Overview of the Scotland Chikhwawa Health Initiative
2013 – 2016

Healthy Settings Approach to Community Health

A collaborative programme between:
University of Strathclyde
Chikhwawa District Assembly
University of Malawi – Polytechnic
Ministry of Health

Funded by the Scottish Government International Development Fund

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Background

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. WHO have recognised the influence of cultural, economic and social factors on health, and the need for communities to identify risks and address social determinants to health in the settings within which they live with local solutions. (WHO, 1948, 2002) (Figure 1).

![Diagram of health determinants](image)

Figure 2: The Main Determinants of Health (Adapted from Dahlgren & Whitehead, 1991)

The key health problems and associated risk factors have been highlighted in the Malawi Health Sector Strategic Plan (HSSP) 2011 – 16. However, despite the fact that effective prevention measures exist for the priority diseases such as malaria, diarrhoea, respiratory infections, HIV and vaccine preventable diseases, all of which form the main burden of disease, rates of infection continue to be high.

The HSSP recognises that more emphasis must be placed on prevention rather than cure, and that preventative methods have been subject to a number of barriers in previous years. Those barriers identified in Chikhwawa District in previous SCHI programmes include: lack of consolidated community structure to facilitate healthy settings, e.g. village health committees (VHC) operate in isolation with extension workers, without reporting to the village development committee as required; poor communication with communities to identify their priorities and needs; lack of resources to train and educate communities, e.g. hygiene training materials are needed for training low literacy informal food traders; programmes operate in isolation without integration across interest groups, e.g. the school health
and nutrition programme does not work with health facility staff to monitor nutritional status of students or hygiene standards of food preparation.

These barriers can be addressed through the Healthy Settings approach to achieve healthy communities (Figure 2). Healthy Settings not only addresses the communities access to curative health services, but concentrates on the environmental, sociological and economic determinants for health in the home, school and work environments using a community led approach (Figure 3).

![Figure 2: Characteristics of Healthy Community](image)

The MoH, has recognised that to achieve the necessary multi and interdisciplinary approach for Healthy Settings implementation they need to work with development partners. It is also recognised that community development of Healthy Settings must come from the community itself and therefore the approach must focus on supporting and facilitating the community profiling process and the development of action plans by community members with local solutions. This method seeks to ensure sustained change and improvements.

The SCHI (University of Strathclyde and University of Malawi Polytechnic), have a continuing strong relationship with the MoH and specifically the Department of Environmental Health. Based upon our collective experience in
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community development and strong district relationships, SCHI has successfully secured limited funding to work in partnership with Chikhwawa District and Ministry of Health for a Healthy Settings programme in Chikhwawa District.

Figure 3. Areas SCHI will address to achieve Healthy Settings across the community

The project will seek to develop model communities (n = 18), in line with the Healthy Settings approach and integrate the principles into the associated schools (n = 6), markets (n = 5) and health facility (n = 1). The process of capacity building, community profiling, development and implementation of action plans will be supported by SCHI (Project manager, Field Manager and Field Coordinator) and partners. The evidence base from this project will support and provide sustainable methods to scale up, taking into consideration methods to improve health and barriers to success thereby attempting sustained and effective change in the community which can be replicated elsewhere.

The project will undertake a number of activities as summarised below and Figure 4:

- Orientate and train DEC, CDHO, VDCs and other stakeholders on Healthy Settings principles and guidance.
- Support priority & profiling exercises for communities, schools, markets and health facility.
• Orientate and work with community structures to ensure effective project implementation.
• Assist communities to develop action plans with District stakeholders.
• Assist communities to implement action plans with relevant partners.
• Provide training, support and development materials to help communities achieve action plans, e.g. food hygiene for informal traders, vector control, disease surveillance, participatory techniques, sanitation, household water treatment, emergency preparedness, etc. The specific needs for each community will be established in the profiling and prioritization exercises for which training programmes will be developed.
• Monitoring and evaluation,
• Report lessons learned and recommendations.
Figure 4: Outline of project activities

- Orientation and training of DEC, DHMT and health workers on healthy settings guidance
- Training of VDC and community members on community profiling
- Community/school/market/health facility profiling and prioritisation including assessment of community structures
- Development and finalisation of action plans
- Development and provision of appropriate training for communities and community members, e.g., food hygiene for informal traders, vector control, household water treatment and storage, sanitation, participatory techniques etc.
- Implementation of Year 1 of action plan
- Development and provision of appropriate training for communities and community members
- Implementation of Year 2 of action plan
- Exit communities and complete final report and dissemination to DEC and MoH
- M & E Baseline data
- M & E Mid term evaluation
- M & E Final evaluation