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# HOW KNOWLEDGE-MAKERS RESPOND TO GOVERNMENT'S DATA NEEDS

Kondwani Chidziwisano

Malawi University of Business and Applied Sciences

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# International policies drive research



# National policies a driving force



## The three pillars of the Malawi Vision 2063:

1. Agriculture Productivity and Commercialization
2. Industrialization
3. Urbanization



**Ministry of Health**

# **National Health Research Agenda II (2023 – 2030)**



**2063**  
Vision 2063

## **NATIONAL RESEARCH AGENDA**

For the Malawi 2063 first 10-year  
Implementation plan (MIP-I)





**Ministry of Health**

# National Health Research Agenda (2023 – 2030)

## **Sub-theme 3: Water, Sanitation and Hygiene (WASH)**

- Assess the effectiveness of water and sanitation interventions implemented in the communities
- Assess the innovative methods of using electronic devices in monitoring WASH interventions
- Assess the role of WASH in reduction of disease prevalence and incidence
- Evaluate the quality tests that are effective in assessing the bacteriological quality of water in the field
- Designing of cost-effective toilets for waterlogged and sandy environments e.g. Ecosan toilets
- Developing of cost-effective long-lasting hand washing facilities for rural households
- Evaluate sustainable models and approaches of sanitation and hygiene practices
- Assess the level of baby WASH integration into WASH projects



# CASE STUDY OF SHARE RESEARCH PROJECT





Government of the Republic of Malawi

Ministry of Health

## **NATIONAL COMMUNITY HEALTH STRATEGY 2017 - 2022**

*Integrating health services and engaging  
communities for the next generation*

- Existing programs emphasized on nutrition and WASH
  - Little to no intervention focused on food hygiene behavior change at household level
- Designed, implemented and assessed the effect of a food hygiene intervention on child caregivers' practices

# Improved health and behaviour through integration of food hygiene and WASH

November 2019



A participant in the Hygienic Family project

## Rationale

Diarrhoeal disease remains one of the leading causes of death and illness in children under five, with approximately 424,000 deaths worldwide annually (Walker et al., 2013; WHO, 2019). Malawi has a diarrhoeal disease prevalence of 22% in children under five (NSO, 2017), which is often associated with poor water, sanitation, and hygiene practices, and the contamination of the environment with faeces from poor practices in which children live and play (Pickering et al., 2019).

Interventions that aim to reduce child exposure to faeces (both human and animal) have traditionally focused on infrastructure, (e.g. toilets, drinking water and hand washing facilities) and handwashing with soap. However, there is growing evidence contaminated foods also have an important role to play (Woldt, 2015; Chidziwisano, et al., 2019a; 2019b), with 40% of the foodborne disease burden falling on children under the age of five (WHO, 2015).

However, there has been little integration of food hygiene in traditional WASH or nutrition programmes despite its important place in potentially reducing diarrhoea (Null et al., 2018; Gautam et

## POLICY BRIEF

### Key messages

- Children in rural Malawi live in environments heavily contaminated with pathogens that cause diarrhoea
- Food hygiene and animal stool management are neglected areas of hygiene in research and programming
- Improving food hygiene through behaviour change can significantly reduce diarrhoeal disease and should be integrated into programmes on water, sanitation and hygiene (WASH) and nutrition
- Building social capital and relationships through use of existing community structures is integral to achieving sustained behaviour change in WASH, food hygiene and nutrition interventions

### Written by:

Tracy Morse  
Kondwani Chidziwisano  
Marni Brennan  
Elizabeth Tilley  
Rossanie Malolo

# Research and policy briefs