Mr. G. Mfuné	20	20	15	29	5	2	25	75
11. Mr. G. Mwandira	4	-	-	-	-	-	40	60
12. Mr. A.A. Mkhaya	-	-	-	-	-	-	-	-
13. Mr. A.S.B. Mkoola	-	-	-	-	-	-	-	-
14. Mr. K.G. Ngalauka	50	15	15	10	5	5	20	80
15. Stagecoach - Depot	-	-	-	-	-	-	-	-
16. SOBO	-	-	-	-	-	-	-	-

17.ADMARC	-	-	-	-	-	-	-	-
18.Auction Holdings Kanengo	-	3	75	15	5	2	75	25
19.Tobacco Processors Kanengo	-	-	-	-	-	-	-	-
20.ADMARC - Malangalanga	-	-	-	-	-	-	37	35
21.Limbe Leaf Tobacco	-	-	40	40	20		99	1
22.BLM - Kawale	-	-	-	-	-	-	-	-
23.BLM - Falls	-	-	-	-	-	-	-	-

C: BLANTYRE

1. Mr. B.A. Kadzola	4	12	15	39	20	10	60	40
2. Mr. P.A. Chimpeni	47	-	-	-	-	-	47	53
3. Mr. J.G. Lungu	30	15	10	10	10	5	50	50
4. Mr. G.P. Mundila	50	4	20	11	10	5	19	81
5. Mr. O.W. Mzumara	-	-	-	-	-	-	46	54
6. Mr. S.N. Ngaiyaye	-	-	-	-	-	-	-	-
7. Mr. A.D. Chitekwe	-	-	-	-	-	-	-	-

8. Dr. D.Chilemba	-	-	-	-	-	-	-	-
9. Dr. A.G.A. Ghumra	-	-	-	-	-	-	-	-
10. Dr. R.M. Mukadam	15	15	30	15	20	5	55	45
11. Dr. M.A.R. Mukadam	10	10	25	5	45	5	65	35
12. U.C. Patel	50	15	10	10	10	5	50	50
13. Dr. R.S. Thejopal	40	5	10	25	10	10	55	45
14. Dr. S. Thejopal	40	5	10	25	10	10	55	45
15. Dr. D.S. Kokri	-	-	-	-	-	-	-	-
16. Dr. F.O.Kidy	-	-	50	30	17	3	95	5
17. Dr. J. Dzinyemba	-	-	-	-	-	-	-	-
18. Prof.J.D.Chiphangwi	-	2	40	35	20	3	-	-
19. Prof. G.N. Liomba	15	10	20	25	20	10	45	55
20. Dr. G.N. Mtafu	5	30	15	20	20	10	45	55
21. Lever Brothers	-	-	50	30	10	10	98	2
22. Stagecoach	-	-	18	52	20	10	76	24
23. National Seed Co.	26	11	21	23	14	4	35	65
24. Press Cooperation	-	-	20	60	20	-	85	15
25. Portland Co.	-	-	-	-	-	-	70	30

26. Malawi Railways Mpingwe	-	-	-	-	-	-	-	-	-
27. Malawi Railways Limbe	38	30	18	9	4	1	58	42	
28. Limbe Leaf Tobacco	5	-	70	20	5	-	70	30	
29. Blantyre Water Board	25	12	30	20	8	5	60	40	
30. BLM - South Lunzu	-	-	-	-	-	-	40	60	
31. BLM - Midima	3	2	50	25	30	1	55	45	
32. Adventist Hospital	-	-	-	-	-	-	-	-	
33. Precious Clinic	-	-	-	-	-	-	-	-	
34. Mr. H.D. Kapata	-	-	-	-	-	-	-	-	
35. Mr. S.N. Kamalizeni	58	10	15	15	10	2	-	-	

5.8 STD patients and FP clients seen

The number of STD patients seen over the whole of 1997 ranged from 3 to 5500, with a mean of 796, and median of 220, while for January and February 1998, combined, were 2 to 960, with a mean of 161, and median of 34. FP clients seen in 1997 per individual facility ranged from 1 to 29,969 with a mean of 1611 and median of 85, and for January and February 1998 combined were 0 to 6791 with a mean of 372 clients and a median of 15.

5.9 Available contraceptives

- i) The types of contraceptives available at these facilities included oral pills, depo-provera, IUCD's, condoms and vaginal foaming tablets mainly.

Of the total study group 25 (37.9%) facilities had oral pills, of whom 7(28.0%) had 1 type, 12(48.0%) had 2, and 12.0% had 3 and 4 types each respectively. Those which had Depo Provera (DMPA) were 32(48.5%). Seventeen (25.8%) had IUCD's, of whom 10(58.8%) provided copper T, 2(11.8%) had gravigard, and the rest 5(29.4%) offered the lippes loop.

Thirty eight facilities (57.6%) offered male condoms, of whom 15(39.5%) were privately owned clinics and an equal proportion were company-in-house clinics. Only 2(3.0%) provided the female condom, of whom 1 was a private practitioner and the other an NGO facility. Eight (12.1%) provided vaginal foam tablets, of whom 3(37.5%) were private practitioners, and 2(25.0%) NGO's facilities.

Of the total, only 5(7.6%) reported they provide male surgical contraception. Of these 3 (60.0%) were NGO owned. Seven (10.6%) facilities offered female surgical contraception, of whom 3(42.9%) were NGO facilities, and 2(25.7%) were hospitals. Norplant subdermal implants were provided by only 5(7.6%) of whom 3(60.0%) were NGO owned.

- ii. Of the 43(65.2%) who responded to the question on whether they buy their contraceptives or not, 30(69.8%) said they do. Their main sources were local pharmaceuticals companies. The others either got their supplies from government hospitals, the RHO's or DHO's offices, Central Medical Stores (CMS) or as donations from NGO's such as BLM, among others.

iii. When asked how much (how many doses) of each contraceptive they issue out to clients in a month, 29(43.9%) facilities responded. The doses ranged from 1 to 500 with a mean of 55 doses for COC's.

5.10 Fee charged to STD patients and FP clients

- i. Of the 55(83.3%) who responded to this question, 39(70.9%) said patients/clients pay for STD screening and treatment, and the others said they dont!. Of the ones who charge, 33(60.0%) were private practitioners. Regarding clients paying for FP services 21(58.3%) of the ones who responded to the question (n=36), said they charge. Of these 16(76.2%) were private practitioners.
- ii. Table 8 shows the distribution of fees paid for management of the various STD's. These varied from as little as MK7 for trichomoniasis to MK600 for gonorrhoea. (1 US \$ = MK 26.5).

Table 8: DISTRIBUTION OF THE STD'S TYPE BY MEAN FEE CHARGED

DISEASE	FEE CHARGED (MK)		
	RANGE	MEAN	SD
GUD	7.00 - 450.00	118.40	96.40
Abnormal Discharge	7.00 - 560.00	103.00	94.20
Syphilis	20.00 - 300.00	115.00	81.30
Chancroid	20.00 - 350.00	112.00	77.00
Gonorrhoea	20.00 - 600.00	131.50	137.00
Candidiasis	20.00 - 360.00	131.50	109.80
Trichomoniasis	7.00 - 400.00	85.00	89.60

iii. Table 9 shows the distribution of the contraceptives by the fee charged. The male condoms were the cheapest, costing as little as 10 tambala, (equivalent to US\$0.038), while the most expensive was female surgical contraception, which cost as much as MK 2650 (equivalent to US \$100.00) in one facility.

Table 9: DISTRIBUTION OF THE INDIVIDUAL CONTRACEPTIVES BY THE FEE CHARGED

CONTRACEPTIVE	FEE CHARGED (MK)			
	RANGE	MEAN	MEDIAN	MODE
COC's	5.00 - 148.00	39.75	30.00	10.00
POP's	5.00 - 148.00	44.90	25.00	10.00
Injectables (DMPA)	10.00 - 150.00	52.40	27.50	20.00
IUCD	20.00 - 400.00	89.40	20.00	20.00
Male Condoms	≤ 1.00			
Male VSC	80.00 - 2000.00	297.00	100.00	100.00
Female VSC	80.00 - 2650.00	542.00	-	-
Norplant	300.00			

5.11 STD and FP service providers

- i. Table 10 shows the distribution of the staff within these health facilities who provided the various services. Not all facilities responded to each or all the questions, hence the different figures.

Table 10: DISTRIBUTION OF THE TYPE OF SERVICES PROVIDED BY THEIR PROVIDERS.

SERVICES PROVIDERS	SERVICES OFFERED		
	STD MANAGEMENT	FP COUNSELLING	FP SERVICES
Doctors	8	3	5
C.O.'s/M.A's	17	5	2
Nurses	2	10	7
Medical & Nursing Staff	19	19	12
Total	46	37	26

Doctors or C.O.'s/M.A.'s were involved alone in their own clinics. Both medical and nursing staff were involved in the majority of company-in-house and NGO's facilities.

- ii. As regards whether they had any staff trained on the services provided at the facilities, 41(62.1%) had staff trained on STD syndromic management. 37(56.1%) had staff trained on provision of COC's and injectables; 31(47.0%) on IUCD insertion and removal; 18 (27.3%) on female VSC techniques, 10(15.2%) on male VSC procedure, and 10(15.2%) on Norplant insertion and removal.
- iii. Regarding competence of the trained staff on STD management and FP counselling and service provision, only 25(67.6%) of the ones who responded said their staff felt they were competent (n=37). On the other hand 29(70.7%) of the 41 who responded, said that the facilities felt their trained staff do provide the services competently. The rest (29.3%) said they don't think so. Their reasons included the fact that:-
 - . The staff were not adequately/appropriately trained = 50.0%
 - . The staff were too busy to be effective = 83.0%
 - . The staff were not practising what they were trained on = 16.7%
 - . The service for which they were trained are not provided in the facility = 16.7%
 - . Others = 8.3%

5.12 Treatment of STD's

- i. The available drugs at these facilities for the treatment of STD's are shown on table 11.

There was a very wide variety. However the main ones are drugs recommended by the MOH&P for syndromic treatment of STD's in Malawi, namely gentamycin, doxycycline, metronidazole, and erythromycin

Table 11: DRUGS AVAILABLE FOR TREATMENT OF STD's

<u>DRUG</u>	<u>FREQ</u>	<u>%</u>
Benzathine Penicillin	42	63.6
Doxycycline	48	72.7
Gentamicin	46	69.7
Erythromycin	44	66.7
Methronidazole	40	60.6
Bactrin	8	12.1
Nystatin	9	13.6
Ciprofloxacin	9	13.6
Ampicillin	6	9.1
Norfloxacin	6	9.1
Rocephin	5	7.6
Chloramphenicol	5	7.6
P.P.F.	3	4.5
Pen. V	2	3.0
Amoxycillin	1	1.5
Ultracillin	2	3.0
Tetracycline	1	1.5

ii. Sources of the drugs:

These are bought from local pharmaceutical companies mainly, which included:-

- Malawi Pharmacies Ltd (MPL)
- Pharmavet
- Pharma Chemie
- Ustra Pharma
- Pharmanova
- Mudi Pharmacy Ltd
- CAPS

One or two company in-house facilities and hospitals obtained their drugs from the Government Central Medical Stores (CMS) as well.

iii. Asked if they had laboratory services for STD screening/diagnosis, 60 facilities responded. Of these 19(31.7%) said they did. The others did not.

Table 12 shows distribution of the facilities by their categories and responses.

Table 12: DISTRIBUTION OF THE FACILITIES BY THEIR CATEGORIES AND RESPONSE TO AVAILABILITY OF LABORATORY SERVICES

FACILITY	AVAILABILITY OF LAB. SERVICES				TOTAL	
	YES		NO			
	No	%	No	%	No	%
- Hospital	2	10.5	0	0.0	2	3.3
- Dispensary	1	5.3	0	0.0	1	1.7
- Private/personal clinic	14	73.7	24	58.5	38	63.3
- Company/ Factory in-house	2	10.5	14	34.1	16	26.7
- NGO's	0	0.0	3	7.3	3	5.0
Total	19	31.7	41	68.3	60	100.0

iv. Regarding the type of STD management schedule they used for those who treat such patients, (n=52), 34(65.4%) used the syndromic approach, 15(28.8%) used both syndromic and conventional, while 3(5.8%) used the conventional approach only.

Table 13 shows the schedule used by the type of facility.

TABLE 13

DISTRIBUTION OF THE FACILITIES BY THE TYPE OF
STD MANAGEMENT AND TRAINED STAFF ON STD AND F/P.

TYPE OF FACILITY	STD MANAGEMENT SCHEDULE			TRAINED STAFF	
	SYNDROMIC	CONVENTIONAL	BOTH	ON STD	ON F/P
A: MZUZU:					
1. Dr. A.C. Mkandawire	Y	-	-	Y	-
2. Mr. E.L. Ndovi	-	-	-	-	-
3. Mr. R.T. Mchizi	Y	-	-	Y	Y
4. Mr. R.J. Chisenga	Y	-	-	-	-
5. Mr. J. C. Chibaka	-	Y	-	Y	-
6. Mr. E.E.T. Simwaka	Y	-	-	Y	Y
7. Mr.W.K. Chavula	Y	-	-	-	-
8. Stagecoach - Mzuzu	-	-	Y	Y	Y

B: LILONGWE:

1. Dr. E. Ndovi	Y	-	-	Y	Y
2. Dr. A.Q.A. Ghumra	-	-	-	-	Y
3. Dr. A.M.A. Tayub	-	-	-	-	Y
4. Dr. G.M. Lorgat	-	-	Y	Y	Y
5. Dr. A.I. Kharodia	Y	-	-	Y	-
6. Mr. H.J. Phalira	-	-	Y	Y	Y
7. Mr. N.G. Chonde	-	-	Y	-	-
8. Mr. T.D.B. Chete	Y	-	-	Y	-
9. Mr. A. J.M. Kazako	Y	-	-	-	Y
10.Mr. G. Mfunu	-	-	Y	Y	-
11.Mr. G. Mwandira	Y	-	-	Y	Y
12.Mr. A.A. Mkhaya	-	-	Y	-	-
13.Mr.A.S.B. Mkoola	-	-	-	Y	-
14.Mr.K.G. Ngalauka	Y	-	-	Y	-
15.Stagecoach - Depot	Y	-	-	-	-
16.SOBO	Y	-	-	Y	Y

17.ADMARC	Y	-	-	Y	Y
18.Auction Holdings Kanengo	Y	-	-	-	-
19.Tobacco Processors Kanengo	Y	-	-	-	-
20.ADMARC - Malangalanga	Y	-	-	Y	Y
21.Limbe Leaf Tobacco	Y	-	-	Y	Y
22.BLM - Kawale	-	-	Y	Y	Y
23.BLM - Falls	Y	-	Y	Y	Y

C: BLANTYRE

1. Mr. B.A. Kadzola	Y	-	-	Y	-
2. Mr. P.A. Chimpeni	-	-	-	Y	-
3. Mr. J.G. Lungu	Y	-	-	Y	Y
4. Mr. G.P. Mundila	Y	-	-	-	-
5. Mr. O.W. Mzumara	-	-	Y	-	Y
6. Mr. S.N. Ngaiyaye	-	-	Y	-	-
7. Mr. A.D. Chitekwe	-	-	Y	Y	Y

8.	Dr. D.Chilemba	-	-	-	-	Y
9.	Dr. A.G.A. Ghumra	Y	-	-	-	-
10.	Dr. R.M. Mukadam	Y	-	Y	Y	Y
11.	Dr. M.A.R. Mukadam	-	-	Y	Y	Y
12.	U.C. Patel	-	-	-	Y	Y
13.	Dr. R.S. Thejopal	-	-	-	-	-
14.	Dr. S. Thejopal	-	-	-	-	-
15.	Dr. D.S. Kokri	Y	-	-	Y	-
16.	Dr. F.O.Kidy	Y	-	-	Y	Y
17.	Dr. J. Dzinyemba	-	-	Y	Y	Y
18.	Prof.J.D.Chiphangwi	-	Y	-	Y	Y
19.	Prof. G.N. Liomba	-	-	-	Y	-
20.	Dr. G.N. Mtafu	-	-	-	-	-
21.	Lever Brothers	-	-	Y	Y	Y
22.	Stagecoach	-	-	-	Y	Y
23.	National Seed Co.	Y	-	-	-	Y
24.	Press Corporation	Y	-	-	Y	Y
25.	Portland Co.	-	-	-	-	-

26. Malawi Railways Mpingwe	-	-	-	-	Y
27. Malawi Railways Limbe	-	-	-	-	Y
28. Limbe Leaf Tobacco	Y	-	-	Y	Y
29. Blantyre Water Board	Y	-	-	Y	Y
30. BLM - South Lunzu	Y	-	-	Y	Y
31. BLM - Midima	Y	-	-	Y	Y
32. Adventist Hospital	-	-	-	Y	Y
33. Precious Clinic	Y	-	-	Y	Y
34. Mr. H.D. Kapata	Y	-	-	Y	Y
35. Mr. S.N. Kamalizeni	-	-	Y	Y	Y

vi. Of the total study group, 54(81.8%) responded to the question on whether they have a system for partner notification. Of these, 29(53.7%) said they do, while the others said no. Of the private practitioners who responded, 22(61.1%) said they do, while of the 15 company/ factory in-house facilities which responded to the question, 4(26.7%) said they do. They mainly either gave a card/letter to the patient for the partner to bring with her/him for treatment or just simply asked the patients to bring their partners later for treatment as well.

vii. a) As to whether their STD patients bring their sexual partners for screening and treatment as well, 40(67.8%) of the ones who responded (n=59) said they do.

The 19 (32.2%) who said they don't, felt that the main reasons were:-

- . Shame
- . Fear of exposing himself/herself
- . There is no system for that
- . The facility treats staff only
- . Ingornance on the part of the patients

b) Asked what they thought could be done to improve the situation, 39(59.1%) responded, saying that:-

- . Patients should be given appropriate health education = 19
- . Patients should be encouraged to bring their sexual partners = 7
- . There is need to train health care providers, to do that = 4
- . Patients should be given a letter/card so that his/her partner can go for treatment = 4

5.13 Provision of FP services

- i. As to whether they have enough equipment for providing non-surgical and surgical contraceptive services, 49 and 33 facilities responded respectively. Of the former 22(44.9%) said they do, compared to 6(18.2%) of the latter.

One third (33.3%) of the private/personal facilities who responded said they had enough non-surgical equipment, 50.0% of the company/factory in-house facilities said they do, while all of the NGO-owned and hospital had enough.

As for equipment for surgical contraceptives, only 2(11.1%) of the ones who responded had. None of the company/factory in-house facilities had adequate equipment. All the NGO owned facilities and the hospital had enough equipment.

5.14 IEC materials

- i. Table 14 shows the distribution of the facilities who responded to the question whether they had IEC materials on STD or not.

Table 14: OWNERSHIP OF IEC MATERIALS ON STD BY THE TYPE OF FACILITY

TYPE OF FACILITY	OWNERSHIP OF IEC MATERIAL ON STD'S				TOTAL	
	YES		NO			
	No	%	No	%	No	%
Private/personal facilities	6	20.7	23	79.3	29	67.4
Hospital	1	100.0	0	0.0	1	2.3
Company/factory in-house	4	40.0	6	60.0	10	23.3
NGO's	2	66.7	1	33.3	3	7.0
	13	30.2	30	69.8	43	100.0

- ii. Table 15 shows the distribution of the facilities which responded to the question

whether they had IEC materials on FP or not.

- iii. Only 11 facilities gave the sources of their IEC materials. Of these 5(45.5%) obtained them from national bodies such as the NFWCM; 4(36.4%) from NGO's such as JSI-STAFH, BLM, 2(18.2%) had their own (personal) materials, and 1(9.1%) had obtained them from seminars attended.

TABLE 15: OWNERSHIP OF IEC MATERIALS ON FP

TYPE OF FACILITY	OWNERSHIP OF IEC MATERIALS ON FP				TOTAL	
	YES		NO			
Type of facility	No	%	No	%	No	%
Private/personal	3	12.5	21	87.5	24	64.9
Hospital	1	100.0	0	0.0	1	2.7
Company/factory in-house	4	44.4	5	55.6	9	24.3
NGO's	2	66.7	1	33.3	3	8.1
Total	10	27.0	27	100.0	37	100.0

- iv. Of the 40 facilities which responded to the question as to whether they needed IEC materials on STD, 36(90.0%) said they do, while amongst the 36 facilities which responded to the question whether they needed IEC materials on FP, 33(91.7%) said yes.

Table 16, shows a distribution of the facilities by their responses on the two questions.

5.15 Training needs on STD management and FP service provision

- i. Table 17 shows the distribution of the facilities by their responses on whether their staff needed training on various aspects of STD management and FP counselling and service provision.

Table 16: RESPONSES ON THE NEED FOR IEC MATERIALS BY FACILITIES

FACILITY	NEED FOR IEC MATERIALS ON STD						NEED FOR IEC MATERIALS ON FP				TOTAL	
	YES		NO		TOTAL		YES		NO			
	No	%	No	%	No	%	No	%	No	%	No	%
Private/ personal	23	88.5	3	11.5	26	65.0	21	91.3	2	8.7	23	63.9
Hospital	1	100.0	0	0.0	1	2.5	1	100.0	0	0.0	1	2.8
Company/ factory in-house	9	90.0	1	10.0	10	25.0	8	88.9	1	11.1	9	25.0
NGO's	3	100.0	0	0.0	3	7.5	3	100.0	0	0.0	3	8.3
<u>Total</u>	36	90.0	4	10.0	40	100.0	33	91.7	3	8.3	36	100.0

Table 17: DISTRIBUTION OF THE FACILITIES BY THEIR RESPONSES ON THEIR NEEDS FOR TRAINING

Type of training	RESPONSE				TOTAL	
	YES		NO			
	No	%	No	%	No	%
STD Syndronic treatment	39	78.0	11	22.0	50	75.8
STD conventional treatment	32	72.7	12	27.3	44	66.7
FP counselling	38	69.1	17	30.9	55	83.3
FP service provision	38	82.6	8	17.4	46	69.7

6.0 DISCUSSION

6.1 The registered private health facilities

- i. According to the NFWCM (1995) there are over 300 registered large companies in Malawi, of which 55.0% are thought to provide STD and FP services to their employees at least. This survey revealed that there are 31 companies with in-house clinics in the three largest districts of Malawi, which are registered by the MCM. Assuming that the estimate made by NFWCM is correct then 18.8% of large companies providing STD and/or FP services to their employees are based in 12.0% of the districts of Malawi. This is not totally unexpected, considering the fact that these three districts are the largest in terms of population sizes, areas, and therefore commercial interests for their respective regions. It is also possible that some companies have clinics but are not registered by the MCM. There is also a possibility that the estimate is wrong!

It would be nice to do an inventory of the entire country to document exactly how many large companies are there and what proportion of them have in-house clinics offering STD and FP services to their employees and members of the general public.

- ii. As stated earlier on, there are other private medical practitioners or at least medical professionals doing part time or full time private practice, who were not on the MCM register. This is possibly because the register had not been updated.

Perhaps as a reflection of the structure of medical profession in this country, there were more paramedicals owning/running private clinics than medical doctors. Specialists were very few indeed, 11(9.8%) of the identified private health facilities, while C.O.'s and M.A.'s combined formed 26(23.2%). Infact most of the company/estate in-house health facilities were manned by either C.O.'s or M.A.'s. Only one was manned by a medical doctor. This situation is bound to remain so for quite sometime to come.

- iii. It is not surprising that majority of these health facilities are located in urban areas. This is where most of the large companies are situated. Many private practitioners would also

prefer to be based in areas with high clientele potential. Urban areas have high clientele than rural areas, because of the fact that they have the monetary power as opposed to the rural areas.

In planning for intervention strategies such information is very vital. Urban areas have about 10-15% of the total national population. Yet they have 94.0% of the private sector health facilities. Only 4.0% are in rural areas. It is important to therefore include more health facilities from rural dwellers.

- iv. A very small proportion of these facilities provided FP services. Even those which did, majority did not provide all the range of contraceptives. Majority provided non-surgical methods, mainly COC's, condoms and injectables. Very few facilities, mainly the NGO's (owned by BLM) and hospital or hospital-based clinicians, provided surgical contraception. This is not unexpected at all. Those individuals without access to theatre facilities would not be able to provide VSC services. These are fairly expensive to initiate and run, and it'd not be easy for an individual to provide them in his clinic. This is also important to bear in mind in planning strategies to improve FP service provision within the private sector.

As for the STDs' screening and management, just over 50.0% of these facilities provided them. This is not very encouraging, considering the current status of HIV/AIDS and STD's in Malawi. Ideally every health facility, however small and irrespective of its location or who owns/runs it, should be offering STD's/HIV/AIDS screening and management services, even if it is only counselling.

It is not clear why the situation is thus. Whatever it is, it is important to ensure that every health professional is trained and has the necessary knowledge and skills to manage HIV/AIDS/STD's and FP in Malawi, so as to reverse the unfavourable RH indices nationally.

- v. Most of these health facilities have a potential to treat large population sizes. The fact that even the privately owned clinics could manage/handle up to 30,000 patients/clients annually, which is equivalent to about 115 patients/clients per working day, with training and support, they could offer more STD's and FP services to more patients and clients. Furthermore, most of these are located in urban

areas, with potential for large clientele.

6.2 i. STD's management and FP service provision

The highest number of STD patients seen in 1997 by one facility was 5500, compared to 39,441 total patients, equivalent to about 14.0%. This is not very bad at all if all facilities were doing the same. The highest number of total patients/clients seen in January/February 1998 was 4860, while STD patients were 960, comprising 19.8% of the total. Family planning fared better than STD's. In 1997, a maximum of 76.0% of patients/clients seen by a single facility were for FP services. This was particularly true of the NGO-owned health facilities whose main focus is on FP service provision.

- ii. The range of FP methods available in these facilities are similar to those available nationally, i.e. COC's, POP's, DMPA, IUCD, barriers, male and female VSC services. This was because they obtained their supplies from within the country either local pharmacies, DHO/RHO's offices or CMS's.

However for each type there was a wider choice than in the public health sector. For example amongst the COC's there were more than four types, while in the public sector there is usually only one - lofemenal. There were three IUCD types. This means that FP clients attending private health sector have a wider choice compared to their counterparts who attend the public health sector.

This was not true for VSC though.

- iii. There is no fixed fee for either specific STD condition or FP method. The range of fee charged was very wide. The doctors tended to charge more than the C.O.'s or M.A.'s. The NGO's owned or company in-house facilities tended to charge lower fees. This is not surprising at all.

Private medical practitioners have to make a living out of their clinics, while the company/estate in-house facilities are on the whole subsidised by the companies. They are not really meant to make any profit on health services rendered to their employees or their immediate family members.

6.3 Staff training and competence

- i. It was some what encouraging to note that about two thirds of the facilities which responded, had staff who had been trained on STD management, and about half had been trained on provision of non-surgical contraception, namely COC's, injectables, and ICUD insertion and removal. It is not surprising that less than a fifth had had training on VSC and Norplant insertion and removal. Norplant subdermal implant was added on the FP programme only over the past 4 to 5 years. It is only in the past 2 to 3 years that there have been intensified efforts to train health providers on its insertion and removal. The proportion of the respondents who said had been trained on Norplant insertion and removal, i.e. 10(15.2%) is perhaps even more than I would have expected.

As for VSC, especially female, there has been a national programme in force since about 1992, which has picked up momentum over the past three years or so. Furthermore, most graduates of the Colleges of Medicine and of Health Sciences come out of training with knowledge and skills, either during their course or internship period.

- ii. However not all felt were competent enough to provide the services for which they had been trained. This means either their training was inadequate or had not been trained at all. It is also possible that they may have been trained, but because they had not had adequate follow-up practice they had forgotten. Indeed some said that some of the services for which their staff had been trained were not provided in their facilities. This was not necessarily a fault of the employer as most take already trained staff from public health sector. They rarely match the experience of the staff they are employing to the services provided within their facilities. One may consider this as a waste or misuse of trained manpower.

6.4 STD screening and treatment

- i. There was a wide range of drugs used for the treatment of STD's in these facilities. These included those recommended by the MOH&P for

syndromic approach (MOH&P 1994), as well as others. The drugs were obtained from local pharmaceutical companies.

It is heartening to note that the majority of the health professionals in these facilities knew and followed the recommended guidelines in the treatment of STD's, and that local pharmaceutical companies stock these important drugs. This means the facilities will not have problems in procuring them. Furthermore, it means that if the public sector runs out of these essential drugs a patient can be referred to either these pharmaceutical companies or private sector health facilities.

- ii. Either because of teaching, experience, or lack of laboratory services in the country, only 31.7% of the ones who responded ever use laboratory services to diagnose STD's. The majority do not.

This is supported by the fact that about two thirds use the syndromic approach and over one quarter use both syndromic and conventional approach in the treatment of STD's. They relied more on patients' symptoms and clinical signs.

- iii. Partner notification system, is not very well established, although the majority said they have one. It is not enough to just ask a patient to bring his/her partner, encourage him/her to ask the partner to come for treatment, or give him/her a card or letter for the partner to use when going for treatment.

If we are to break the cycle of STD's and control their spread in Malawi, partner notification or contact-tracing must be properly streamlined and effective in all health facilities where STD services are offered.

7.0 CONCLUSIONS AND RECOMMENDATIONS

This survey has shown that:-

- i. A good proportion of the health facilities within the private sector, do provide STD screening and treatment.
- ii. A very small proportion of the health facilities within the private sector do provide FP services.
- iii. These health facilities have a big potential to offer STD management and FP services to larger proportions of populations in their localities.
- iv. Paramedicals are the majority of health professionals in the private sector - both in privately owned or company in-house facilities.
- v. Majority of the private health facilities are located within the urban areas, whose populations are about 10-15% of the total national population. There is therefore an unequal distribution of the health facilities.
- vi. Management of STD appears to follow the national guidelines on the whole, but not at all facilities which provide it.
- vii. The range of FP methods available appears to be wider than in the public sector especially as regards the different types of individual methods. This implies a wider choice for clients.

However there was limitation of VSC service provision.

- viii. Although a good number of the staff within these facilities had been trained on STD management and FP service provision, they did not consider themselves competent enough to provide the services. Even their own facilities did not consider them competent to do so. This raises questions on the type and adequacy or appropriateness of the training they had received.
- ix. Majority of the health facilities said they would wish to have their staff trained on STD management and FP service provision, but did not have the funds to do so.
- x. Very few facilities felt they had enough equipment for surgical contraceptives although it was not specified exactly what is considered adequate.

Cognisant of the foregoing, it is recommended that in order to improve contraceptive service provision through the private sector, and reduce the prevalence of various STD's in the country, it is imperative to;

- a. Provide adequate, appropriate and standardised training on STD and FP service management to all relevant cadres of health profession in Malawi, according to the roles they are expected to play.

The training can be:-

- pre-service - while they are in training
- in service - while in service
- updates

For the ones in these facilities, some may require full inservice courses, while others may only need updates.

- b. Upgrade the capabilities of these health facilities to provide wider ranges of FP services, and STD management, including VSC services.
- c. Assist and encourage the private health sector to properly keep records of their patients/clients and do regular monitoring and evaluation of their services.
 - The MCM should insist that every private health facility keeps proper records on all patients/clients they see and submit regular reports to it.
 - The staff in these facilities should be given proper training on health information system and management.
 - After training they should be given standard tools for record keeping and report submission.
 - To ensure compliance, the MCM and any other concerned body must provide feedback to the health facilities.
- d. The private health sector should be asked to contribute to the cost of training of their staff, as well as production of relevant materials such as IEC materials, cards, record books, etc, as they will benefit from well organised and managed clinics.
- e. As a means of ensuring quality of care of services provided within these facilities, the MCM should demand regular reports including those regarding in-service training courses, updates, seminars, etc attended by staff working within these health facilities, before renewing the license/registration.

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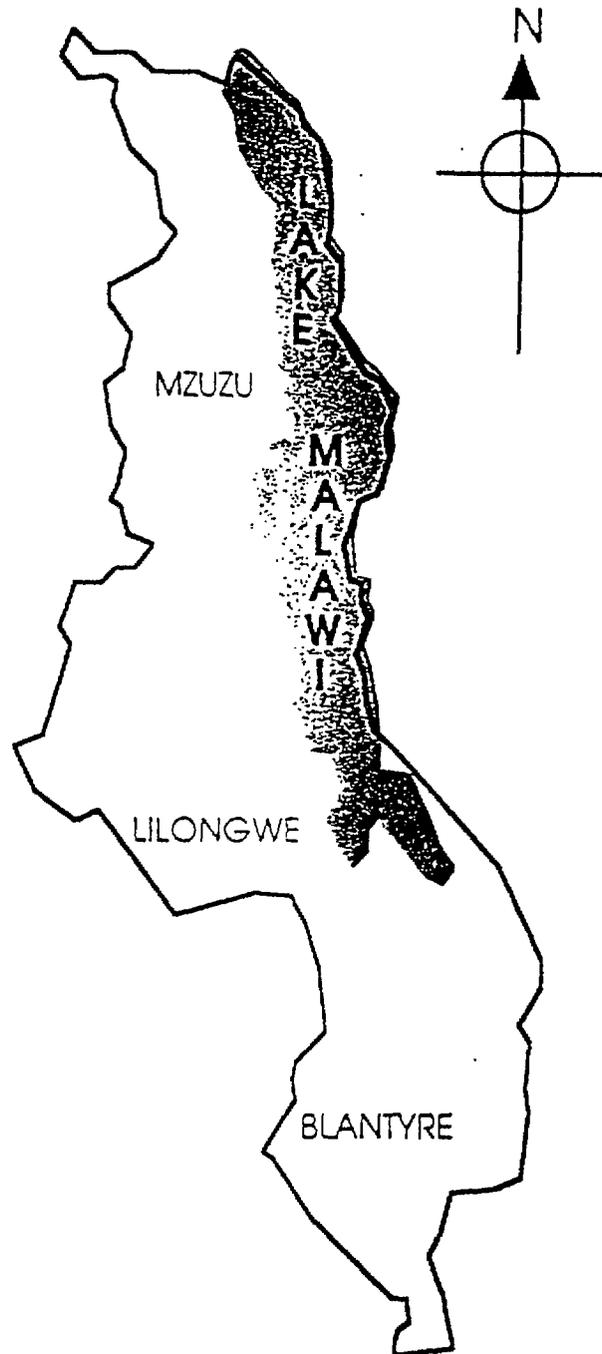
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9.1 APPENDIX 1

A MAP OF MALAWI SHOWING THE THREE STUDY SITES

Map of Malawi



9.2 APPENDIX 2

THE QUESTIONNAIRE

DATE/..../....

1. Name and address of the health facility:

Phone no. Fax no.

2. a) Name of the person filling the questionnaire:

.....

b) Qualification(s).....

c) Position in the facility.....

3. a) Type of the health facility:(tick whichever applies)

i. General private practice

ii. Specialised services

Please specify type: (tick whichever is applicable)

. Internal medicine

. Paediatrics

. Surgery

. Obstetrics and Gynaecology

. Others (specify.....)

b) What kind of facility is this one? (Please tick whichever is applicable)

i. Hospital

ii. Health centre

iii. Dispensary

iv. Private/Personal clinic

v. Company in-house clinic

vi. Estate in-house clinic

vii. Factory in-house clinic

viii. Others (specify.....)

4. a) Who is (are) the owner(s) the facility
- b) Who is in charge of the health facility? (tick one)
- i. A specialist
 - ii. A general medical doctor
 - iii. A clinical officer
 - iv. A medical assistant
 - v. A registered nurse
 - vi. An enrolled nurse
 - vii. Other(s) (specify
5. a) Where is this health facility located?(Tick whichever is applicable)
- i. Urban centre
 - ii. Semi-urban
 - iii. Rural area
- b) If situated in a rural area please specify in what location:
- i. At a shopping centre/Market
 - ii. In an estate
 - iii. In a factory
 - iv. In a residential house
 - iv. Others (Specify.....
6. Which of the following categories is your facility,
- i. Outpatient
 - ii. In-patient
 - iii. Both
7. a) Please give an estimate of the total population of your catchment area?.....
- b) If your facility is an estate/factory/company, do you only treat (serve) your staff ?
- i. Yes
 - ii. No
- c) If 'No' to the above question, please specify who else is treated (served) at the facility.
- i.....
 - ii.....
 - iii.....
 - iv.....

8. a) Which of these health services are offered at the facility?
(Please tick whichever is applicable).

- i. Family planning
- ii. STD's Screening and treatment
- iii. General medical
- iv. Specialised medical
- v. Maternity Care (ANC, delivery, postnatal)
- vi. Underfive clinic
- vii. Others(specify.....)

b) On which days of the week and times of the day, do you provide,

- i. STD screening and treatment
-
- ii. F/P counselling and services
-

9. What was the total number of patients seen at this facility in the whole of 1997.....

10. What was the total number of patients seen and treated at the facility in

- a) January 1998.....
- b) February 1998.....

11. a) Of the patients seen in your facility in the whole of 1997 what proportion were aged:

- i. 0 - 9 years%
- ii. 10 - 19 years%
- iii. 20 - 29 years%
- iv. 30 - 39 years%
- v. 40 - 49 years%
- vi. 50+ years%

b) Of the patients treated at the facility in 1997 what proportion were

- i. Males%
- ii. Females%

c) Of the patients seen in the facility in the whole of 1997, how many were for:

- i. STD treatment
- ii. Family planning

d) How many patients/clients did you see in the month of January and February 1998 combined for:

- i. STD treatment
- ii. Family planning

12. If your facility is within a company/estate:

a) What is the total number of staff employed in the company/estate

b) What categories (cadres) of employees are seen at this facility?

- i.
- ii.
- iii.
- iv.

c) Are family members of staff (employees) seen and treated at the facility

- i. Yes
- ii. No

13. a) What contraceptive methods are made available at your facility (tick all that apply):

- i. Combined oral pills
(Mention types.....)
- ii. Injectables (Which types
- iii. IUCD's (Which types
- iv. Male condoms
- v. Female condoms
- vi. Vaginal Foam/Jellies/Creams
- vii. Male surgical
- viii. Female surgical
- ix. Norplant
- x. Others (Specify.....)

b) Where do you obtain your contraceptives from?

- i.....
- ii.....
- iii.....
- iv.....

c) Do you buy your contraceptives? 1. Yes 2. No

d) Roughly how much (doses) of each of the following contraceptives do you issue to clients in a

- i. Combined oral pills
- ii. Progestin-only pills
- iii. Injectables
- iv. IUCD's
- v. Male condoms
- vi. Female condoms
- vii. Vaginal foam/jelly/creams
- viii. Male surgical procedures
- ix. Female surgical
- x. Norplant.
- xi. Others (specify.....)

14. a) Are clients charged a fee in your facility, for

- i. STD screening and treatment 1. Yes 2. No
- ii. Family planning services 1. Yes 2. No

b) If yes to any of the above, what is the fees in Kwachas for

- i. STD syndromic treatment (a full course)
 - 1. For abnormal discharge
 - 2. For genital ulcers
- ii. STD traditional treatment (one course)
 - 1. For syphilis
 - 2. For chancroid
 - 3. For gonorrhoea
 - 4. For candidiasis
 - 5. For trichomoniasis

iii. Family planning (one cycle/dose)

- 1. Combined oral pills
- 2. Progestin-only pills
- 3. Injectables(specify type)
- 4. IUCD (specify type)
- 5. Male condoms (each)
- 6. Female condoms (each)
- 7. Vaginal foam/jelly/creams
- 8. Male surgical (Vasectomy)
- 9. Female surgical (TL)
- 10. Norplant
- 11. Others (Specify.....)

15. How many of the following cadres (categories) of staff do you have in your facility?

- i. Enrolled Nurses
- ii. Registered Nurses
- iii. Medical Assistants
- iv. Clinical Officers
- v. General medical officers
- vi. Specialists
 - Obstetricians
 - Physicians
 - Surgeons
 - Paediatricians
- vii. Others (specify)

16. Of these staff, who provide(s)

- i. STD screening and treatment
- ii. Family Planning counselling
- iii. Family planning service provision

17. Has any of the staff been trained on,

- | | | |
|---------------------------|--------|--------|
| a) STD treatment | i. Yes | ii. No |
| b) Family planning | | |
| i. Oral pills/injectables | i. Yes | ii. No |
| ii. IUCD inserton/removal | i. Yes | ii. No |
| iii. Female surgical | i. Yes | ii. No |
| iv. Male surgical | i. Yes | ii. No |
| v. Norplant | i. Yes | ii. No |

18. a) Specify the cadre of staff and the number in each who have had training on

- i) STD traditional treatment
- ii) STD syndromic treatment
- iii) Family Planning counselling.....
- iv) Family planning service provision

b) Do(es) the individual(s) who have been trained in F/P counselling feel competent to provide the service adequately?

- i. Yes
- ii. No

c) Does the facility feel this/these individual(s) are competent enough to provide quality counselling service to clients?

- i. Yes
- ii. No

d) If 'No' to c) above, please explain why

19. a) What STD drugs are available in your facility?

- i.
- ii.
- iii.
- iv.
- v.
- vi.

b) Where do you obtain your supplies (drugs) from ?

- i.
- ii.
- iii.
- iv.

20. Do you think you have enough equipment for providing family planning services:

- a) Non-surgical i. Yes ii. No
- b) Surgical i. Yes ii. No

21. Do you have laboratory services for STD screening/diagnosis

- i. Yes ii. No

22. a) What types of STD treatment schedule do you provide in your facility?

- i. Syndromic
- ii. Conventional (Traditional)
- iii. Both

b) Roughly what proportion of your STD patients return for the following.

- i. Reinfection following conventional treatment %
- ii. Reinfection following syndromic treatment %
- iii. Uncured infection following conventional treatment%
- iv. Uncured infection following syndromic treatment %

c) Do you have a system of partner notification/contact tracing for STD's?

- i. Yes ii. No

d) If 'Yes' to (c) above please explain the system/procedure.

.....
.....
.....
.....

e) Do your STD patients bring in their sexual partners/contacts for treatment ?

- i. Yes
- ii. No

f) If 'No' to (e) above, what do you think are the possible reasons?

.....
.....
.....

g) What do you think can be done to improve STD contact tracing ?

.....
.....
.....
.....

23. a) Do you have any IEC materials on

- i. STD 1. Yes 2. No
- ii. F/P 1. Yes 2. No

b) If you do please list those,

i. For STD

.....

.....

ii. For F/P

.....

.....

c) What was your source(s) of these materials ?

.....
.....
.....

d) How often do you use them and for what purpose(s)
.....
.....

e) Do you feel you need IEC materials on

- i. STD 1. Yes 2. No
- ii. F/P 1. Yes 2. No

24. a) Do you feel you need training for your staff on:

- i. STD syndromic management i. Yes ii. No
- ii. STD conventional management i. Yes ii. No
- iii. Family planning counselling i. Yes ii. No
- iv. Family planning service provision i. Yes ii. No

b) If 'Yes' to the above, what cadre(s) of staff would you want trained in

- a) STD
- b) Family planning counselling.....
- c) Family planning service provision
 - i. Counselling
 - ii. Non-surgical method prescribing
 - iii. IUCD insertion and removal
 - iv. Norplant insertion and removal
 - v. Male surgical procedures
 - vi. Female surgical procedures

25. a) Are you (or your organisation/company, etc) willing to sponsor your staff's training on STD or FP as indicated above?

- i. Yes ii. No

b) If 'No' to (a) above, how do expect/wish to have your staff trained?
.....
.....
.....

9.3 APPENDIX 3

LIST OF ALL REGISTERED PRIVATE HEALTH FACILITIES IN MALAWI (Medical Council of Malawi - 1996)

a] LIST OF ALL REGISTERED PRIVATE MEDICAL PERSONELL:

SOUTHERN REGION

A. BLANTYRE

1.	MCM/MA/0096	Harrison D Kapata P O Box 30744 Blantyre 3 - Ndirande - Blantyre	M.A.
2.	MCM/CO/0073	Bernard A Kadzola P O Box 51442 Limbe - Kachere Township - Limbe	C.O.
3.	MCM/CO/0057	Smut N Kamalizeni P O Box 159 Lunzu - Lunzu - Blantyre	C.O.
4.	MCM/CO/0323	Charles D Korea P O Box 30369 Blantyre 3 - Bangwe Township - Blantyre	C.O.
5.	MCM/MA/0125	Patrick B Kwanda Private Bag 536 Limbe - Chilomoni Township - Blantyre	M.A.
6.	MCM/MA/0591	Julius G Lungu P O Box 90412 Blantyre 9 - Bangwe Township - Blantyre	M.A.
7.	MCM/MA/0462	Golden P Mundila P O Box 1377 Blantyre - Manase Township - Blantyre	M.A.
8.	MCM/CO/0345	Owen W Mzumara Private Bag 34 Blantyre - Chilobwe Township - Blantyre	C.O.

9.	MCM/CO/0147	Samuel N Ngaiyaye P O Box 30361 Blantyre 3 - Chilomoni Township - Blantyre	C.O.
10.	MCM/MP/0002	Dr H M Bhojani P O Box 440 Blantyre - Blantyre City	G.P.
11.	MCM/MP/0005	Dr Dick Chilemba P O Box 80107 Maselema - Blantyre City	G.P.
12.	MCM/MP/0337	Dr Julie Dzinyemba P O Box 5498 Limbe - Limbe	G.P.
13.	MCM/MP/0013	Dr Mahomed I Gatrad P O Box 152 Blantyre - Blantyre City	G.P.
14.	MCM/MP/0014	Dr Abdul G A Ghumra P O Box 5684 Limbe - Limbe	G.P.
15.	MCM/MP/0061	Dr Renderson J. Gombwa P O Box 692 Blantyre - Chitawira - Blantyre	G.P.
16.	MCM/MP/0021	Dr F Charles Kahumbe P O Box 724 Blantyre - Blantyre City	G.P.
17.	MCM/MP/0025	Dr Faruk O Kidy P O Box 5670 Limbe - Blantyre City	G.P.
18.	MCM/MP/0299	Dr Duleep S Kokri P O Box 51952 Limbe - Limbe	G.P.
19.	MCM/MP/0036	Dr Mahomed A R Mukadam P O Box 5465 Limbe - Limbe	G.P.

20.	CM/MP/0037	Dr Rukiya M Mukadam P O Box 5465 Limbe	G.P.
	-	Limbe	
21.	MCM/MP/0039	Dr Kantilal N Patel P O Box 5083 Limbe	G.P.
	-	Limbe	
22.	MCM/MA/0043	Dr Umeshi C Patel P O Box 1177 Blantyre	G.P.
	-	Blantyre City	
23.	MCM/MP/0051	Dr Rita S Thejopal P O Box 5016 Limbe	G.P.
	-	Limbe	
24.	MCM/MP/0052	Dr Suresh Thejopal P O Box 5016 Limbe	G.P.
	-	Blantyre City	
25.	MCM/MA/0552	Simforiano C N Alubino P O Box 51744 Limbe	M.A.
	-	Nkolokoti - Limbe	
26.	MCM/CO/0267	Patrick C Chikweza P O Box 2902 Blantyre	C.O.
	-	Ndirande Township - Blantyre	
27.	MCM/MA/0036	Phillips A Chimpeni P O Box 90446 Blantyre 9	M.A.
	-	Bangwe Township - Blantyre	
28.	MCM/MA/0379	Mr John F Chinyama P O Box 496 Blantyre	M.A.
	-	Makhetha Location - Blantyre	
29.	MCM/MA/0467	Mr Arthur D Chitekwe P O Box 90365 Blantyre 9	M.A.
	-	Bangwe Township - Blantyre	
30.	MCM/MA/0478	Mr Wilter D Phiri P O Box 30 Chileka	M.A.
	-	Chirimba - Blantyre	

- | | | | |
|-----|-------------|---|-------------|
| 31. | MCM/SP/0035 | Dr A G Borgstein
P O Box 95
Blantyre | Paediatrics |
| | - | Blantyre City | |
| 32. | MCM/SP/0025 | Prof John D Chipangwi
P.O. Box 564
Blantyre | Obs/gynae |
| | - | Blantyre City | |
| 33. | MCM/MP/0496 | Dr Zengani Chirwa
P/Bag 360
Blantyre 3 | G.P. |
| | - | Blantyre City | |
| 34. | MCM/MP/0034 | Dr Maria I M de Johnstone
P O Box 631
Blantyre | G.P. |
| | - | Blantyre City | |
| 35. | MCM/MP/0010 | Dr Varsha M Desai
P O Box 440
Blantyre | G.P. |
| | - | Blantyre City | |
| 36. | MCM/SP/0020 | Prof George N Liomba
P/Bag 360
Blantyre 3 | Pathology |
| | - | Chitawira - Blantyre | |
| 37. | MCM/SP/0001 | Prof Michael W Mbvundula
P O Box 390
Blantyre | Paediatrics |
| | - | Blantyre City | |
| 38. | MCM/SP/0024 | Dr Nga George A Mtafu
P O Box 556
Blantyre | Surgery |
| | - | Blantyre City | |
| 39. | MCM/MP/0038 | Dr Joyce W Munthali
P O Box 95
Blantyre | G.P |
| | - | Soche - Blantyre | |
| 40. | MCM/SP/0027 | Dr Cooper M Nyirenda
P O Box 95
Blantyre | Medicine |
| | - | Soche - Blantyre | |
| 41. | MCM/SP/0021 | Dr Francis C Sungani
Private Bag 360
Blantyre 3 | O/G |
| | - | Blantyre City | |

42. MCM/SP/0026 Prof Jack J Wirima Medicine
Private Bag 360
Blantyre 3
- Blantyre City

B. ZOMBA

1. MCM/CO/0088 Mr Dester M Maseko C.O.
P O Box 560
Zomba
- Chinamwali - Zomba

2. MCM/CO/0106 Mr MacDonald Msapato C.O.
P O Box 451
Zomba
- Namadidi Trading Centre - Zomba

3. MCM/MP/0327 Dr Dinesh Pandya G.P.
P O Box 56
Zomba
- Zomba Municipality

C. MANGOCHI

1. MCM/MA/0389 Mr Gabriel S Kaipa M.A.
P O Box
Mangochi
- Mangochi Township

2. MCM/CO/0064 Mr Stuart Kanyerere C.O.
P O Box 474
Mangochi
- Mangochi Township

3. MCM/MA/0378 Mr Joseph A Lipenga M.A.
P O Box 78
Mangochi
- Mbaluku - Mangochi

4. MCM/MA/0547 Mr Albert A C Makolosa M.A.
P O Box 489
Mangochi
- Namiasi - Mangochi

5. MCM/MA/0213 Mr Frank S Msowoya M.A.
P O Box 128
Monkey Bay
- Monkey Bay

- | | | | |
|-------|-------------|---|------|
| 6. | MCM/CO/0146 | Mr Denis M Newa
P O Box 489
Mangochi
- Namiasi Mangochi | C.O. |
| ----- | | | |
| 7. | MCM/MA/0282 | Mr Robert P Pengani
P O Box 530
Mangochi
- Mangochi Township | M.A. |
| ----- | | | |
| 8. | MCM/MA/0283 | Mr William D Perekamoyo
P O Box 50
Malindi
- Namiasi Trading Centre - Mangochi | M.A. |
| ----- | | | |

D. MACHINGA

- | | | | |
|-------|-------------|---|------|
| 1. | MCM/MA/0369 | Mr Lucius M Kantazi
P O Box 100
Liwonde
- Mwima Trading Centre - Liwonde | M.A. |
| ----- | | | |
| 2. | MCM/MA/0052 | Mr John A Lwanda
P O Box 73
Ntaja
- Lifune Estate - Machinga | M.A. |
| ----- | | | |
| 3. | MCM/CO/0086 | Mr Blazio P Malunga
P O Box 110
Liwonde
- Chabwera Village - Machinga | C.O. |
| ----- | | | |
| 4. | MCM/CO/0104 | Mr Langton Mpoola
P O Box 48
Ulongwe
- M'manga Village - Machinga | C.O. |
| ----- | | | |
| 5. | MCM/CO/0015 | Mr Julius S B Chilopora
P O Box 344
Balaka
- Kudya Motel - Balaka Machinga | C.O. |
| ----- | | | |
| 6. | MCM/MA/483 | Mr Lafred S Chimbetete
P O Box 35
Balaka
- Mbela Trading Centre - Machinga | M.A. |
| ----- | | | |

E. MULANJE

1. MCM/MA/0128 Mr Willi B Lingalawe M.A.
P O Box 12
Thuchila
- Thuchila Trading Centre - Mulanje

2. MCM/MA/0647 Mr James B Mpinganjira M.A.
P O Box 129
Mulanje
- Chiza Farm - Mulanje

3. MCM/MA/0037 Mr Lawrence Chimoyo M.A.
P O Box 413
Mulanje
- Chitakale Trading Centre, Mulanje

F. THYOLO

1. MCM/MA/0363 Mr Maclean J Kampondeni M.A.
P O Box 9
Mtambanyama
- Thyolo Boma

2. MCM/MA/0088 Mr Garfield J Hiwa M.A.
P O Box 56
Bvumbwe
- Bvumbwe - Thyolo

G. CHIKWAWA

1. MCM/CO/0083 Mr Fyson W D Mainjiri C.O.
P O Box 24
Makhuwira
- Mitondo Trading Centre - Chikwawa

2. MCM/CO/0158 Mr Lucas Nkundula C.O.
P O Box 222
Chikwawa
- Nchalo Trading Centre - Chikwawa

H. MWANZA

1. MCM/MA/0217 Mr Luckson Mthyoka M.A.
P O Box 161
Mwanza
- Mwanza Boma

NORTHERN REGION

A. RUMPHI

1. MCM/MA/0703 Mr Nelson E Kumwenda M.A.
P O Box 192
Rumphi
- Chikwawa Trading Centre
-
2. MCM/MA/0171 Mr John D Mhango M.A.
P O Box 33
Mzokoto
- Mzokoto - Rumphi
-
3. MCM/MA/0181 Mr George Mkandawire M.A.
P A Nchenachena
P O Rumphi
- Nchenachena - Rumphi
-
4. MCM/MA/0714 Mr Boyce I Gondwe M.A.
P O Box 144
Bolero
- Bolero - Cheyeka Village - Rumphi
-

B. MZUZU

1. MCM/CO/0257 Mr Raxon Mchizi C.O.
P O Box 20516
Mzuzu 2
- Luwinga Township - Mzuzu
-
2. MCM/MA/0543 Mr Stanley B Mvula M.A.
P O Box 332
Mzuzu
- Luwinga Township - Mzuzu
-
3. MCM/MA/0245 Mr Alexander L Ndovi M.A.
P O Box 20101
Mzuzu 2
- Chibavi Location - Mzuzu
-
4. MCM/MP/0100 Dr Austin C Mkandawire G.P.
P O Box 350
Mzuzu
- Mzuzu City
-
5. MCM/MP/0035 Dr Alice R Msachi G.P.
P O Box 670
Mzuzu
- Mzuzu City

6. MCM/MA/0645 Mr Wales K Chavula M.A.
P O Box 20568
Mzuzu 2
- Chibanja South - Mzuzu

7. MCM/MA/0022 Mr James Wallace C Chibaka M.A.
P O Box 783
Mzuzu
- Lusangazi - Mzuzu

8. MCM/MA/0421 Mr Robson J Chisenga M.A.
P O Box 599
Mzuzu
- Chiputula Township - Mzuzu

9. MCM/CO/0314 Mr Eddington E T Simwaka C.O.
P O Box 20400
Mzuzu 2
- Luwinga - Mzuzu

C. MZIMBA

1. MCM/MA/0244 Mr Marshall Ndhlovu M.A.
P O Box 267
Mzimba
- Mzimba Boma

D. KARONGA

1. MCM/CO/0297 Mr Glyn L K Gondwe C.O.
P O Box 33
Karonga
- Karonga Boma

3. MCM/CO/0489 Mr Osman C B Mhone C.O.
P O Box 299
Karonga
- Karonga Township

E. CHITIPA

1. MCM/MA/0202 Mr Ronnie W Mnyenyembe M.A.
P O Box 51
Chitipa
- Chitipa Boma

CENTRAL REGION

A. LILONGWE

- | | | | |
|----|-------------|--|------|
| 1. | MCM/MA/0649 | Mr Albert J M Kazako
P O Box 20331
Lilongwe 2
- Kawale 1 - Lilongwe | M.A. |
| 2. | MCM/CO/0241 | Mr Gilbert Mfune
P O Box 31227
Lilongwe 3
- Area 25B/1285 | C.O. |
| 3. | MCM/MA/0403 | Mr Anakalet A Mkhaya
P O Box 20031
Kawale
Lilongwe
- Chigwirizano - Lilongwe | M.A. |
| 4. | MCM/MA/0191 | Mr Alfred S B Mkoola
P O Box 1519
Lilongwe
- Nsundwe - Lilongwe | M.A. |
| 5. | MCM/MA/0542 | Mr Gilbert Mwandira
P O Box 31046
Lilongwe 3
- Area 25 - Lilongwe | M.A. |
| 6. | MCM/MA/0248 | Mr Kibble G Ngalauka
P O Box 1290
Lilongwe
- Area 49 - Lilongwe | M.A. |
| 7. | MCM/MP/0004 | Dr Abdul Q Caratella
P O Box 19
Lilongwe
- Lilongwe Old Town | G.P. |
| 8. | MCM/MP/0015 | Dr Abdul Q A Ghumra
P O Box 1094
Lilongwe
- Lilongwe Old Town | G.P. |
| 9. | MCM/MP/0024 | Dr Ahmed I Kharodia
P O Box 46
Lilongwe
- Lilongwe Old Town | G.P. |

10. MCM/MP/0027 Dr Gulam M Lorgat G.P.
P O Box 240
Lilongwe
- Lilongwe Old Town
-
11. MCM/MP/0050 Dr Abdul M A Tayub G.P.
P O Box 30271
Lilongwe 3
- Lilongwe Old Town
-
12. MCM/MA/0449 Mr Tenace D B Chete M.A.
P O Box 70
Mitundu
Lilongwe
- Mkwinda Trading Centre - Lilongwe
-
13. MCM/MA/0063 Mr Numeri G Chonde M.A.
P O Box 30705
Lilongwe 3
- Area 23 - Lilongwe
-
14. MCM/MA/0409 Mr Bapton Nsona M.A.
P O Box 1466
Lilongwe
- Chilinde 1 - Lilongwe
-
15. MCM/MA/0284 Mr Hudson J Phalira M.A.
P O Box 1317
Lilongwe
- Area 22 - Lilongwe
-
16. MCM/MA/0401 Mr Stevenson S L Mtambo M.A.
P O Box 40154
Kanengo
Lilongwe 4
- Area 25 - Lilongwe
-
17. MCM/CO/0275 Mr Amos B Zindawa C.O.
P O Box 30368
Lilongwe 3
- Dzedza Township
-
18. MCM/SP/0030 Dr George H Kayambo Surgery
P O Box 149
Lilongwe
- Lilongwe Old Town
-
19. MCM/SP/0041 Dr Peter N Kazembe Paediatrics
Private Bag 306
Lilongwe 3
- Lilongwe City
-
20. MCM/SP/0006 Dr Austin G Mwale Surgery
P O Box 20031
Lilongwe
- Lilongwe City

- | | | | |
|-------|-------------|--|-----------|
| 21. | MCM/SP/0017 | Dr Eric D Ndovi
P/Bag 306
Lilongwe 3
- Lilongwe City | Obs/Gynae |
| ----- | | | |
| 22. | MCM/MP/0040 | Dr Daniel S Nyangulu
P O Box 149
Lilongwe
- Biwi - Lilongwe | G.P. |
| ----- | | | |
| 23. | MCM/SP/0113 | Dr Subramaniam Sivasithamparam
P/Bag 115
Lilongwe
- Lilongwe Old Town | G.P |
| ----- | | | |

B. NTCHEU

- | | | | |
|-------|-------------|--|------|
| 1. | MCM/CO/0052 | Mr Daniel Kadammanja
P O Box 269
Ntcheu
- Ntcheu Boma | C.O. |
| ----- | | | |
| 2. | MCM/MA/0199 | Mr Muisa K O Mkhwimba
P O Box 211
Ntcheu
- Gen. Dec. Ntcheu | M.A. |
| ----- | | | |
| 3. | MCM/MA/0009 | Mr Gabriel A Bema
P O Box 162
Ntcheu
- Mangochi Turn off - Machinga | M.A. |
| ----- | | | |
| 4. | MCM/MA/590 | Mr Kamasenga J Gobede
P O Box 1
Lizulu
Ntcheu
- Lizulu Trading Centre - Ntcheu | M.A. |
| ----- | | | |
| 5. | MCM/CO/0166 | Mr Emerson E Pasulani
Private Bag 5
Ntcheu
- Ntcheu Boma | C.O. |
| ----- | | | |

C. KASUNGU

- | | | | |
|-------|-------------|--|------|
| 1. | MCM/CO/082 | Mr Jeans M Magombo
Private Bag 147
Kasungu | M.A. |
| | | - Kasungu Boma | |
| ----- | | | |
| 2. | MCM/MA/0702 | Mr Willie Chimbetete
P O Box 58
Kasungu | M.A. |
| | | - Kasalika - Kasungu | |
| ----- | | | |
| 3. | MCM/CO/0047 | Mr Gilbert S Chione
P O Box 138
Nkhamenya | C.O. |
| | | - Chatoloma Trading Centre - Kasungu | |
| ----- | | | |
| 4. | MCM/MA/0264 | Mr Robinson E Nkhoma
P O Box 19
Kasungu | M.A. |
| | | - Chamama Trading Centre - Kasungu | |
| ----- | | | |
| 5. | MCM/CO/0181 | Mr Alick W Thawi
P O Box 133
Kasungu | C.O. |
| | | - Chitete Township - Kasungu | |
| ----- | | | |
| 6. | MCM/MA/0338 | Mr Flyven P Veruwa
P O Box 51
Kasungu | M.A. |
| | | - Kasungu Township | |
| ----- | | | |

D. DEDZA

- | | | | |
|-------|-------------|--|------|
| 1. | MCM/CO/0065 | Mr Jasphat B Kaphamtengo
P O Box 212
Dedza | C.O. |
| | | - Dedza Township | |
| ----- | | | |
| 2. | MCM/MA/0057 | Mr Emson T Chisiye
P O Box 206
Dedza | M.A. |
| | | - Chimbiya Trading Centre - Dedza | |
| ----- | | | |
| 3. | MCM/CO/0169 | Mr Gabriel D C Phiri
P O Box 16
Mtakataka | C.O. |
| | | - Mtakataka - Dedza | |
| ----- | | | |

E. DOWA

1. MCM/MA/0256 Mr Gafkin J Njobvuyalema M.A.
P O Box 112
Mponela
- Mponela Trading Centre - Dowa
-

F. MCHINJI

1. MCM/CO/0092 Mr Ishmael N Mazunda C.O.
P O Box 18
Mchinji
- Mchinji Boma
-

2. MCM/CO/0098 Mr Fredrick A Minofu C.O.
P O Box 59
Kapiri
- Kapiri - Mchinji
-

3. MCM/MA/0035 Mr Amosi E Chimpeni M.A.
P O Box 44
Kapiri
- Kapiri - Mchinji
-

4. MCM/MA/0056 Mr Nemesius M Chisamba M.A.
Private Bag 6
Magawa
- Kamwendo Trading Centre - Mchinji
-

5. MCM/CO/0023 Mr Chataika D W Chitimbe C.O.
P O Box 36
Magawa
- Kamwendo Trading Centre - Mchinji
-

G. SALIMA

1. MCM/MA/0102 Mr Foster N Kasonga M.A.
P O Box 224
Salima
- Salima Township
-

2. MCM/MA/0108 Mr Paulo F Katambika M.A.
P O Box 61
Salima
- Kaphatenga - Salima
-

3. MCM/MA/0205 Mr Benzai L Mpinganjira M.A.
P O Box 96
Salima
- Salima Township

H. NKHOTAKOTA

1. MCM/MA/0518 Mr Lenson Y Mwangomba M.A.
P O Box 17
Kasitu
- Kasitu - Nkhotakota

2. MCM/MA/0518 Mr Frighton M Njolomole M.A.
P O Box 50
Dwangwa
- Dwangwa Trading Centre - Nkhotakota

b] LIST OF REGISTERED CLINICS UNDER COMPANIES

SOUTHERN REGION

A. BLANTYRE

1.	Admarc New Shed	P O Box 5052 Limbe Blantyre	Limbe
2.	Admarc Sedi	P O Box 5052 Limbe Blantyre	Limbe
3.	ADMARC Transit shed	P O Box 5052 Limbe Blantyre	Limbe
4.	ADMARC Welfare	P O Box 5052 Limbe Blantyre	Limbe
5.	Blantyre Print and Packaging	P/Bag 39 Blantyre	Blantyre
6.	Blantyre Water Board	P O Box 30369 Blantyre 3	Blantyre
7.	David Whitehead & Sons	P O Box 30070 Blantyre 3	Blantyre
8.	ESCOM - Blantyre	P O Box 2047 Blantyre	Blantyre
9.	ESCOM - Nkula	P O Box 2047 Blantyre	Blantyre
10.	Malawi Railways - Mpingwe	P O Box 5144 Limbe	Blantyre
11.	Malawi Railways - Limbe	P O Box 5144 Limbe	Limbe
12.	National Seed Company	P O Box 567 Blantyre	Blantyre
13.	PEW	P O Box 30038 Blantyre 3	Blantyre
14.	Portland Cement	P O Box 523 Blantyre	Blantyre
15.	Press Corporation	P O Box 1227 Blantyre	Blantyre

16.	Stage Coach (Mw) Chichiri Clinic	P O Box 176 Blantyre	Blantyre
17.	Stage Coach (Mw) Makata clinic	P O Box 176 Blantyre	Blantyre
18.	Tobacco Processors, Limbe	P O Box 51297 Blantyre	Blantyre
19.	Lever Brothers	P O Box 5151 Limbe	Limbe
20.	Limbe Leaf Tobacco co.	P O Box 5600 Limbe	Limbe
B. <u>BALAKA/MACHINGA</u>			
1.	ADMARC - Balaka	P O Box 5052 Limbe	Balaka
2.	Andiamo Campus	P O Box 44 Balaka	Balaka
C. <u>ZOMBA</u>			
1.	Portland Cement - Changalume	P O Box 523 Blantyre	Zomba
D. <u>MANGOCHI</u>			
1.	Malawi Lake Services	P O Box 15 Monkey Bay	Monkey Bay
2.	MALDECO Fisheries	P O Box 45 Mangochi	Mangochi
E. <u>CHIKWAWA</u>			
1.	SUCOMA - Alumando	SUCOMA Ltd P/Bag 50 Blantyre	Nchalo Chikwawa
2.	SUCOMA - Kalulu	SUCOMA Ltd P/Bag 50 Blantyre	Nchalo Chikwawa
3.	SUCOMA - Lengwe	SUCOMA Ltd P/Bag 50 Blantyre	Nchalo Chikwawa
4.	SUCOMA - Main	SUCOMA Ltd P/Bag 50 Blantyre	Nchalo Blantyre

- | | | | |
|----|---------------------|------------------------------------|--------------------|
| 5. | SUCOMA - Mangulenje | SUCOMA Ltd
P/Bag 50
Blantyre | Nchalo
Chikwawa |
| 6. | SUCOMA - Mwanza | SUCOMA Ltd
P/Bag 50
Blantyre | Nchalo
Chikwawa |
| 7. | SUCOMA - Nkombezi | SUCOMA Ltd
P/Bag 50
Blantyre | Nchalo
Chikwawa |

F. THYOLO

- | | | | |
|----|--------------|---|--------|
| 1. | Nchima Trust | Nchima Trust UK
P O Box 52
Thyolo | Thyolo |
|----|--------------|---|--------|

CENTRAL REGION

A. LILONGWE

- | | | | |
|----|------------------------------------|--|---------------------|
| 1. | ADMARC - Kanengo | P O Box 5052
Limbe | Lilongwe |
| 2. | ADMARC - Lilongwe | P O Box 5052
Limbe | Lilongwe |
| 3. | ADMARC - Malangalanga | P O Box 5052
Limbe | Lilongwe |
| 4. | Auction Holding,
Kanengo | P O Box 40035
Kanengo | Kanengo
Lilongwe |
| 5. | ESCOM - Lilongwe | ESCOM
P O Box 768
Lilongwe | Lilongwe |
| 6. | Limbe Leaf Tobacco
Kanengo | Limbe Leaf Tobacco
P O Box 40044
Kanengo | Kanengo
Lilongwe |
| 7. | Southern Bottlers
Kanengo | Southern Bottlers
P/Bag 1
Kanengo | Kanengo
Lilongwe |
| 8. | Stage coach (Mw)
Lilongwe Depot | Stage Coach (Mw)
P O Box 26
Lilongwe | Lilongwe |
| 9. | Tobacco Processors
Kanengo | Tobacco Processors
P O Box 40048 | Kanengo
Lilongwe |

B. SALIMA

1.	ADMARC - Salima	ADMARC P O Box 5052 Limbe	Salima
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C. KASUNGU

1.	KFCTA - Linyangwa	KFCTA P/Bag 25 Kasungu	Kasungu
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2.	KFCTA - Main Clinic	KFCTA P/Bag 25 Kasungu	Kasungu
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3.	KFCTA - Thupa	KFCTA P/Bag 25 Kasungu	Kasungu
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D. NKHOTAKOTA/DWANGWA

1.	DWASCO, Central 2	DWASCO P O Box 46 DWANGWA	Dwangwa
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2.	DWASCO, Kasasa	DWASCO P O Box 46 DWANGWA	Dwangwa
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3.	DWASCO, Matiki Health Centre	DWASCO P O Box 46 DWANGWA	Dwangwa
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4.	DWASCO, Nyamvu	DWASCO P O Box 46 DWANGWA	Dwangwa
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5.	DWASCO, Ukasi	DWASCO P O Box 46 DWANGWA	Dwangwa
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NORTHERN REGION

A. MZUZU

1.	ADMARC - Katoto	ADMARC P O Box 5052 Limbe	Mzuzu
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2.	Stagecoach (Mw) Ltd Mzuzu	Stagecoach (Mw) P O Box 26 Lilongwe	Mzuzu
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B. MZIMBA

1.	VIPLY	VIPLY P/Bag 1 Chikangawa	Chikangawa
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C. KARONGA

1.	ADMARC - Chilumba	ADMARC P O Box 5052 Limbe	Chilumba Karonga
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LIST OF REGISTERED PREMISES OF PRIVATE PRACTICE

SOUTHERN REGION

A. BLANTYRE

- | | | | |
|----|--|--------------------------|------------------|
| 1. | Banja la Mtsogolo - Lunzu | P O Box 3008
Blantyre | Lunzu |
| 2. | Banja la Mtsogolo - Midima | P O Box 3008
Blantyre | Midima |
| 3. | Banja la Mtsogolo - Ndirande | P O Box 3008
Blantyre | Ndirande |
| 4. | Blantyre Adventist Hospital | P O Box 51
Blantyre | Blantyre
City |
| 4. | Blantyre Adventist Hospital
OPD - Medical | P O Box 51
Blantyre | Blantyre
City |

B. ZOMBA

- | | | | |
|----|-------------------------|---------------------|-------|
| 1. | Banja la Mtsogolo-Mable | P O Box 25
Zomba | Zomba |
|----|-------------------------|---------------------|-------|

C. THYOLO

- | | | | |
|----|------------------------------|--------------------------|--------------------|
| 1. | Banja la Mtsogolo - Luchenza | P O Box 3008
Blantyre | Luchenza
Thyolo |
|----|------------------------------|--------------------------|--------------------|

CENTRAL REGION

A. LILONGWE

- | | | | |
|----|------------------------------|--------------------------|---------------------|
| 1. | Banja la Mtsogolo - Falls | P O Box 1854
Lilongwe | Falls
Lilongwe |
| 2. | Banja la Mtsogolo - Tsabango | P O Box 1854
Lilongwe | Area 23
Lilongwe |

B. KASUNGU

- | | | | |
|----|------------------------------|--------------------------|---------|
| 1. | Banja la Mtsogolo
Kasungu | P O Box 3008
Blantyre | Kasungu |
|----|------------------------------|--------------------------|---------|

NORTHERN REGION

A. MZUZU

- | | | | |
|----|---------------------------|--------------|-------|
| 1. | Banja la Mtsogolo - Mzuzu | P O Box 3008 | Mzuzu |
|----|---------------------------|--------------|-------|

9.4 APPENDIX 4

LIST OF ALL REGISTERED PRIVATE HEALTH SELECTED FOR THE STUDY IN THE THREE REGIONS

a] LIST OF ALL REGISTERED PRIVATE MEDICAL PERSONELL:

SOUTHERN REGION

A. BLANTYRE

1.	MCM/MA/0096	Harrison D Kapata P O Box 30744 Blantyre 3 - Ndirande - Blantyre	M.A.
2.	MCM/CO/0073	Bernard A Kadzola P O Box 51442 Limbe - Kachere Township - Limbe	C.O.
3.	MCM/CO/0057	Smut N Kamalizeni P O Box 159 Lunzu - Lunzu - Blantyre	C.O.
4.	MCM/CO/0323	Charles D Korea P O Box 30369 Blantyre 3 - Bangwe Township - Blantyre	C.O.
5.	MCM/MA/0125	Patrick B Kwanda Private Bag 536 Limbe - Chilomoni Township - Blantyre	M.A.
6.	MCM/MA/0591	Julius G Lungu P O Box 90412 Blantyre 9 - Bangwe Township - Blantyre	M.A.
7.	MCM/MA/0462	Golden P Mundila P O Box 1377 Blantyre - Manase Township - Blantyre	M.A.
8.	MCM/CO/0345	Owen W Mzumara Private Bag 34 Blantyre - Chilobwe Township - Blantyre	C.O.

9.	MCM/CO/0147	Samuel N Ngaiyaye P O Box 30361 Blantyre 3 - Chilomoni Township - Blantyre	C.O.
10.	MCM/MP/0002	Dr H M Bhojani P O Box 440 Blantyre - Blantyre City	G.P.
11.	MCM/MP/0005	Dr Dick Chilemba P O Box 80107 Maselema - Blantyre City	G.P.
12.	MCM/MP/0337	Dr Julie Dzinyemba P O Box 5498 Limbe - Limbe	G.P.
13.	MCM/MP/0013	Dr Mahomed I Gatrad P O Box 152 Blantyre - Blantyre City	G.P.
14.	MCM/MP/0014	Dr Abdul G A Ghumra P O Box 5684 Limbe - Limbe	G.P.
15.	MCM/MP/0061	Dr Renderson J. Gombwa P O Box 692 Blantyre - Chitawira - Blantyre	G.P.
16.	MCM/MP/0021	Dr F Charles Kahumbe P O Box 724 Blantyre - Blantyre City	G.P.
17.	MCM/MP/0025	Dr Faruk O Kidy P O Box 5670 Limbe - Blantyre City	G.P.
18.	MCM/MP/0299	Dr Duleep S Kokri P O Box 51952 Limbe - Limbe	G.P.
19.	MCM/MP/0036	Dr Mahomed A R Mukadam P O Box 5465 Limbe - Limbe	G.P.

20. CM/MP/0037 Dr Rukiya M Mukadam G.P.
P O Box 5465
Limbe
- Limbe
-
21. MCM/MP/0039 Dr Kantilal N Patel G.P.
P O Box 5083
Limbe
- Limbe
-
22. MCM/MA/0043 Dr Umeshi C Patel G.P.
P O Box 1177
Blantyre
- Blantyre City
-
23. MCM/MP/0051 Dr Rita S Thejopal G.P.
P O Box 5016
Limbe
- Limbe
-
24. MCM/MP/0052 Dr Suresh Thejopal G.P.
P O Box 5016
Limbe
- Blantyre City
-
25. MCM/MA/0552 Simforiano C N Alubino M.A.
P O Box 51744
Limbe
- Nkolokoti - Limbe
-
26. MCM/CO/0267 Patrick C Chikweza C.O.
P O Box 2902
Blantyre
- Ndirande Township - Blantyre
-
27. MCM/MA/0036 Phillips A Chimpeni M.A.
P O Box 90446
Blantyre 9
- Bangwe Township - Blantyre
-
28. MCM/MA/0379 Mr John F Chinyama M.A.
P O Box 496
Blantyre
- Makhetha Location - Blantyre
-
29. MCM/MA/0467 Mr Arthur D Chitekwe M.A.
P O Box 90365
Blantyre 9
- Bangwe Township - Blantyre
-
30. MCM/MA/0478 Mr Wilter D Phiri M.A.
P O Box 30
Chileka
- Chirimba - Blantyre

31.	MCM/SP/0035	Dr A G Borgstein P O Box 95 Blantyre - Blantyre City	Paediatrics
32.	MCM/SP/0025	Prof John D Chipangwi P.O. Box 564 Blantyre - Blantyre City	Obs/gynae
33.	MCM/MP/0496	Dr Zengani Chirwa P/Bag 360 Blantyre 3 - Blantyre City	G.P.
34.	MCM/MP/0034	Dr Maria I M de Johnstone P O Box 631 Blantyre - Blantyre City	G.P.
35.	MCM/MP/0010	Dr Varsha M Desai P O Box 440 Blantyre - Blantyre City	G.P.
36.	MCM/SP/0020	Prof George N Liomba P/Bag 360 Blantyre 3 - Chitawira - Blantyre	Pathology
37.	MCM/SP/0001	Prof Michael W Mbvundula P O Box 390 Blantyre - Blantyre City	Paediatrics
38.	MCM/SP/0024	Dr Nga George A Mtafu P O Box 556 Blantyre - Blantyre City	Surgery
39.	MCM/MP/0038	Dr Joyce W Munthali P O Box 95 Blantyre - Soche - Blantyre	G.P
40.	MCM/SP/0027	Dr Cooper M Nyirenda P O Box 95 Blantyre - Soche - Blantyre	Medicine
41.	MCM/SP/0021	Dr Francis C Sungani Private Bag 360 Blantyre 3 - Blantyre City	O/G

42. MCM/SP/0026 Prof Jack J Wirima Medicine
Private Bag 360
Blantyre 3
- Blantyre City

NORTHERN REGION

A. MZUZU

1. MCM/CO/0257 Mr Raxon Mchizi C.O.
P O Box 20516
Mzuzu 2
- Luwinga Township - Mzuzu

2. MCM/MA/0543 Mr Stanley B Mvula M.A.
P O Box 332
Mzuzu
- Luwinga Township - Mzuzu

3. MCM/MA/0245 Mr Alexander L Ndovi M.A.
P O Box 20101
Mzuzu 2
- Chibavi Location - Mzuzu

4. MCM/MP/0100 Dr Austin C Mkandawire G.P.
P O Box 350
Mzuzu
- Mzuzu City

5. MCM/MP/0035 Dr Alice R Msachi G.P.
P O Box 670
Mzuzu
- Mzuzu City

6. MCM/MA/0645 Mr Wales K Chavula M.A.
P O Box 20568
Mzuzu 2
- Chibanja South - Mzuzu

7. MCM/MA/0022 Mr James Wallace C Chibaka M.A.
P O Box 783
Mzuzu
- Lusangazi - Mzuzu

8. MCM/MA/0421 Mr Robson J Chisenga M.A.
P O Box 599
Mzuzu
- Chiputula Township - Mzuzu

9. MCM/CO/0314 Mr Eddington E T Simwaka C.O.
P O Box 20400
Mzuzu 2
- Luwinga - Mzuzu

CENTRAL REGION

A. LILONGWE

1. MCM/MA/0649 Mr Albert J M Kazako M.A.
P O Box 20331
Lilongwe 2
- Kawale 1 - Lilongwe

2. MCM/CO/0241 Mr Gilbert Mfuno C.O.
P O Box 31227
Lilongwe 3
- Area 25B/1285

3. MCM/MA/0403 Mr Anakalet A Mkhaya M.A.
P O Box 20031
Kawale
Lilongwe
- Chigwirizano - Lilongwe

4. MCM/MA/0191 Mr Alfred S B Mkoola M.A.
P O Box 1519
Lilongwe
- Nsundwe - Lilongwe

5. MCM/MA/0542 Mr Gilbert Mwandira M.A.
P O Box 31046
Lilongwe 3
- Area 25 - Lilongwe

6. MCM/MA/0248 Mr Kibble G Ngalauka M.A.
P O Box 1290
Lilongwe
- Area 49 - Lilongwe

7. MCM/MP/0004 Dr Abdul Q Caratella G.P.
P O Box 19
Lilongwe
- Lilongwe Old Town

8. MCM/MP/0015 Dr Abdul Q A Ghumra G.P.
P O Box 1094
Lilongwe
- Lilongwe Old Town

9. MCM/MP/0024 Dr Ahmed I Kharodia G.P.
P O Box 46
Lilongwe
- Lilongwe Old Town
-
10. MCM/MP/0027 Dr Gulam M Lorgat G.P.
P O Box 240
Lilongwe
- Lilongwe Old Town
-
11. MCM/MP/0050 Dr Abdul M A Tayub G.P.
P O Box 30271
Lilongwe 3
- Lilongwe Old Town
-
12. MCM/MA/0449 Mr Tenace D B Chete M.A.
P O Box 70
Mitundu
Lilongwe
- Mkwinda Trading Centre - Lilongwe
-
13. MCM/MA/0063 Mr Numeri G Chonde M.A.
P O Box 30705
Lilongwe 3
- Area 23 - Lilongwe
-
14. MCM/MA/0409 Mr Bapton Nsona M.A.
P O Box 1466
Lilongwe
- Chilinde 1 - Lilongwe
-
15. MCM/MA/0284 Mr Hudson J Phalira M.A.
P O Box 1317
Lilongwe
- Area 22 - Lilongwe
-
16. MCM/MA/0401 Mr Stevenson S L Mtambo M.A.
P O Box 40154
Kanengo
Lilongwe 4
- Area 25 - Lilongwe
-
17. MCM/CO/0275 Mr Amos B Zindawa C.O.
P O Box 30368
Lilongwe 3
- Dzedza Township
-
18. MCM/SP/0030 Dr George H Kayambo Surgery
P O Box 149
Lilongwe
- Lilongwe Old Town
-
19. MCM/SP/0041 Dr Peter N Kazembe Paediatrics
Private Bag 306
Lilongwe 3
- Lilongwe City

20.	MCM/SP/0006	Dr Austin G Mwale P O Box 20031 Lilongwe - Lilongwe City	Surgery
21.	MCM/SP/0017	Dr Eric D Ndovi P/Bag 306 Lilongwe 3 - Lilongwe City	Obs/Gynae
22.	MCM/MP/0040	Dr Daniel S Nyangulu P O Box 149 Lilongwe - Biwi - Lilongwe	G.P.
23.	MCM/SP/0113	Dr Subramaniam Sivasithamparam P/Bag 115 Lilongwe - Lilongwe Old Town	G.P

b] LIST OF REGISTERED CLINICS UNDER COMPANIES

SOUTHERN REGION

A. BLANTYRE

1.	Admarc New Shed	P O Box 5052 Limbe Blantyre	Limbe
2.	Admarc Sedi	P O Box 5052 Limbe Blantyre	Limbe
3.	ADMARC Transit shed	P O Box 5052 Limbe Blantyre	Limbe
4.	ADMARC Welfare	P O Box 5052 Limbe Blantyre	Limbe
5.	Blantyre Print and Packaging	P/Bag 39 Blantyre	Blantyre
6.	Blantyre Water Board	P O Box 30369 Blantyre 3	Blantyre

7.	David Whitehead & Sons	P O Box 30070 Blantyre 3	Blantyre
8.	ESCOM - Blantyre	P O Box 2047 Blantyre	Blantyre
9.	ESCOM - Nkula	P O Box 2047 Blantyre	Blantyre
10.	Malawi Railways - Mpingwe	P O Box 5144 Limbe	Blantyre
11.	Malawi Railways - Limbe	P O Box 5144 Limbe	Limbe
12.	National Seed Company	P O Box 567 Blantyre	Blantyre
13.	PEW	P O Box 30038 Blantyre 3	Blantyre
14.	Portland Cement	P O Box 523 Blantyre	Blantyre
15.	Press Cooperation	P O Box 1227 Blantyre	Blantyre
16.	Stage Coach (Mw) Chichiri Clinic	P O Box 176 Blantyre	Blantyre
17.	Stage Coach (Mw) Makata clinic	P O Box 176 Blantyre	Blantyre
18.	Tobacco Processors, Limbe	P O Box 51297 Blantyre	Blantyre
19.	Lever Brothers	P O Box 5151 Limbe	Limbe
20.	Limbe Leaf Tobacco co.	P O Box 5600 Limbe	Limbe

CENTRAL REGION

A. LILONGWE

1.	ADMARC - Kanengo	P O Box 5052 Limbe	Lilongwe
2.	ADMARC - Lilongwe	P O Box 5052 Limbe	Lilongwe

3.	ADMARC - Malangalanga	P O Box 5052 Limbe	Lilongwe
4.	Auction Holding, Kanengo	P O Box 40035 Kanengo	Kanengo Lilongwe
5.	ESCOM - Lilongwe	ESCOM P O Box 768 Lilongwe	Lilongwe
6.	Limbe Leaf Tobacco Kanengo	Limbe Leaf Tobacco P O Box 40044 Kanengo	Kanengo Lilongwe
7.	Southern Bottlers Kanengo	Southern Bottlers P/Bag 1 Kanengo	Kanengo Lilongwe
8.	Stage coach (Mw) Lilongwe Depot	Stage Coach (Mw) P O Box 26 Lilongwe	Lilongwe
9.	Tobacco Processors Kanengo	Tobacco Processors P O Box 40048 DWANGWA	Kanengo Lilongwe

NORTHERN REGION

A. MZUZU

1.	ADMARC - Katoto	ADMARC P O Box 5052 Limbe	Mzuzu
2.	Stagecoach (Mw) Ltd Mzuzu	Stagecoach (Mw) P O Box 26 Lilongwe	Mzuzu

c] LIST OF REGISTERED PREMISES FOR PRIVATE PRACTICE

SOUTHERN REGION

A. BLANTYRE

- | | | | |
|----|--|--------------------------|------------------|
| 1. | Banja la Mtsogolo - Lunzu | P O Box 3008
Blantyre | Lunzu |
| 2. | Banja la Mtsogolo - Midima | P O Box 3008
Blantyre | Midima |
| 3. | Banja la Mtsogolo - Ndirande | P O Box 3008
Blantyre | Ndirande |
| 4. | Blantyre Adventist Hospital | P O Box 51
Blantyre | Blantyre
City |
| 4. | Blantyre Adventist Hospital
OPD - Medical | P O Box 51
Blantyre | Blantyre
City |

CENTRAL REGION

A. LILONGWE

- | | | | |
|----|------------------------------|--------------------------|---------------------|
| 1. | Banja la Mtsogolo - Falls | P O Box 1854
Lilongwe | Falls
Lilongwe |
| 2. | Banja la Mtsogolo - Tsabango | P O Box 1854
Lilongwe | Area 23
Lilongwe |

NORTHERN REGION

A. MZUZU

- | | | | |
|----|---------------------------|--------------|-------|
| 1. | Banja la Mtsogolo - Mzuzu | P O Box 3008 | Mzuzu |
|----|---------------------------|--------------|-------|

9.5 APPENDIX 5

LIST OF ALL REGISTERED PRIVATE HEALTH FACILITIES SELECTED FOR THE STUDY AND RESPONDED

a] LIST OF ALL REGISTERED PRIVATE PERSONAL CLINICS:

SOUTHERN REGION

A. BLANTYRE

- | | | | |
|----|-------------|---|------|
| 1. | MCM/MA/0096 | Harrison D Kapata
P O Box 30744
Blantyre 3
- Ndirande - Blantyre | M.A. |
| 2. | MCM/CO/0073 | Bernard A Kadzola
P O Box 51442
Limbe
- Kachere Township - Limbe | C.O. |
| 3. | MCM/CO/0057 | Smut N Kamalizeni
P O Box 159
Lunzu
- Lunzu - Blantyre | C.O. |
| 4. | MCM/MA/0591 | Julius G Lungu
P O Box 90412
Blantyre 9
- Bangwe Township - Blantyre | M.A. |
| 5. | MCM/MA/0462 | Golden P Mundila
P O Box 1377
Blantyre
- Manase Township - Blantyre | M.A. |
| 6. | MCM/CO/0345 | Owen W Mzumara
Private Bag 34
Blantyre
- Chilobwe Township - Blantyre | C.O. |
| 7. | MCM/CO/0147 | Samuel N Ngaiyaye
P O Box 30361
Blantyre 3
- Chilomoni Township - Blantyre | C.O. |
| 8. | MCM/MP/0005 | Dr Dick Chilemba
P O Box 80107
Maselema
- Blantyre City | G.P. |

9.	MCM/MP/0337	Dr Julie Dzinyemba P O Box 5498 Limbe	G.P.
	-	Limbe	
10.	MCM/MP/0014	Dr Abdul G A Ghumra P O Box 5684 Limbe	G.P.
	-	Limbe	
11.	MCM/MP/0025	Dr Faruk O Kidy P O Box 5670 Limbe	G.P.
	-	Blantyre City	
12.	MCM/MP/0299	Dr Duleep S Kokri P O Box 51952 Limbe	G.P.
	-	Limbe	
13.	MCM/MP/0036	Dr Mahomed A R Mukadam P O Box 5465 Limbe	G.P.
	-	Limbe	
14.	CM/MP/0037	Dr Rukiya M Mukadam P O Box 5465 Limbe	G.P.
	-	Limbe	
15.	MCM/MA/0043	Dr Umeshi C Patel P O Box 1177 Blantyre	G.P.
	-	Blantyre City	
16.	MCM/MP/0051	Dr Rita S Thejopal P O Box 5016 Limbe	G.P.
	-	Limbe	
17.	MCM/MP/0052	Dr Suresh Thejopal P O Box 5016 Limbe	G.P.
	-	Blantyre City	
18.	MCM/MA/0036	Phillips A Chimpeni P O Box 90446 Blantyre 9	M.A.
	-	Bangwe Township - Blantyre	
19.	MCM/MA/0467	Mr Arthur D Chitekwe P O Box 90365 Blantyre 9	M.A.
	-	Bangwe Township - Blantyre	

20. MCM/SP/0025 Prof John D Chipangwi Obs/gynae
P.O. Box 564
Blantyre
- Blantyre City

21. MCM/SP/0020 Prof George N Liomba Pathology
P/Bag 360
Blantyre 3
- Chitawira - Blantyre

22. MCM/SP/0024 Dr Nga George A Mtafu Surgery
P O Box 556
Blantyre
- Blantyre City

NORTHERN REGION

A. MZUZU

1. MCM/CO/0257 Mr Raxon Mchizi C.O.
P O Box 20516
Mzuzu 2
- Luwinda Township - Mzuzu

2. MCM/MA/0245 Mr Alexander L Ndovi M.A.
P O Box 20101
Mzuzu 2
- Chibavi Location - Mzuzu

3. MCM/MP/0100 Dr Austin C Mkandawire G.P.
P O Box 350
Mzuzu
- Mzuzu City

4. MCM/MA/0022 Mr James Wallace C Chibaka M.A.
P O Box 783
Mzuzu
- Lusangazi - Mzuzu

5. MCM/MA/0421 Mr Robson J Chisenga M.A.
P O Box 599
Mzuzu
- Chiputula Township - Mzuzu

6. MCM/CO/0314 Mr Eddington E T Simwaka C.O.
P O Box 20400
Mzuzu 2
- Luwinda - Mzuzu

CENTRAL REGION

A. LILONGWE

- | | | | |
|----|-------------|--|------|
| 1. | MCM/MA/0649 | Mr Albert J M Kazako
P O Box 20331
Lilongwe 2
- Kawale 1 - Lilongwe | M.A. |
| 2. | MCM/CO/0241 | Mr Gilbert Mfunu
P O Box 31227
Lilongwe 3
- Area 25B/1285 | C.O. |
| 3. | MCM/MA/0403 | Mr Anakalet A Mkhaya
P O Box 20031
Kawale
Lilongwe
- Chigwirizano - Lilongwe | M.A. |
| 4. | MCM/MA/0191 | Mr Alfred S B Mkoola
P O Box 1519
Lilongwe
- Nsundwe - Lilongwe | M.A. |
| 5. | MCM/MA/0542 | Mr Gilbert Mwandira
P O Box 31046
Lilongwe 3
- Area 25 - Lilongwe | M.A. |
| 6. | MCM/MA/0248 | Mr Kibble G Ngalauka
P O Box 1290
Lilongwe
- Area 49 - Lilongwe | M.A. |
| 7. | MCM/MP/0015 | Dr Abdul Q A Ghumra
P O Box 1094
Lilongwe
- Lilongwe Old Town | G.P. |
| 8. | MCM/MP/0024 | Dr Ahmed I Kharodia
P O Box 46
Lilongwe
- Lilongwe Old Town | G.P. |
| 9. | MCM/MP/0027 | Dr Gulam M Lorgat
P O Box 240
Lilongwe
- Lilongwe Old Town | G.P. |

10.	MCM/MP/0050	Dr Abdul M A Tayub P O Box 30271 Lilongwe 3 - Lilongwe Old Town	G.P.
11.	MCM/MA/0449	Mr Tenace D B Chete P O Box 70 Mitundu Lilongwe - Mkwinda Trading Centre - Lilongwe	M.A.
12.	MCM/MA/0063	Mr Numeri G Chonde P O Box 30705 Lilongwe 3 - Area 23 - Lilongwe	M.A.
13.	MCM/MA/0284	Mr Hudson J Phalira P O Box 1317 Lilongwe - Area 22 - Lilongwe	M.A.
14.	MCM/SP/0017	Dr Eric D Ndovi P/Bag 306 Lilongwe 3 - Lilongwe City	Obs/Gynae

b] LIST OF REGISTERED COMPANY/FACTORY/ESTATE IN-HOUSE CLINICS

SOUTHERN REGION

A. BLANTYRE

1.	Blantyre Water Board	P O Box 30369 Blantyre 3	Blantyre
2.	Malawi Railways - Mpingwe	P O Box 5144 Limbe	Blantyre
3.	Malawi Railways - Limbe	P O Box 5144 Limbe	Limbe
4.	National Seed Company	P O Box 567 Blantyre	Blantyre
5.	PEW	P O Box 30038 Blantyre 3	Blantyre
6.	Portland Cement	P O Box 523 Blantyre	Blantyre

7.	Press Cooperation	P O Box 1227 Blantyre	Blantyre
8.	Stage Coach (Mw) Chichiri Clinic	P O Box 176 Blantyre	Blantyre
9.	Lever Brothers	P O Box 5151 Limbe	Limbe
10.	Limbe Leaf Tobacco co.	P O Box 5600 Limbe	Limbe

CENTRAL REGION

A. LILONGWE

1.	ADMARC - Kanengo	P O Box 5052 Limbe	Lilongwe
2.	ADMARC - Malangalanga	P O Box 5052 Limbe	Lilongwe
3.	Auction Holding, Kanengo	P O Box 40035 Kanengo	Kanengo Lilongwe
4.	Limbe Leaf Tobacco Kanengo	Limbe Leaf Tobacco P O Box 40044 Kanengo	Kanengo Lilongwe
5.	Southern Bottlers Kanengo	Southern Bottlers P/Bag 1 Kanengo	Kanengo Lilongwe
6.	Stage coach (Mw) Lilongwe Depot	Stage Coach (Mw) P O Box 26 Lilongwe	Lilongwe
7.	Tobacco Processors Kanengo	Tobacco Processors P O Box 40048	Kanengo Lilongwe

NORTHERN REGION

A. MZUZU

1.	Stagecoach (Mw) Ltd Mzuzu	Stagecoach (Mw) P O Box 26 Lilongwe	Mzuzu
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c] LIST OF REGISTERED PREMISES UNDER NGO'S OR AS HOSPITALS

SOUTHERN REGION

A. BLANTYRE

i) Non-Governmental Organisation:

- | | | | |
|----|----------------------------|--------------------------|--------|
| 1. | Banja la Mtsogolo - Lunzu | P O Box 3008
Blantyre | Lunzu |
| 2. | Banja la Mtsogolo - Midima | P O Box 3008
Blantyre | Midima |

ii) Hospitals:

- | | | | |
|----|-----------------------------|------------------------|------------------|
| 1. | Blantyre Adventist Hospital | P O Box 51
Blantyre | Blantyre
City |
|----|-----------------------------|------------------------|------------------|

CENTRAL REGION

A. LILONGWE

i) Non-Governmental Organisation:

- | | | | |
|----|----------------------------|--------------------------|---------------------|
| 1. | Banja la Mtsogolo - Falls | P O Box 1854
Lilongwe | Falls
Lilongwe |
| 2. | Banja la Mtsogolo - Kawale | P O Box 1854
Lilongwe | Area 23
Lilongwe |

NORTHERN REGION

A. MZUZU

- THE END -