Scotland Chikhwawa Health Initiative
2010 - 2013

The Scotland Chikhwawa Health Initiative is a Scottish Government International Development Funded project. The project is managed by University of Strathclyde in partnership with the University of Malawi (Polytechnic), Chikhwawa District Health Office and Ministry of Health (Government of Malawi)

Over a period of three years the SCHI worked in a hard to reach and under serviced rural area in Chikhwawa District in Traditional Authority Chapananga. The project area included 3 health facilities and 118 rural communities and aimed to improve maternal health services and thereby reduce maternal and neonatal morbidity and mortality in Chikwawa District.

The project worked with community leadership and members, secret women, (amayi achisi), health surveillance assistants and facility health workers to improve communication, understanding of reproductive health issues and services which could be accessed in the area.
The Scotland Chikhwawa Health Initiative aimed to assist communities in the catchments of three health facilities, namely Gaga, Chithumba and Chang’ambika which are all within the Changoima Area of TA Chapananga (see right)
Location of Scotland Chikhwawa Health Initiative 2010 - 2013 in Southern Malawi
Changoima is in a hard to reach rural area of Chikhwawa District. Health facilities are located over the Mwanza River (right) from the District Hospital making accessibility difficult to impossible in the rainy season. Road conditions are also challenging to some facilities with poorly maintained roads and bridges.
The Mwanza River in the dry season is easily passable but once the rains arrive the river floods making access to Chikhwawa extremely difficult on a daily basis.
When the programme began in the area, of the three health facilities (Gaga, Chinthumba and Chang’ambika) only one provided skilled deliveries for women. TBAs such as this lady above were still in regular operation delivering babies and supporting mothers in poor hygiene conditions.
Even at the health facilities themselves, conditions were poor with damaged buildings, limited equipment, no accommodation for expectant mothers, and poor/no accommodation for health workers. The above building built for Mozambican refugees in the 1990s and was still being used as a shelter despite being a structurally unstable
When beginning the project, baseline data was collected from community members, community leaders, religious leaders, and health workers of all cadres through questionnaires and focus groups discussions.
This baseline was then used to develop an action plan for improving maternal health services in the Changoima Area based on identified needs.
Training was conducted for health workers on community based and integrated maternal and neonatal health services as well as HIV testing and counselling, community based case management, community mobilisation and client care.
After their training, health surveillance assistants worked with their communities to identify ‘secret women’ and safe motherhood committees for further training. These groups identify pregnant women and encourage them to attend antenatal clinics and facilities for skilled deliveries and post natal checks.
While health surveillance assistants were creating a demand for reproductive health services in the community, infrastructure and equipment issues were being addressed at the facilities. At Chithumba Health Facility a new nurses house was constructed (above) and housing at Chang’ambika was renovated.
Expectant mother shelters were constructed at Chithumba and Chang’ambika Health facilities to provide pleasant accommodation for mothers to stay before they deliver with a skilled attendant. They were also provided with a cooking shelter and toilets.
Renovations and facilities at Gaga health centre included the replacement of the maternity wing roof and the provision of a water supply, placenta pit, toilets and a bathing shelter.
Equipment needed was identified and provided to all health facilities. This included beds, mattresses, BP machines, HIV testing kits, delivery kits and other essential equipment.
In addition to equipment provided to the health facilities, communities were also provided with bicycle ambulances such as these above which can be used to transport emergency cases from the community to the facility as quickly as possible.
To increase awareness within communities of the services available at health facilities and the importance of accessing these services, a series of open days were held in key locations and radio shows were broadcast. These open days use drama, music and speeches to relay health messages and were well attended (also see overleaf)
The Scotland Chikhwawa Health Initiative also partners and is supported by other organisations including Famine Relief for Orphans in Malawi (FROM) Scotland who supported capital projects and provided support to new mothers, extended families of orphans and multiple births in the area as well as flood relief.
SSC (A Club for the Youth of Scotland) and Saint Andrews International High School (Blantyre) were also involved with fundraising and support for the construction of a high dependency unit and renovation of the guardian shelter at Chikhwawa District Hospital
It is hoped that the Scotland Chikhwawa Health Initiative links between the community and health workers, and the improved infrastructure provided will assist Chikhwawa District Hospital to provide comprehensive maternal health services in this hard to reach remote area.
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Funding and support is acknowledged from Scottish Government International Development Fund, Famine Relief for Orphans in Malawi, Malawi Millennium Project (University of Strathclyde), and Rotary International