Aim and objectives

Aim: To determine the relative effectiveness of food hygiene and water, sanitation and hygiene (WASH) interventions in preventing diarrhoeal disease in children under five in Chikwawa District, Southern Malawi.

Objectives:

- Identify potential sources and pathways for diarrhoeal disease in the sample population of children under five, as well as the number and type of pathogens present in complementary foods and WASH-related surfaces before and after the intervention;
- Identify key intervention points and behaviours and develop food hygiene and combined WASH and food hygiene community-based interventions to target these;
- Test the relative and absolute impact of these two interventions on the incidence of diarrhoea in children under five and on targeted behaviours pertaining to WASH and food hygiene.

Research Progress:

Phase 1

Phase 1 of the research protocol is currently underway and due to be completed in July 2017. During this phase, an integrated community-based model for improving food hygiene behaviours alone or in combination with WASH behaviours is being developed. The intervention design will be informed by formative data generated by observations, the RANAS model (Mosler, 2012) for behaviour change and identification of microbiological exposure routes. The formative data will identify key behavioural, cultural, socio-economic and environmental risk factors.

The formative research began in November 2016, following ethical and District approval and recruitment of the programme team in Malawi (field and laboratory). Subsequently, the field work began in February 2017:

- Recruitment of 1000 children under the age of 2 years (baseline)
- Observations and RANAS studies in 75 (formative) and 200 (baseline) households
- Microbiological sampling and testing (baseline) in 200 households
- Stakeholder analysis of study area and initial analysis of baseline data
- Government worker knowledge and competence evaluation
Phase 2

Once finalized, the data from the formative and baseline studies will inform the development of the research intervention for Phase 2. The team will be preparing the intervention details based on the findings of the formative research, and seeking ethical approval for the intervention phase planned to begin in September 2017. The intervention will run for 12 months (completed in August 2018) followed by an end point evaluation and preparation of results.

The results of this study will provide robust evidence to demonstrate the impact of these two, usually separate, methods of reducing diarrhoeal disease, and also identify the most probable pathways and causes. As such, the SHARE II Malawi team has been sensitizing and involving stakeholders on a local and national level since the inception of the research plan in a number of ways.

- Regular meetings and updates with stakeholders and organisations in Malawi.

More Information

- http://www.shareresearch.org/research-location/malawi