Conference Report

1st Malawi Health Promotion Conference - 2025

"Communicating Health: Changing Behaviours, Transforming Lives."

The Guest of Honour, Honourable Khumbize Kandodo Chiponda, M.P., arrives at the Nkopola Conference Centre to grace the 2025 National Health Promotion Conference

The Guest of Honour, Honourable Khumbize Kandodo Chiponda, M.P., giving official opening remarks

Preface

It is with great pleasure and pride that we present this collection of abstracts from the First National Conference on Health Promotion in Malawi, held at Sunbird Nkopola in Mangochi from May 28th to 29th, 2025. This inaugural event, guided by the theme "Communicating Health: Changing Behaviours, Transforming Lives," marks a pivotal moment in our nation's commitment to advancing public health through strategic communication and community engagement.

The field of health promotion is dynamic and multifaceted, serving as a cornerstone for building a healthier, more resilient Malawi. The abstracts contained within this book reflect this breadth and depth, showcasing innovative research and practical applications across a diverse range of topics. We received insightful submissions that span critical areas such as Demand Creation and Advocacy, Risk Communication and Community Engagement, and the vital intersection of health and environment explored in One Health & Health Promotion in Emergency.

This conference also provided a platform to explore forward-thinking approaches, including Indigenising Health Communication to ensure messages resonate deeply with local communities, and the latest Health Behaviour Change Communication Models & Approaches. Furthermore, we addressed the crucial need for sustained impact by examining how to formalize these efforts through Institutionalising Health Promotion in Industry and the development of robust Health Promotion Policies & Laws.

The contributions in this book represent the collective effort of researchers, practitioners, policymakers, and community leaders who are dedicated to improving the well-being of all Malawians. We believe that this compilation will serve as a valuable resource, inspiring new collaborations, guiding future research, and ultimately contributing to a healthier future for our nation.

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Editors' Notes

Welcome to the abstract book for the First National Conference on Health Promotion in Malawi. This volume represents a significant milestone, compiling the diverse and innovative work presented at our inaugural conference held from 28th to 29th May, 2025, at Sunbird Nkopola, Mangochi. A call for abstracts was published on 16th April 2025.

The abstracts are organised thematically to mirror the conference's key sessions, providing a structured journey through the latest research and practices in health promotion. We have grouped submissions under the following headings: Demand Creation and Advocacy, Risk Communication and Community Engagement, One Health & Health Promotion in Emergency, Indigenising Health Communication, Health Behaviour Change Communication Models & Approaches, Institutionalising Health Promotion in Industry, and Health Promotion Policies & Laws.

Each abstract has undergone a peer-review process to ensure clarity, relevance, and scientific rigour. The editors have made minor edits for consistency in formatting and style, but the content remains the original work of the authors. We have included the author's contact information to facilitate networking and future collaborations.

This book is intended as both a record of the conference and a living resource for anyone passionate about advancing health in Malawi. We hope it inspires further dialogue, research, and action.

Samson Mfuyeni,
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Ministry of Health – Health Promotion Division.

Murry Siyasiya
Research Manager
Malawi Institute of Journalism (MIJ)

Conference Organising Committee

The National Health Promotion Conference was organised by the Health Promotion Division of the Ministry of Health, the Malawi Institute of Journalism (MIJ), and the Malawi Environmental Health Association (MEHA), in collaboration with various health promotion partners in Malawi. The members of the organising committee for the conference were:

Name	Organisation/Affiliation	Role
Bertha Sato	National AIDS Commission	Main Organising Committee Chairperson
Dr Kondwani Mamba	MoH-Health Promotion Division	Resource Mobilisation Subcommittee Chairperson
Prof. Save Kumwenda	Malawi University of Business and Applied Sciences	Abstracts Subcommittee chairperson
Mathews Chinyama	MoH – Department of HIV, STIs and Viral Hepatitis	Protocol Subcommittee Chairperson
Fred Yiwombe	Centre for Development Communication	Publicity Subcommittee Chairperson
Samson Mfuyeni	MoH- Health Promotion Division	Main Organising Committee Secretary
Sanju Bhattarai	United Nations Children's Fund	Resource Mobilisation Subcommittee
Prof. Caroline Williamson Sinalo	University College Cork, Ireland	Resource Mobilisation Subcommittee
Murry Siyasiya	Malawi Institute of Journalism	Resource Mobilisation Subcommittee
Susan Wallani	Baylor College Children's Foundation	Resource Mobilisation Subcommittee
Maria Soko	WaterAid Malawi	Resource Mobilisation Subcommittee
Flora Makwakwa	Family Health Services	Resource Mobilisation Subcommittee
Young Samanyika	Amref Health Africa	Resource Mobilisation Subcommittee
Mario Mame	Family Health Services	Resource Mobilisation Subcommittee
Grevasio Chamatambe	International Organisation for Migration	Abstracts Subcommittee Member
Akuzike Moyo	Family Health Services	Abstracts Subcommittee Member
Lusizi Kambalambe	Malawi University of Business and Applied Sciences	Abstracts Subcommittee Member
Salome Kalua	MoH- Lilongwe District Health Office	Abstracts Subcommittee Member
Richard Mvula	MoH- Lilongwe District Health Office	Abstracts Subcommittee Member
Ass. Prof. Sarah Fischer	University of Puget Sound Tacoma, WA, USA	Abstracts Subcommittee Member
Peter Kamuloni	MoH - Zomba District Health Office	Protocol Subcommittee Member
Penjani Chunda	MoH - Zomba District Health Office	Protocol Subcommittee Member
Noel Khunga	MoH - Public Health Institute of Malawi	Protocol Subcommittee Member
Alvin Chidothi Phiri	MoH – Health Promotion Division	Publicity Subcommittee Member
Bwanalori Mwamlima	MoH – Health Promotion Division	Publicity Subcommittee Member
Shorai Nyambalo	United Nations Children's Fund	Publicity Subcommittee Member
Paul Mphepo	Malawi University of Business and Applied Sciences	Publicity Subcommittee Member
Noel Kasomekera	Partners in Health	Publicity Subcommittee Member

Panel Discussion

A panel discussion on "Health Promotion: Current Realities and Future Directions" took place, bringing together leading experts from various sectors. The panel featured distinguished professionals, including:

- **Professor Adamson Muula** - Head of Community and Environmental Health at Kamuzu University of Health Sciences,
- **Mrs. Chimwemwe Mablekisi** - Director of Programs at the National AIDS Commission,
- **Dr. Flemmings Ngwira** - Head of Language and Communication Department, Malawi University of Science and Applied Sciences, and
- **Dr. Kondwani Mamba** - Deputy Director for Community and Promotive Health — Ministry of Health. (The Profiles of all delegates are available in Appendix 1)

The discussion explored the current state of health promotion in Malawi, identifying key strengths, challenges, and strategic directions for future development.

- **Current Strengths in Health Promotion:** The panellists identified several key areas where Malawi's health promotion system is performing effectively.
- **Robust Strategic Frameworks:** The existence of comprehensive documents like the National Health Sector Strategic Plan (HSSP II) provides a strong foundation. This plan promotes a principle of "one plan, one budget, one M&E," ensuring a cohesive, integrated approach to planning, implementation, and evaluation across different health initiatives.
- **Effective Coordination:** The presence of a national and district-level technical working group facilitates robust coordination. These platforms serve as vital forums for experience-sharing and collaboration among health promotion experts in the country.
- **Strong Community Health System:** Malawi benefits from a well-established community health system, supported by Health Surveillance Assistants (HSAs) and volunteers who are instrumental in disseminating health messages at the grassroots level.
- **Sustained Political Will:** A demonstrated political commitment has been crucial for resource mobilisation, allowing health promotion programs to receive the necessary funding and support.

Identified Challenges and Opportunities

Despite the progress, the panel highlighted several critical challenges that need to be addressed to strengthen the health promotion system.

- **Policy and Legal Frameworks:** There is a need to update the existing health promotion policy to better address current realities and emerging health issues.
- **Human Resources and Capacity:** A shortage of skilled health promotion professionals was noted, stemming from limited specialised training programs and a lack of a full health promotion curriculum in higher education institutions. There is also a call to encourage multidisciplinary teams to enhance expertise.
- **Limited Research and Data Utilisation:** The discussion pointed to insufficient research and poor dissemination of findings, which hinders evidence-based decision-making. There is a need to establish a dedicated electronic data collection and management system and to conduct regular data quality audits to improve the use of data in health promotion.

- **Urbanisation and Climate Change:** The rapid pace of urbanisation and the significant impacts of climate change present new challenges that require the modification of existing health promotion strategies to remain relevant and effective.

Abstracts

Assessment of Design and Implementation Attributes of mHealth Interventions: A Systematic Review

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Introduction

The use of mobile phones to support health objectives—commonly referred to as mHealth—has significantly increased in Sub-Saharan Africa. This growth is driven by the assumption that mHealth interventions enhance both the reach and quality of healthcare services. These interventions typically utilise mobile phone features such as text messaging, voice messaging, and voice calls to promote health-related behaviours and service uptake. This systematic review examined the design and implementation strategies of mHealth interventions and assessed their effectiveness on health outcomes.

Methodology

This systematic review was conducted and reported following the Preferred Reporting Items for Systematic Reviews and Meta–Analyses (PRISMA) guidelines.
A comprehensive literature search of major databases and grey literature was conducted using the keywords *'mHealth'* and *'Africa'*. The search was limited to articles published between 2010 and 2020. Eligible studies were those evaluating the effectiveness of non-Internet-based mobile communication services.

Key Findings

Following the screening process, eleven studies were included in the review: ten randomised controlled trials and one pilot project evaluation. The review demonstrated that: i) mHealth interventions in Sub-Saharan Africa are generally effective, ii) Weekly SMS reminders for medication adherence, without additional motivational or health education content, are significantly more effective, iii) Tailored and personalised health promotion text messages yield better outcomes than generic ones, iv) Interactivity and automation in messaging do not significantly enhance intervention effectiveness, and v) The use of behaviour change theories does not consistently lead to improved outcomes.

Conclusion

This review highlights key design and implementation attributes critical to the success of mHealth interventions in Sub-Saharan Africa. Implementers should prioritise using simple weekly SMS reminders and tailored messaging, as they have been shown to be more effective. Health promoters can leverage these findings to enhance the reach and impact of healthcare services through mobile health (mHealth).

Biography of the Main Author

***Samson Mfuyeni** is a seasoned Health Promotion Expert with extensive experience in managing and implementing health promotion programs, conducting research, monitoring and evaluating public health projects, and teaching at institutions of higher learning. He holds a Master of Science degree in Health Promotion from Bangor University in the United Kingdom and a Bachelor of Science degree in Environmental Health from the University of Malawi.*

Talk About *Tsetse*: Enabling Public Engagement Through an Arts-Science Collaboration

Mwamlima B.[1*]., Adamson W.[5]., Chilinga G.[1,3]., Alufandika A.[4]., Pete L.[6]., Musaya J.[6]., Veitch K.[7]., Richardson A.[7]., Bialic H.[5]., Webber P.[5]., Jumah F. N.[1,2], MacLeod A[5]., and Veitch N[5].

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Introduction

"Talk about Tsetse" is a public engagement initiative on sleeping sickness (Human African Trypanosomiasis) combining parasitology and outdoor street theatre. The project is a collaboration between the University of Glasgow, Kamuzu University of Health Sciences, Surge, VOICES-Malawi, and Malawian health staff. It aimed to raise awareness of sleeping sickness, foster trust in science, and enhance dialogue between scientists and affected communities.

Program Intervention

The intervention featured a culturally adapted performance depicting the disease process through role-playing, complemented by dance troupes delivering key messages on sleeping sickness through songs. We incorporated supporting activities, such as sports and music, to attract diverse audiences. We further enhanced public engagement through radio talk shows with experts. Digital resources were created, including web pages, stop-motion videos, and documentaries.

Methods

We piloted the performance in Scotland in August 2022 and subsequently adapted and implemented it in rural Malawian communities in Nkhotakota and Rumphi Districts through three tours (2022-2024) with 12 performances. The performances featured theatre professionals, community members, scientists, and local health practitioners who utilised local knowledge to contextualise the performance. We assessed participant reactions and learning outcomes through observations, questionnaires, and interviews, and analysed the data using content analysis and descriptive statistics.

Key Findings

Among 192 surveyed Malawian participants, 96% were willing to engage with scientists, 94% enjoyed the events, and 91% wanted to learn more. Scottish pilot results mirrored this success, where 89% reported engagement, 91% enjoyment, and 70% interest. Project team members, including community survivors, highlighted community empowerment and improved outreach practices. Challenges included overwhelming t-shirt demand, sometimes causing disputes. Despite this, the project reached over 1,000 people daily, aided by mobile cinemas and translated digital resources.

Program Implications and Lessons

"Talk about Tsetse" demonstrates the effectiveness of culturally resonant, co-created street theatre in fostering trust in science for neglected tropical diseases like sleeping sickness. There is a need for better crowd management and resource allocation to maintain focus on objectives. The project left a legacy of trained personnel and reusable resources. The model is adaptable for other diseases. Sustainable funding and logistical planning are vital for future scale-up and impact.

Biography of the Main Author

Bwanalori Mwamlima *is a health promotion practitioner in Malawi's Ministry of Health. He has over 20 years of experience in designing, implementing, and evaluating health promotion interventions. He possesses a Master of Arts in Health and Behaviour Change Communication, an MBA with minor specialisation in Marketing, and a BSc in Environmental Health. He currently serves as a Principal Health Promotion Officer in the Health Promotion Division of Malawi's Ministry of Health, where he is the technical lead for public health communications and advisories.*

Lost in Translation: Local Implementation of a Global Program

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Introduction

Malawi is a malaria-endemic country, where the burden is high and children make up the bulk of both cases and mortality from the disease. To address this problem, in 2019, the WHO, in partnership with GSK (vaccine developer) and PATH (NGO partner), launched the Malaria Vaccine Implementation Program (MVIP) to test the RTS,S malaria vaccine in three countries, including Malawi. The MVIP aimed to provide immunisation to children under 2 years of age to curb this burden and prevent severe cases and deaths. While the MVIP had strong uptake, there was still an implementation gap between the desired outcome (100% uptake) and reality (~93%), which translates to thousands of unvaccinated children. This study investigated the implementation problems of the on-the-ground rollout of the MVIP in Malawi and examined how the relationships of global health actors across the aid chain–from the WHO to community health workers (CHWs)–shaped the outcomes of this global initiative. The main question of this study is, what contributed to the implementation gap within the MVIP in Malawi? Alongside this main question, I examined how the ideal of standardisation in global health has shaped the vaccine rollout in ways contrary to the type of local efforts necessary to ensure maximum uptake of the vaccine. I also sought to understand how the relationships between actors across this implementation impacted uptake.

Methods

This paper came out of a larger study on the Malawian community health system, during which I conducted 16 months of ethnographic fieldwork between 2019–2021, including over 130 interviews, >100 instances of observation, and extensive document review in Malawi (Lilongwe and Mangochi districts). Out of these data, for this project I conducted qualitative thematic analysis on the official responses of vaccine partners, government officials, and CHW vaccinators to understand where program governance broke down. I then triangulated these interview data with observations in the field at vaccination sites, as well as official documents (e.g., training manuals) to understand how the program was governed, both formally and informally. These methods allowed me to discuss the MVIP with policymakers, while also observing how the rollout of the MVIP was going on the ground, including how CHWs and patients interacted around the vaccine, and the program's communication strategies.

Key Findings

The MVIP in Malawi was largely successful, with strong uptake overall from communities. However, as with any program, there is always an implementation gap, and even a small percentage of missed uptake represents a large number of children who go unvaccinated for a potentially severe or fatal disease. I found that implementation problems occurred in large part due to the minimisation of social context from program logics. As has been standard in global health historically, the MVIP was an international program that was disseminated within countries, which automatically created its own set of issues regarding ownership over program goals and materials. In the case of the MVIP, global and national-level actors described that they chose to standardise the implementation plan, including social mobilisation and health promotion efforts, and such standardisation was seen as both important and necessary to ensure equitable uptake. However, while CHWs were expected to use their strong existing relationships with communities to improve MVIP uptake, it was clear from observation of trainings and implementation that they were hamstrung by the narrowness of this standardised mandate and training

protocol. CHWs required greater flexibility to take social norms into account in order to leverage community relationships to increase uptake. Thus, by demonstrating how the MVIP was envisioned and then how this translated on the ground as implementation, we can starkly see where communications broke down and where CHWs were constrained by the dictates of the global program.

Knowledge Contribution

This study demonstrates how the lack of consideration of social context during the framing of health communications and messaging contributed to the gap in uptake in the early stages of the malaria vaccine rollout. This will certainly not be the last important global health program to be rolled out in Malawi, and as such, there are important lessons to take away when conceiving of future implementation plans. While some standardisation is certainly necessary, trainings at community level should account for the particular issues likely to be faced within communities. This means that such issues must be considered from the start of program planning and incorporated into training of trainers and then the dissemination of the implementation plan. Whether CHWs or community leaders, ground-level implementers must feel empowered to respond to questions or discuss the program in a way that resonates with community members so that uptake is improved. In sum, only when local social context is considered can programs become more successful.

Leveraging Facebook for Preventive Health Communication: A Comparative Analysis of Malawi and South Africa

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Introduction

Social media platforms, such as Facebook, have become vital instruments for health communication, providing extensive reach, interactive and engagement opportunities. This research examined the use of Facebook for preventive health communication in Malawi and South Africa, emphasising best practices and identifying content deficiencies around various topics on health.

Methods

The methodology involved a comparative content analysis of posts from the Facebook pages of Malawi's Ministry of Health and South Africa's Department of Health during the first quarter, covering January to April 2025.

Key Findings

Results indicate that both Malawi's Ministry of Health and South Africa's Department of Health are successfully utilising Facebook to connect with users in their respective countries. However, the findings also reveal a low level of engagement, with over 90 per cent of posts receiving less than 100 likes. In terms of preventive health content, South Africa produced 47 per cent of such posts, compared to Malawi's 20 per cent. The effective use of targeted preventive messages during commemorative health months, weeks, and days significantly contributed to South Africa's higher volume of preventive health content. In contrast, Malawi primarily shares press releases and pictorial narratives of events related to these commemorative periods. Additionally, South Africa has enhanced the quality of its Department of Health Facebook page by incorporating video and live-streaming of events. The study recommends that both Malawi and South Africa should actively engage Facebook users by posing interactive questions and responding to audience enquiries in the comments section in real time. The research additionally suggests leveraging the Malawi Facebook page with collaborative health campaign posters by Non-Governmental Organisations and the Ministry of Health.

Conclusion

The study concludes that Facebook is effective if strategically managed and holds significant potential for health promotion, which influences positive behaviour change. Its success is contingent upon effective engagement strategies and the relevance of the content, coupled with improvements in digital literacy. Employing persuasive techniques, including storytelling and visual elements, could improve preventive health communication using Facebook.

Biography of the Main Author

Paul Kingstone Mphepo *serves as a Lecturer in Communication, focusing specifically on health and development communications, marketing communications, and the creation of communication materials at the Malawi University of Business and Applied Sciences (MUBAS). His research interests center on new media, social and behaviour change, communication, and community media within the context of the digital age. Paul is recognised as an expert in social and behaviour change communication,*

possessing skills in formative research, barrier analysis, campaign strategy formulation, message development, and outreach communications. Throughout the past 13 years, Paul has engaged in numerous media, communications, and marketing initiatives and campaigns, which include research, strategy formulation, content and message development, branding and graphic design, multimedia production, digital storytelling, documentation, and the training of communications and media professionals.

Determinants of COVID-19 Vaccine Confidence and Uptake in Mulanje: A Descriptive Barrier Analysis

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Introduction
COVID-19 vaccination faced resistance in both rural and urban settings in Malawi. One particular district that had a low Covid-19 vaccination uptake was Mulanje. Despite the rigorous efforts on demand creation for the vaccine, Mulanje Uptake was as low as 11% of its target population and at number 4 among the least districts in Malawi. The Centre for Development Communication (CDC) and Mulanje District Health Office conducted a study to identify and understand barriers to the uptake of the COVID-19 vaccine in Mulanje district.

Methods
The study utilised a qualitative methodology, gathering data from 10 Area Development Committees (ADCs). Employing convenience sampling, data were collected using 10 Focus Group Discussions (FGDs) and 20 in-depth interviews.

Key Findings
The barrier analysis revealed a prevalent low risk perception regarding COVID-19, which adversely impacted vaccine confidence and uptake. Several factors contributed to the low uptake of the Covid-19 vaccine, including myths and misconceptions related to infertility, religious beliefs, political scepticism of viewing the vaccine as a governmental tool for ulterior motives, and the belief that the vaccine was a means to control the population. The study findings informed the development of the COVID-19 vaccine demand creation campaign, coupled with messages for COVID-19 Risk Communication and Community Engagement (RCCE) to enhance adherence to preventive measures.

Conclusion
The Social and Behaviour Change (SBC) interventions adopted a localised strategy, employing community-centric initiatives that addressed the barriers, alleviated fears, and dispelled myths and misconceptions, resulting in a remarkable increase in Covid-19 vaccine uptake in Mulanje district. The two main results of the project were to reach out to over 75,000 people with COVID-19 prevention messages and vaccinate 15,000 people. The project achieved a total reach of 700,553 and fully vaccinated 19,768 people.

Knowledge, Attitudes and Practices (KAP) Survey on Sexual and Reproductive Health Rights, HIV, And Cholera Among Fisherfolk In Mangochi, Salima, and Nkhata Bay, Malawi

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Introduction

Malawi faces seasonal cholera outbreaks, often linked to contaminated water and poor sanitation. During 2022-2023, outbreaks affected lakeshore districts, with overcrowded beaches and cross-border movement facilitating spread. Fisherfolk's reliance on untreated water and open defecation heightens risks. In 2023, Malawi's HIV prevalence was 8.6% nationally, but among fisherfolk, it can reach 17%. High mobility, transactional sex, and limited access to SRHR services increase their vulnerability. Many engage in unprotected sex, early pregnancies and face stigma. This survey explored the knowledge, attitudes, and practices regarding SRHR, HIV, and cholera among fisherfolk communities along Malawi's lakeshore in Mangochi, Salima, and Nkhata Bay. It aims to identify gaps and inform tailored interventions to reduce disease risks.

Methods

A mixed-methods approach combined quantitative surveys and qualitative Focus Group Discussions/Key Informant interviews to gather comprehensive insights. Data was collected via Kobo Collect, validated in real-time, and analysed with SPSS and thematic methods. Research was conducted at beaches in Mangochi (Cape Maclear, Makawa, Chiphole), Salima (Chilambula, Ngodzi, Chikombe), and Nkhata Bay (Tukombo, Msumba, Katoto). Sites were chosen based on disease outbreaks, mobility, and population density. Population & sampling were conducted through **s**tratified random sampling of fishermen, traders, sex workers, processors, and transporters. Sample sizes ranged from 70-90 per beach based on population estimates. The total respondents were864.

Key Findings

From the survey, it was noted that 39% were migrants, indicating high mobility, which increases disease risks. In terms of knowledge levels and awareness on HIV, SRHR and Cholera, it was observed that Knowledge of HIV transmission is widespread, but stigma and reluctance to test remain. There were high awareness levels but persistent risky behaviours like unprotected sex, open defecation, and reliance on traditional medicine. Nearly all respondents know that cholera spreads via contaminated water and poor sanitation, but misconceptions and limited access to chlorine persist. The preferred communication channels of respondents to get information are face-to-face with health workers and the radio.

Conclusion

This KAP study assessed knowledge, attitudes, and practices on SRHR, HIV, and cholera among fisherfolk communities at beaches in Mangochi, Salima, and Nkhata Bay. Despite high awareness of HIV (97.9%) and cholera (98.8%) among respondents, cultural practices, misconceptions, and barriers limit effective prevention and service access. The findings point to the need for tailored community engagement, improved sanitation, consistent water treatment, and accessible health services.

Harnessing the use of a Human-Centred Design Community Lab Model and data in HIV Demand Creation for HIV prevention: A Case of The Blantyre Prevention Strategy

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Introduction

Blantyre District is one of the districts that has been highly burdened by the HIV pandemic. The statistics from 2015-2016 indicated an HIV prevalence of 17.7% (MPHIA 2025-16). As a positive response to this threat, the Blantyre Prevention Strategy (BPS) was launched in May 2020. The aim was to establish a district-based system for targeting, demand creation, service delivery, and structural risk reduction to enhance deployment and uptake of HIV prevention interventions.

Program Intervention

The BPS was implemented through four workstreams: targeting, demand creation, service delivery, and structural risk reduction, which supported the Blantyre District and City Councils to unlock key capabilities to enhance the HIV response. The BPS improved access and use of data by leveraging a BPS-supported data pipeline that pulls together existing and new data sources into user-friendly dashboards in the Prevention Adaptive Learning and Management System (PALMS), which supports data-driven decision making in the district. Under the same use, the project uses active and passive surveillance for HIV through a pilot application of the Integrated Disease Surveillance and Response (IDSR) approach to HIV.

The demand creation workstream utilises a grassroots Human-Centred Design Community Lab (HCD-driven CL) model that brings together diverse stakeholders to build a more empathetic understanding of the community. The model is deployed to understand quantitative data from data reviews or explore an emerging trend. The project uses data and community insights to improve the targeting, framing, and timing of health promotion activities across the district and in specific communities. Additionally, the project uses quality improvement (QI) methodologies and tools to improve HIV prevention service delivery-based data and community insights. Under the structural risk reduction, Ward Councillors engage diverse stakeholders in their ward communities to address risks, structural barriers to service access, and resource gaps.

Methods

The BPS organised an HIV prevention cascade to institutionalise HIV prevention as a cohesive, effective, and sustainable district-led response. It employed a multifaceted approach, combining systematic community engagement, learning, and response. The project worked closely with local communities, healthcare providers, and stakeholders to enhance community awareness and knowledge of HIV prevention services, strengthen healthcare systems, service delivery and promote uptake of HIV testing, prevention, and treatment services.

Under the demand creation workstream, health workers collect insights and solicit client preferences and community feedback that informs quality improvement initiatives for HIV service delivery, such as

adapting PrEP delivery models and HIV testing models. The activities are implemented in various health facilities. The PALMS data source is used to come up with lab challenges and implementation data data-driven health communications campaigns.

Key Findings

BPS results indicate significant reductions in HIV incidence in Blantyre, with notable improvements in community engagement, healthcare service uptake, and retention in care. The use of the HCD-driven CL model has informed better health promotion programming, client-centred care, and feedback loops between communities, the councils, health offices and facilities, evidenced by a notable increase in services. For instance, PrEP uptake increased from 1,709 clients in 2021 to 6,443 in 2024.

Overall, the HIV prevention cascade BPS has used, in which demand creation played a vital role, has greatly contributed to the reduction in HIV prevalence to around 12% in Blantyre (UNAIDS 2023 estimates). Another indicator HIV positivity rate for Blantyre which has dropped from 5.54% in 2021 to 2.17% in 2024 (PALMS). The BPS project has demonstrated the effectiveness of a systematic community engagement, learning, and response approach in enhancing HIV prevention. It has also created a decentralized model for subnational HIV prevention systems by strengthening local leadership to utilize data-driven decision making for improved coordination and service delivery

Program Implications

The BPS has closed gaps in Malawi's HIV prevention efforts by building technical capabilities and systems capacities for data use, surveillance, quality improvement, demand generation, communication, community and corporate engagement; functions that are enabling effective and efficient use of resources for a sustainable HIV prevention response and supporting introduction of injectable PrEP. The HCD-driven CL model demonstrates promise in demand creation and service delivery for HIV prevention. The model offers a valuable approach to addressing HIV prevention challenges, it also provides examples of how a capacitated sub-national public health system can facilitate better-informed prevention programming to improve access and uptake of services. Its replication in other districts could enhance HIV prevention efforts, supporting Malawi's progress toward global targets.

Conclusion

Equipping local public health systems with the capacities to use data to target and deliver HIV prevention and treatment services, generate demand for those services, collect community and client insights to improve client-centered services, and support those who are using services to sustain utilization during the time of risk, could be a game changer in helping meet the global goal of ending HIV/AIDS as a public health threat by 2030.

Biography of the Main Author

Chrissy Chabwera Banda *is a Social Behaviour Change Specialist working at Blantyre District Heath Office as Senior Health Promotion Officer. She obtained a Master's Degree in Health and Behaviour Change Communication and has a Bachelor's Degree in Environmental Health both obtained from the University of Malawi in 2022 and 2008 respectively. She was one of the speakers at the BPS satellite in Munich-Germany during the 2024 International AIDS Conference which showcased a satellite on "Enabling Effective HIV Prevention Through Capacitated District-based HIV Prevention Systems". She is also an HIV Vaccine Advocacy Fellow after attending the 2024 academy in Namibia.*

Socio-communication barriers to early antenatal care initiation in Blantyre peri-urban areas in Malawi

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Introduction

Despite various government of Malawi efforts to promote Antenatal Care Services (ANC) delivery and utilisation in Malawi, uptake of the service remains low, with Blantyre District peri-urban areas registering an uptake of 12% (DHIS2, 2017) against the target of 60%. This paper examines socio-communication barriers hindering early initiation of ANC services in the Blantyre peri-urban.

Methods

The study used the combined-methods approach with a bias towards the qualitative design. Data was collected through face-to-face in-depth interviews with non-pregnant mothers of children of one year or less and through self-administered semi-structured questionnaires and key informant interviews. The study was conducted in three health centres of Blantyre: Bangwe, Ndirande and Chileka, selected through convenience sampling. The standard normal deviation (Z) was set at 1.645, corresponding to a 90% confidence interval. Levels of significance were determined at 10% ($p \leq 0.1$). The total sum of the study population of women with one-year-old children in the three selected facilities was 18,284. The study sample was selected using purposive sampling, and a sample size of 99 women was calculated using Michael Slovin's formula (Slovin, 1960), with 9 of the selected women withdrawing from the study. Additionally, 12 key informants were selected; six health workers, three health volunteers and three local leaders. Thematic analysis was used for qualitative data, while descriptive statistics was applied to quantitative data analysis.

Key Findings

Several social communication barriers, ranging from limited access to messages, time constraints, missing target audience, and an unfriendly attitude in health facilities, impede early ANC. The study further reveals that morning sessions for health education coincided with critical household chores, including long distances. Focusing ANC messages at the maternal health clinic leaves out patients who seek assistance, this was in line with 78% of the women who preferred targeting community structures.

Conclusion

There is a need for concerted efforts to increase accessibility of ANC services, ensuring information is accessible in communities targeting all women of child bearing age and expanding access of health talk sessions in other departments including in communities would bring positive results to ANC attendance as recommended by WHO which will in turn reduce pregnancy related complications that are identified in time.

Championing Demand Creation for Adolescents and Youth Access to Contraception Services in Neno and Ntcheu: A Case of N'zatonse V Project

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Introduction

FPAM is implementing 2024-2026 N'zatonse V, a consortium project in Neno and Ntcheu targeting adolescents and youth aged 10-24. It uses Interpersonal Communication (IPC), Community Mobilisation (CM) and Media (social media) approaches to create demand and has reached over 70% of youth with Family Planning (FP) and other Sexual Reproductive Health (SRH) services in the districts. Success is tagged by tracking key FP messages disseminated to the target audiences that identify messages that generate impact and resonate with counselling and health education models like Greet, Ask, Tell, Help, Explain and Return (GATHER) and FP counselling matrix. The demand creation approaches accommodated the execution of the Social Ecological Model, Transtheoretical Model, Social Cognitive Learning Theory, Health Belief Theory, and Diffusion of Innovation Model SBCC/Demand Creation Strategies. The project's demand creation interventions are monitored by checking the number of referrals enhanced through demand creation cadres, the number of people reached with FP messages using different communication channels, and the number of people exposed to FP messages every two years.

Methods

The data was sourced from the project's Quarterly report (January-March) 2025, with a population of 75,000 youth and an 18,750 sample size. The case study analysis was evaluated using Participatory Evaluation, Content and Cost-Benefit analyses to verify effective demand creation approaches targeting youth. FPAM SBCC Lead and Community Reproductive Health Promoters (CRHPs) directly worked with trained mobilisers, District Council staff, and Services Providers (SPs) to implement N'zatonse V demand creation activities.

Key Findings

Demand creation interventions (IPC sessions, Open Days and social media) in total reached 39,040 from the 18,750 quarterly target, representing a 208% achievement. IPC contributed a 23,178 reach, social media (FB and WAP) 14,074 and open days had 1,786. A total of 8,832 or 75% of youth were reached with contraception services. And 3,297 youths of the targeted 3,000 were referred to access SRH services. The total cost of financing IPC supervision and conducting Open days was MK12,660,670.00

Conclusions

Insights and challenges reported to support and inhibit youth access to contraception services relate to distance to clinics, availability of FP information and methods, religious and cultural beliefs, district coordination, and myths and misconceptions.

Biography of the Author

Andrew Bishop Mkandawire *is a health (SRHR and HIV Prevention) and education (Media Training) promoter who engages Integrated Marketing Communication, Communication and Advocacy, Digital Marketing, Social Marketing, Communication Research, and Behaviour Change Communication programs to create public awareness and demand for social services in Malawi targeting youth, men and women well-being in urban, peri-urban, and hard to reach areas in Malawi.*

Impact of Using Community Health Clubs (CHCS) in Health Messaging in Water, Sanitation, and Hygiene (WASH). The Case of Mchinji District - Malawi.

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Introduction

Despite the global effort to control problems related to water, sanitation, and hygiene (WASH), challenges still persist. This has prompted an appraisal of the community-based behaviour change (CBC) approaches to improve WASH and health outcomes. Using a mixed-methods design, we assessed changes in WASH knowledge and practices, and the occurrence of diarrhoea cases among the community members in Mchinji District, Malawi, in July 2023.

Methods

Our study included a survey of 384 respondents, males and females, aged 18 and above, and recruited from both CBC and non-CBC villages. The study also employed focus group discussions (FGDs) composed of participants from the Radio Listening Clubs (RLCs), Theatre Groups (TGs) and Community Health Action Clubs (CHAGs), and key informant interviews (KIIs). Descriptive and thematic analyses were applied to analyse the data. Secondary data provided the study baseline, which was used to evaluate the results.

Key Findings

Results showed higher improvements in WASH-related knowledge and behaviours in CBC villages as compared to non-CBCs, including improved access to safe water sources (99.5% vs 95%), increased latrine use (83.9% vs 71.1%), and handwashing with soap (29.7% vs 21.4%). Fewer diarrhoea cases (12.5% vs 23.7%), which presented a reduction of diarrhoea cases in the CBC intervention villages (8.3% vs 3.7%) from baseline to spread years of CBC interventions (2023). However, the challenges in WASH promotion were noted on water safety management practices at the household level, citing the unavailability of water safety management supplies such as chlorine, the lack of aesthetic appeals of the treated water, and the motivation to sustain the achievements. Community health workers and local leaders provided crucial support to these community health clubs.

Conclusion

Our findings suggest that the CBC approaches can be effective in improving WASH outcomes in rural settings, highlighting the importance of strategic behaviour change tactics, including community engagement, participation, motivation, and good support in promoting sustainable behaviour change in WASH.

Biography of the Main Author

Frank Kaphaso *is a seasoned Public Health Professional with 20 years of experience in public health. He has worked in various roles, including Health Promotion Officer, Environmental Health Officer, WASH Coordinator, Food Safety and Hygiene Officer in districts such as Balaka, Mchinji, Mzimba and Ntchisi. Frank excels in team efforts and strategic thinking, with a reputation for integrity and collaboration with government and NGOs. Frank led district-wide awareness campaigns, coordinated*

RCCE activities, and researched community health issues. His effort in these districts earned him recognition in the MoH, including being a key contributor to national health promotion strategies.

The BCD Approach for Hygiene Promotion in The Rural Malawi: A Case Study of Ntchisi District - Malawi.

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Introduction

This paper reports on the effectiveness of a human behaviour-centred design (BCD) approach in improving hygiene practices in six health facilities of Ntchisi District Health Office (DHO) supported by WaterAid Malawi, to inform policymakers and practitioners in developing the targeted hygiene interventions through hygiene behavioural insights.

Methods

This evaluation used a case study design, an in-depth examination of the intervention's effectiveness in promoting hand washing with soap at all critical times, Infection Prevention and Control (IPC) and waste management practices. This valuation used multiple data sources, including the program's valuation report of 2023, 2 FGDs, 6 KIIs, and formative research, comparing the pre- and post-intervention outcomes within the same target BCD health facilities in Ntchisi District.

Key Findings

The review shows substantial improvements in hygiene practices among target health facilities, including a notable increase in health workers' handwashing with soap at all critical times (11.8% to 30%), IPC practice overall (60% to 92%), and proper management of hospital waste at the target facilities (50% to 100%).

Conclusion

Our findings demonstrate the potential of the BCD approach in designing effective WASH interventions that promote sustainable behaviour change. The study's results have implications for policymakers, practitioners, and researchers seeking to improve WASH outcomes in similar settings and beyond. The intervention's scalability and sustainability are promising, given its community-led design and locally sourced materials. This study contributes to the growing evidence base on BCD's effectiveness in WASH programming and highlights the importance of understanding local contexts and behaviours in developing successful interventions. The BCD approach can be a valuable tool for improving WASH outcomes in low-resource settings, but its effectiveness should be further explored in future studies. By adopting the BCD approach, policymakers and practitioners can develop targeted interventions that address specific behavioural barriers and motivators.

One Village, One Meeting Strategy: A Community-Based Approach to Covid-19 Vaccine Demand Generation

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Introduction

The COVID-19 pandemic highlighted the need for effective demand creation strategies to increase vaccine uptake. In response, the "One Village, One Meeting Strategy" (OVOMS) was developed to generate demand and provide COVID-19 vaccines in a community-based approach. Machinga registered over 1025 cases of COVID-19 and 43 deaths as of June 2024.

Methods

This strategy involved traditional leaders mobilising their communities for meetings, supported by health surveillance assistants and vaccination teams. The meetings provided a platform for community members to address concerns, questions, and fears, while health professionals corrected misconceptions and misinformation. This approach was measured by comparing data of meeting attendees versus vaccinations conducted on the day of the meeting. This way, conclusions were made regarding the effectiveness of the demand creation model.

Key Findings

The OVOMS proved highly effective, with 500 meetings conducted in a single day, vaccinating over 20,000 people. In some instances, 100% coverage of attendees was achieved. Machinga district, where the strategy was implemented, became the highest vaccinating district nationwide, achieving a 90% vaccination rate. This was against previous traditional demand creation interventions, which yielded not more than 2000 vaccinations, and Machinga was the least vaccinated district. By June 2024, over 75% of the total targeted population had been vaccinated.

Conclusion

The OVOMS approach has significant implications for public health policy and practice. By engaging traditional leaders and community members in the demand creation process, health programs can build trust, address misconceptions, and increase uptake of health services. The strategy's success in Machinga district suggests that it could be replicated in other settings, potentially leading to improved health outcomes. The key takeaway from this initiative is that effective demand creation requires a community-based approach that addresses the concerns and fears of community members. By providing a platform for community engagement and correcting misconceptions, health programs can increase uptake of health services and achieve better health outcomes. As the world continues to grapple with public health challenges, the OVOMS approach offers a valuable lesson in the importance of community engagement and participatory approaches to demand creation.

Biography of the Author

Wongani Nyirenda *is a motivated, dedicated and vastly experienced Social Behaviour Change expert working with Machinga District Council. He has over 12 years of practical experience in planning, implementing, coordinating and monitoring health promotion activities at both national and district levels. His experiences spread beyond government services as he has worked with an international organisation for two years before joining the government. Wongani has been all over Malawi facilitating*

master and TOT trainings for both government and nongovernmental organisations in various health promotion techniques and approaches since 2012. Wongani strives to see a community that adopts and maintains desirable health lifestyles.

Impact of SBCC messages during Post-ODF attainment in Traditional Authorities, Lundu and Makata, Blantyre district, Malawi

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Introduction

Community-led total Sanitation (CLTS) promotes behaviour change through facilitators aiding communities. CLTS aims to end open defecation (OD) via behaviour change messages (Kar et al., 2006), using shame, fear, and disgust. Communities assess health risks to boost self-efficacy (Burke, 1950; Denison, 2004). This study analysed SBCC messages during triggering and their impact on behaviour post-ODF in Lundu and Makata, Blantyre. Open defecation is the second leading cause of diseases after malaria (Saleem et al., 2019). Although 337 million people stopped OD between 2000-2015, eliminating it by 2030 is unlikely (UNICEF, 2016). Rural sanitation requires hygiene behaviour change (Galan et al., 2013; UNICEF, 2017). The findings will help Blantyre stakeholders maintain ODF communities.

Methods

The research used a qualitative method using cross-sectional, multi-stage systematic sampling with 64 participants, 32 in each TA. Data were analysed using thematic analysis. Data collection involved focus group discussions, observational checklists, and questionnaire interviews. Only triggering process participants were selected.

Key Findings

Analysis showed that effective communication was a prominent theme, leading to positive attitudes through local communication in the native language. Fear ranked fourth out of eight themes as a behaviour change factor and cannot be the main trigger for change. Changes were influenced by messages aligned with local customs, utilising local leaders as drivers through door-to-door interactions. Traditional songs, drama, and dances were employed. Radio, mobile phones, and megaphones were preferred. Key messages included disease prevention, the usage of sanitary structures, and maintaining environmental sanitation.

Conclusions

SBCC messages during CLTS triggering are limited after the ODF status. Message delivery should mix traditional, mid-media, person-to-person interactions, aligned to cultural elements, with local leaders as change agents from the start. The impact of ODF messages isn't universal after the ODF status. It takes collective societal behaviour to ensure OD is sustained.

Biography of the Main Author

Penjani Chunda *is a highly motivated and dedicated Chief Preventive Health Officer and Health and Behaviour Change Communication Specialist, with a comprehensive background in environmental health, health and behaviour change communication, community health, disaster risk management, epidemiology, and the prevention and control of both communicable and non-communicable diseases. Committed to developing solutions for health challenges and formulating strategies to address diverse public health issues. Dedicated to improving public health outcomes through rigorous research, analysis, and the implementation of evidence-based strategies.*

Design and impact of emotional motivators to promote hand washing with soap among mothers: Pilot of Mum's magic hands in Nguenyyiel Refugee Camp, Ethiopia

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Introduction

Currently, there is limited documented evidence on the design and impact of emotional motivators for promoting handwashing with soap (HWWS), particularly in humanitarian settings. This project assessed the effectiveness of outreach materials developed around the emotional themes of 'nurture' and 'affiliation'. The materials were contextualised by Oxfam for use in low-literacy African settings and tested in the Nguenyyiel refugee camp in Ethiopia.

Methods

The evaluation focused on four key aspects: cultural acceptability, comprehension, persuasiveness, and credibility of the materials. These themes were explored through focus group discussions with mothers, men, and caregivers of children under five, as well as key informant interviews with local leaders and public health workers.

Key Findings

Participants recommended improvements in some areas such as differentiating the colour of food and soap, and changing the shape of the latrine to avoid confusion. One key recommendation was to enhance the clarity of images, ensuring they are easily understood by individuals regardless of their education level. Despite this, the materials were widely regarded as culturally appropriate, effectively reflecting real-life experiences in African refugee camps. Importantly, the materials were found to be persuasive and effective in prompting HWWS practices, particularly in encouraging caregivers to wash hands with their children.

Conclusion

The study concludes that, with context-specific adaptation and refinement, such emotionally-driven outreach tools hold strong potential to promote sustained HWWS behaviour in humanitarian contexts.

Biography of the Main Author

Yamikani Yafeti *is an academic and researcher with over eight years of experience in teaching and research at institutions of higher learning, including Lake Malawi Anglican University (LAMAU), Lilongwe University of Agriculture and Natural Resources (LUANAR), University of Livingstonia (UNILA), and the University of Lilongwe. He holds a Master of Science degree in Water and Sanitation for Development from Cranfield University in the United Kingdom and a Bachelor of Science degree in Water Resources Management and Development from Mzuzu University in Malawi.*

Breaking Bad News: Patients' Satisfaction and Emotional Distress in Cancer Care

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Introduction

Delivering bad news to patients that they have been diagnosed with cancer presents a significant emotional and professional challenge for healthcare providers and can deeply impact patients' psychological well-being. Effective communication during such moments is critical in mitigating emotional distress and ensuring patient-centred care. The study aimed to evaluate patients' satisfaction with the interpersonal and communication aspects of bad news delivery and examine how this satisfaction influences emotional distress.

Methods

A quantitative cross-sectional study was conducted in April 2024, involving 126 cancer patients who had been diagnosed within the previous six months and were receiving care at Queen Elizabeth Central Hospital (QECH) and Kamuzu Central Hospital (KCH). Patient satisfaction was assessed using a self-developed questionnaire, while emotional distress was measured using the Depression Anxiety and Stress Scales (DASS-21). Data were analysed using IBM® SPSS® Statistics version 22.

Key Findings

Using a one-sample t-test, participants reported satisfaction with providers' friendliness ($M=3.25$; $SD=1.17$, $p < 0.05$) and the quality of the physical environment where discussions occurred ($M=3.52$; $SD=1.15$, $p < 0.001$). However, they expressed dissatisfaction regarding delays in diagnosis ($M=2.49$; $SD=1.40$, $p < 0.001$) and the completeness of information shared ($M=2.71$; $SD=1.23$, $p < 0.05$). Satisfaction with communication and interpersonal care was significantly associated with reduced emotional distress, particularly lower stress and anxiety levels ($p<0.05$). Patients who felt more supported and well-informed experienced better emotional outcomes.

Conclusions

This study highlights the critical role of effective interpersonal communication in reducing psychological distress among cancer patients receiving bad news. It underscores the need for structured communication training for healthcare providers to enhance the delivery of difficult diagnoses and foster emotional resilience in patients. The findings contribute to a growing body of evidence advocating for compassionate, timely, and clear communication in oncology care settings.

Biography of the Main Author

Flemmings Fishani Ngwira *is a Senior Lecturer in the Language and Communication Department at the Malawi University of Business and Applied Sciences (MUBAS). He holds a PhD in Applied Psychology (Health Communication) and is deeply passionate about communication research. He has authored and co-authored book chapters, peer-reviewed journal articles, and conference papers in areas such as Health and Behaviour Change Communication and Public Health Communication. His research in Health Promotion and Risk Communication and Community Engagement (RCCE) focuses on empowering communities through effective and context-sensitive messaging.*

Communication Matters: Investigating the Tension Between Healthcare Workers and Community Members During Infectious Disease Outbreaks in Malawi

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Introduction

In Malawi, healthcare workers often face unique ethical and practical challenges when managing patients and deceased individuals during infectious disease outbreaks. These situations are frequently marked by ethical tensions and open conflicts between healthcare workers and community members, particularly during pandemics like COVID-19 and cholera. The study aimed to explore the root causes of tensions and violence between healthcare workers and community members during infectious disease outbreaks, focusing on the ethical, communicative, and cultural dynamics involved.

Methods

A qualitative research design was employed, using in-depth interviews with 21 community members and 14 healthcare professionals who were directly involved in patient care and body management during the COVID-19 and cholera outbreaks. Participants were selected from clinics where such tensions had previously occurred. Thematic analysis was conducted to identify recurring patterns and concerns raised by both groups.

Key Findings

Four main themes emerged as drivers of healthcare-related conflict: ineffective communication by healthcare workers, the community's lack of knowledge about the signs and symptoms of the diseases and care procedures, and healthcare workers' perceived disregard for social, cultural, and religious norms. The study also found that these tensions led to significant negative consequences, including fear among healthcare workers, destruction of medical supplies, and heightened perceptions of job turnover risk.

Conclusions

This study sheds light on the complex interplay between communication, culture, and healthcare ethics during pandemics. It emphasises the critical role of effective risk communication and culturally sensitive community engagement in preventing violence against healthcare workers. The findings highlight the need for integrated strategies that address ethical and cultural considerations in public health responses to foster mutual trust and safeguard healthcare service delivery during health crises.

Empowering Laboratory Quality through Localized Training and Advocacy: The LabAnalytics Academy Model in Malawi

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Introduction

Malawi faces major challenges in healthcare delivery, including widespread poverty, limited hospital capacity, and insufficiently trained laboratory personnel. Although up to 70% of clinical decisions depend on diagnostic testing, most medical laboratories lack mandatory quality standards and operate without regulatory oversight. The objective of this intervention was to improve diagnostic reliability through a locally developed training model combining statistical quality control (SQC), hands-on learning, digital tools, and mindset transformation grounded in Christian values.

Methods

A pilot program was implemented at Nkhoma Mission Hospital. The intervention targeted laboratory technicians, particularly the QC Officer. It included intensive SQC training, the use of a custom Excel-based QC tool developed by LabAnalytics Academy, and ongoing mentorship. Internal QC data from 12 analytes were analysed over a three-month baseline period and again after three months of training to assess changes in performance.

Key Findings

The average Sigma value across tested analytes improved from 2.6 to 6.3, indicating a significant reduction in analytical error rates. Paired t-tests confirmed statistically significant improvements at two laboratory sites. Participants reported enhanced ability to interpret QC data, improved troubleshooting skills, and reduced waste due to fewer false rejections of test runs.

Conclusions

The LabAnalytics Academy model demonstrates that localised, context-specific training combined with sustained mentorship can lead to measurable improvements in laboratory performance. It provides a scalable approach to strengthening diagnostic quality in resource-limited settings and lays a foundation for advocacy toward enforceable quality standards and health policy reform.

Integrating Social Context into the Health Belief Model: A Mixed Methods Study of Alcohol Abuse Among University Students in Malawi

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Introduction

The Health Belief Model (HBM) has been used in various contexts to analyse health-related behaviours by exploring individual perceptions towards the benefits and costs of behaviour change. However, the HBM has been criticised for lacking integration of social factors in predicting behaviour and the limited accuracy of measurement scales, which are often self-reported. This research applied the HBM within a convergent mixed-method design to explore how perceptions of alcohol abuse may be influenced by socio-demographic factors among students at MUBAS.

Methods

The target population were MUBAS main campus students who drink alcohol. Since it was not possible to obtain a full list of students who consume alcohol, snowball sampling was used initially to identify 300 potential participants, with help from two student research assistants. Participants for FGDs were also recruited during the same phase. From this pool, a sample of 220 students was selected using simple random sampling to reduce selection bias and homophily. Quantitative data were collected via a survey adapted from WHO's AUDIT-C, measuring alcohol abuse prevalence. Qualitative data were collected with an FGD guide developed using HBM constructs. Qualitative analysis undertook an inductive approach to identify themes representing student perceptions of alcohol abuse. Quantitative data were analysed using descriptive statistics and chi-square tests to assess associations between socio-demographic variables and alcohol abuse.

Key Findings

A 55% prevalence of alcohol abuse was found. Three socio-demographic variables—gender, preferred alcoholic drink, and family alcohol history—were positively associated with alcohol abuse and echoed in student perceptions. The survey showed that being male was highly associated with abuse. FGDs revealed that male students pride themselves on drinking heavily, linking it to masculinity. Preference for strong alcoholic drinks was also considered "manly." Family association emerged in perceptions that binge drinking is normal due to similar behaviour in the home.

Conclusion

Applying the HBM within a mixed methods design can enhance its effectiveness in health behaviour research in Malawi and support more holistic health promotion interventions.

Biography of the Main Author

Hasina Ndeketa *interests lie in Social and Behavioural Sciences, particularly the intersection between social factors and health-related behaviours. She is particularly interested in developing contextually relevant and evidence-based health promotion interventions. Aside from teaching, Ms Ndeketa is regularly involved in the design, delivery and evaluation of national-level health promotion programs and GBV interventions. Ms Ndeketa holds a B. A in Humanities, and an MA in Health & Behaviour Change Communication from the University of Malawi, and a PG Diploma in Gender Studies from the University of Iceland.*

Are We Ready as A Country? Public Health Workers' Perceptions of Risk Communication and Community Engagement During Emergencies in Malawi

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Introduction

Risk Communication and Community Engagement (RCCE) is a critical pillar in public health emergency preparedness and response. In Malawi, RCCE has played a significant role during outbreaks such as Ebola, COVID-19, and cholera. However, effective implementation is often challenged by a number of factors. Understanding public health workers' perceptions of Malawi's RCCE readiness is essential to enhancing future response strategies. The main objective of this study was to explore public health workers' perceptions of Malawi's readiness for public health emergency preparedness and response, with a specific focus on the RCCE framework.

Methods

The study employed a phenomenological qualitative design, using in-depth interviews to gather data from 13 districts across Malawi's three regions. Participants included District Information Officers, Health Promotion Officers, and Planning Officers directly involved in RCCE. Data were analysed thematically using NVivo 14 software, following a hybrid approach that combined deductive and inductive coding.

Key Findings

Two overarching themes emerged: the inadequate capacity of Malawi's RCCE framework and opportunities within the existing structure. Public health workers reported uneven distribution of RCCE knowledge, lack of dedicated funding, poor coordination among stakeholders, and overreliance on staff from unrelated sectors. These limitations compromised the effectiveness of RCCE efforts during emergencies. Nonetheless, some districts demonstrated adaptive strategies and community trust, which could serve as entry points for improvement.

Conclusion

The study highlights the structural and operational gaps in Malawi's RCCE system. It emphasises the need for decentralising RCCE knowledge, establishing dedicated funding, creating a systemic approach to coordination of RCCE in emergencies, and strengthening the capacity of frontline workers in RCCE in emergencies. These findings can inform national policy and capacity-building initiatives to strengthen Malawi's resilience in future health emergencies.

Biography of the Main Author

Lusizi Kambalame *is a Lecturer of Communication at the Malawi University of Business and Applied Sciences. She has over 10 years of experience in research and design of arts-based and participatory Social and behaviour Change Communication interventions. Her research interests include Youth Perceptions on Health and Wellbeing and participatory methods in Communication Research.*

Zoonotic TB in Humans: A One Health Call for Behaviour Change and Improved Diagnostics in Malawi

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Introduction

Zoonotic tuberculosis (TB), caused by *Mycobacterium bovis*, is an underrecognized public health threat in Malawi. This is particularly concerning given the country's high burden of both human and bovine TB, and widespread practices such as the consumption of raw milk. Unlike *M. tuberculosis*, *M. bovis* is inherently resistant to pyrazinamide (PZA), a core first-line TB drug. Undiagnosed or misdiagnosed *M. bovis* infections can result in treatment failure, prolonged transmission, and diminished community trust in TB programs. Despite molecular evidence of *M. bovis* in cattle, little is known about its occurrence in humans in Malawi. This study aimed to fill that gap by identifying and characterising *M. bovis* strains from human clinical isolates, with a view to promoting better diagnostic communication, risk awareness, and behavioural change across communities and health systems. The main question is: Can molecular characterisation of *M. bovis* in human TB cases inform risk communication strategies and improve diagnostic and behavioural interventions under a One Health framework in Malawi?

Methods

This molecular study was conducted in 2020 using archived clinical isolates from the National TB Reference Laboratory (NTRL) in Lilongwe, Malawi. The NTRL, as a national referral TB centre, provided a strategic sample pool to infer potential zoonotic TB (zTB) cases in Malawi. A total of 94 isolates, initially identified as *Mycobacterium tuberculosis* complex (MTBC) via conventional methods (microscopy and GeneXpert), were selected based on collection within the preceding two years. Cultures were regrown in MGIT tubes using the BACTEC MGIT 960 system, and DNA was extracted via the boiling method. Identification of *Mycobacterium bovis* was done using a dry loop-mediated isothermal amplification (LAMP) assay and confirmed by RD4-targeted multiplex PCR. Genotyping of confirmed *M. bovis* isolates was performed using spoligotyping and 26-loci MIRU-VNTR typing. Phylogenetic relationships between human and cattle isolates were analysed using minimum spanning trees and UPGMA dendrograms in Bionumerics v7.6, incorporating previously published cattle data. To assess pyrazinamide susceptibility, the pncA gene (including flanking regions) was amplified via PCR and sequenced using an ABI 3500 Genetic Analyser. Sequences were aligned with *M. tuberculosis* H37Rv and *M. bovis* reference genomes using BioEdit software.

Key Findings

Out of 94 archived clinical isolates analysed, 6 (6.38%) were identified as Mycobacterium bovis using a dry LAMP assay. Multiplex PCR confirmed 5 as M. bovis and 1 as a mixed infection (M. bovis and M. tuberculosis). Spoligotyping revealed three distinct patterns: SB0131, SB0273, and SB0425. All isolates lacked spacers 3, 9, 16, and 39–43, consistent with typical M. bovis signatures.

Phylogenetic analysis using 26-loci MIRU-VNTR typing and a minimum spanning tree (MST) showed close genetic relationships between clinical and cattle isolates from central Malawi. Three clusters (A, B, and C) were observed. Clinical isolates SB0131 and SB0273 grouped with cattle isolates at a single-locus variation, indicating likely zoonotic transmission. Isolates with spoligotype SB0425, traditionally

associated with ancestral M. bovis, also clustered with cattle strains and showed high phylogenetic similarity.

Sequencing of the pncA gene revealed a His57Asp mutation in SB0131 and SB0273, indicating resistance to pyrazinamide (PZA). Conversely, SB0425 isolates exhibited wild-type pncA sequences, suggesting susceptibility to PZA—a rare but previously reported trait in ancestral M. bovis. These findings highlight the genetic diversity of M. bovis in human infections in Malawi and their close evolutionary ties to strains circulating in cattle. The results underscore the need for improved diagnostic awareness, inclusion of zoonotic TB in public health messaging, and behavior change interventions around raw animal product consumption and veterinary surveillance.

Knowledge Contribution

This research confirms the presence of zoonotic tuberculosis (TB) in humans in Malawi and establishes molecular links to Mycobacterium bovis strains found in cattle. These findings highlight the critical need for a coordinated One Health response. The study provides evidence to support the development of improved diagnostic protocols and culturally appropriate risk communication strategies, particularly in rural and pastoral communities.

Importantly, the research underscores the need for behaviour change interventions—such as promoting safe milk handling and consumption practices, enhancing veterinary TB surveillance, and integrating zoonotic TB awareness into national health promotion campaigns. It also emphasises the importance of sensitising frontline health workers to consider M. bovis infection in pyrazinamide (PZA)-resistant TB cases and to adjust diagnostic and treatment approaches accordingly.

By addressing a key gap in the interface between veterinary and public health systems, this study contributes to the development of integrated, cross-sectoral strategies that enhance early detection, improve case management, and reduce transmission risks. The findings can inform national policies and programs led by the Ministry of Health and the Ministry of Agriculture through the Department of Animal Health and Livestock Development, as well as academic institutions.

The Sedentary Trap: A Closer Look at Physical Activity Levels of Selected Bank Workers in Blantyre Urban, Malawi.

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Introduction

Physical inactivity is a risk of hypertension, obesity, and some types of cancer. Corporate workers, such as bank workers, spend most of their time sitting while working, which may reduce their physical activity (PA) levels. Despite evidence that most corporate workers are physically inactive, not much is known about their PA levels in Malawi. This study aimed to determine the PA levels of bank workers in Blantyre, Malawi.

Methods

This was a quantitative cross-sectional study. Workers from operational banks (New Building Society (NBS) and National Bank of Malawi (NBM)), were recruited. Measurements of PA, blood pressure (BP), body weight, height, and body mass index (BMI) were obtained using the International Physical Activity Questionnaire (IPAQ) short form version, aneroid sphygmomanometer, stethoscope, weighing scale, and tape measure, respectively. Data were analysed using descriptive statistics, and the chi-square test was employed for associations

Key Findings

This study recruited 82 participants (40.2% males, 59.8% females) with an average age of 37 years. Most had moderate PA, with more females in this category. While the majority had normal BP, hypertension was more prevalent among females (24.5%) than males (18.2%). Similarly, a higher proportion of males had normal BMI (54.5%) compared to females (14.3%), while obesity affected more females (42.9%) than males (6.1%). Despite trends suggesting lower PA was associated with higher BP and obesity, the associations between PA and both BP(P=0.887) and BMI (P=0.285) were statistically insignificant.

Conclusion

While most participants were physically active and had normal blood pressure, half were overweight, with females showing higher rates of low physical activity, hypertension, and overweight compared to men. However, no significant association was found between physical activity and blood pressure or BMI, suggesting other influencing factors. Despite this, corporate institutions could benefit from employing physiotherapists to design structured exercise and wellness programs.

Indigenizing Health Communication

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Introduction

Health communication is vital in promoting healthy behaviours, especially in rural Malawi, where cultural norms and limited access to digital platforms can hinder the effectiveness of conventional communication methods. This study explores the role of indigenizing health communication by incorporating culturally rooted channels to enhance health promotion outcomes.

Methods

A qualitative approach was employed, involving interviews and focus group discussions with traditional leaders, community health workers, and local residents across selected rural communities in Lilongwe and Dowa. Data were analysed thematically to understand the relevance and impact of traditional communication methods.

Key Findings

The study found that traditional communication platforms such as village assemblies (mphala), storytelling, songs, dances, and religious gatherings are trusted, accessible, and culturally resonant means of conveying health messages. These methods foster community trust and ownership, leading to improved understanding and responsiveness to health interventions.

Conclusions

Indigenizing health communication by integrating local cultural practices into modern health promotion strategies offers a more inclusive and effective approach. Such integration not only enhances message reception but also strengthens community engagement and sustainable health outcomes.

Biography of the Author

Nathaniel Chikutiza *is a Human Resources and Administration expert with over five years of experience in the public sector and development work. He holds an MBA and is deeply committed to culturally relevant solutions that improve public health and development in Malawi.*

Scaling Mental Health Awareness and Emergency Response through a Community-Led Model in Malawi: The 'Sorry I'm Not Sorry' Approach

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Introduction

Mental health challenges in Malawi remain under-addressed due to widespread stigma, limited services, and lack of community-level interventions. With fewer than one psychiatrist per 500,000 people, most care is urban-based, excluding rural populations. To tackle this gap, the "Sorry I'm Not Sorry: We Are All Sick" initiative was launched in 2023 to promote awareness, reduce stigma, and provide crisis support and referral through a community-led, youth-driven model.

Methods

The programme adopted a community-led, practice-based model. A hybrid digital-physical network of 150 youth across 16 districts was trained in Psychological First Aid. Key interventions included community dialogues, real-time support via a "Venting Room" platform, peer networks, and referral linkages. Data was gathered through registration forms, event attendance, emergency logs, and qualitative feedback from community members and partners.

Key Findings

The initiative has reached over 6,000 individuals through district-based campaigns, virtual learning sessions and public discussions. More than 200 psychological emergencies have been logged and addressed through the Venting Room. Mental health first aiders have reported increased engagement from community members, including requests for emotional support and referrals to professional counsellors. Participant feedback suggests a noticeable shift in attitudes toward mental health, particularly among youth. These include more open sharing of personal stories, greater willingness to seek help, and reduced fear of social judgment. While not yet formally evaluated through longitudinal research, these trends indicate a growing acceptance of mental health as a public concern. Partnerships with NGOs, media, and local government structures have further expanded visibility and enhanced credibility. The initiative's hybrid approach has proven to be contextually effective and well-received at the grassroots level.

Conclusions

The "Sorry I'm Not Sorry" model demonstrates that grassroots, youth-led mental health promotion can effectively complement national systems. Its success highlights the importance of empowering local champions, using culturally relevant communication, and integrating digital tools for crisis response. To sustain impact, there is a need for formal policy integration and structured funding. The model offers a scalable framework for mental health advocacy in similar low-resource contexts.

Biography of the Main Author

Joseph Daniel Sukali *is a Malawian mental health advocate, author, and development practitioner. He is the founder of Sorry I'm Not Sorry: We Are All Sick, a nationwide grassroots initiative promoting awareness, addressing stigma, suicide, and mental distress through community engagement and Psychological First Aid. Under his leadership, the platform has trained 150 advocates across 16 districts. Joseph is also a published author of three books and numerous articles focused on mental health and personal growth. His work promotes healing, safe spaces, and youth empowerment across Malawi. He*

previously worked for 5 years with Emmanuel International Malawi under the USAID-funded Titukulane Project.

"Actions Speak Louder": A Youth-Led Photovoice Study to Transform Tuberculosis Care in Malawi

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Introduction

1 in 10 people who develop TB disease are aged 15-24 years, TB interventions often do not address the specific needs or concerns of young people. The photovoice study, undertaken by LIGHT Consortium partners in Malawi, AFIDEP and MLW, set out to understand the challenges of young people who were impacted by TB, and through the findings, advance person-centred TB services that ensure young people get the treatment and support they need.

Methods

Twelve young people affected by TB participated in this study, including three adolescents (15-17 years) and nine young adults (18-24 years), seven males and five females. Nine participants were receiving or had completed TB treatment. Three were caregivers for a person with TB; some of them were TB survivors themselves. In addition, twelve key stakeholders participated in the exhibition and action workshop. The twelve young people received training in basic photography and ethics before proceeding to capture their lived experiences over a two-week period. Each participant shortlisted at least three images and presented them to the research team with captions narrating the meanings of each image. A photo booklet was produced followed by a final exhibition of the photos at the action workshop in the presence of key stakeholders.

Key Findings

Study results were analysed with a gender lens into four themes: 1) Physical health challenges. 2) Economic challenges. 3) Emotional and social harm. 4) Positive experiences.

Conclusions

1) The National Youth Council committed to lobby for the integration of mental health education into school curricula. 2) Ministry of Gender to accommodate young people affected by TB in securing social cash transfer to maintain their businesses. 3) Ministry of Gender to develop a policy on TB and Gender for supporting young people facing discrimination. 4) Bwaila Hospital committed to provide basic physiotherapy support to those affected by TB within the hospital's vicinity.

Biography of the Main Author

With over 11 years of programme management experience, ***Luke Banda*** *is a certified Project Management professional (PMP) holding an MSc in Organisational Psychology and a MicroMasters in Project Management. Luke is currently working with the Malawi Liverpool Wellcome Programme (MLW) as a Senior Project Manager for the LIGHT Consortium in the Public Health Research Group. Luke also supports Research Uptake within the LIGHT Consortium, focusing on effective stakeholder engagement, capacity strengthening and evidence-informed decision making.*

Strengthening Antimicrobial Stewardship in Public Health Facilities in Malawi through a Participatory Epidemiology Approach

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Introduction

In healthcare settings, antimicrobial resistance (AMR) is largely driven by excessive use of antibiotics. Empiric prescriptions largely remain common due to fragile healthcare systems characterised by a lack of appropriate diagnostic services. Despite limited data on the epidemiology and the burden of AMR due to the scarcity of routine microbiology facilities, it is evident that Malawi shares a heavy burden of AMR. Effectively implemented antimicrobial stewardship programs have demonstrated successes in minimising inappropriate antibiotic usage and curbing the burden of AMR. However, there is limited data on how antimicrobial stewardship teams can effectively deliver their roles in hospital settings in resource-limited settings, including in Malawi.

Methods

Malawi's Antimicrobial Resistance National Coordinating Centre (AMRCC), in collaboration with Clinical Research Education and Management Services (CREAMS) conducted participatory workshops with hospital-based Antimicrobial stewardship committees aimed at establishing drivers of resistance and antibiotic overuse in hospitals from the perspective of the committees and co-design facility facility-friendly intervention against AMR. The workshops consisted of participatory discussion, sorting and design thinking exercises, utilising principles of implementation research. All the interviews were recorded, transcribed, and thematically analysed, revealing key drivers for antibiotic overuse and resistance in the hospital setting. Data was analysed using thematic content analysis.

Key Findings

Key drivers of AMR included limited antibiotic formulary access, poor cross-sectoral coordination challenges between healthcare, veterinary services, government agencies, and private facilities and culturally-specific barriers. The participants recommended regular training for healthcare workers on AMR and infection prevention and control, widespread dissemination of AMR findings, public awareness, introducing electronic monitoring systems and the enforcement of antibiotic restriction policies as best measures for improving rational antimicrobial use and controlling the spread of AMR.

Conclusion

Our findings underscore the complexity of the drivers for antibiotic overuse and resistance in hospital settings as well as the need for more participatory approaches in tackling the complex challenge of antimicrobial resistance. The findings also signify the importance of a bottom-up approach in designing solutions for promoting antimicrobial stewardship and controlling resistance in hospital and community

settings. Participatory approaches blended with principles of implementation research will help to identify contextual challenges, and help to design solutions that are people-centred, context-specific and largely accepted by all involved stakeholders

Biography of the Main Author

Adriano Focus Lubanga *is a Medical doctor and an awardee winning public Health Researcher who is currently serving as a Senior Research Fellow at CREAMS Malawi. Adriano's Research focuses on combating infectious diseases of the tropics and pressing global health challenges of antimicrobial resistance, climate change and resurgence of Vaccine Preventable diseases. He is a published author and an emerging leader in global health.*

Community-Led Adolescent Mobilisation for SRH: Banja La Mtsogolo's Sustainable Outreach Strategy in Malawi

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Introduction

Adolescents in Malawi continue to face limited access to sexual and reproductive health (SRH) services, particularly in underserved areas, contributing to high rates of teenage pregnancy and early marriage. While Banja La Mtsogolo (BLM) plays a significant role in national service delivery—providing around 30% of family planning services—the unmet need among young people remains a pressing challenge. To address this, BLM is implementing a community-led mobilisation strategy aimed at improving adolescent access to SRH services, aligning with national priorities under Vision 2063 and FP2030. The objectives were to: 1) Increase demand for family planning and post-abortion care among adolescents and youth. 2) Establish sustainable, community-driven mobilisation structures linking young clients to SRH services. 3) Challenge and transform gender and social norms that restrict adolescent SRH access.

Methods

BLM deployed 12 Behaviour Change Communication and Intervention (BCCI) Officers across 17 outreach teams to lead community engagement efforts. These officers collaborate with 225 trained Reproductive Health Assistants (RHAs), 100 mapped Health Surveillance Assistants (HSAs), and 51 Junior Chiefs. Engagement strategies include school-based talks, literacy fairs, door-to-door campaigns, and youth club dialogues. Teachers, satisfied clients, and local influencers are also mobilised. To complement in-person mobilisation, BLM operates a toll-free contact centre and a dedicated WhatsApp line, enabling adolescents to confidentially access SRH information and service referrals. Monthly supervision and quarterly performance reviews ensure quality control and adaptability. Capacity building and branded materials (e.g., T-shirts, leaflets) enhance motivation and consistency across activities.

Key Findings

- Increased knowledge of FP and post-abortion care (PAC) among different target audiences, addressing gender and social norms, leading to more adolescent and young people opening up and asking for services.
- BLM's adolescent-focused outreach helped delay first child marriage rates in targeted areas.
- In the past year alone, BCCI-led mobilisation efforts reached over 1 million adolescents with SRH messaging, resulting in increased FP uptake among girls aged 15–24 in focus districts.
- Additionally, BLM's contact centre through the toll-free line, WhatsApp and Facebook platforms engages over 7,000 adolescents and youth monthly, extending access to accurate SRH information beyond physical outreach.

Conclusion

BLM's integrated, community-led mobilisation model, enhanced by digital platforms such as its toll-free line, WhatsApp, Facebook, and TikTok services, has effectively increased adolescent SRH service uptake, reduced unmet need, and begun to shift restrictive gender and social norms. The initiative's alignment with national priorities, partnerships with government actors, and data-driven, context-specific messaging present a scalable model for SRH programming in similar low-resource settings.

Using Celebrity Social Media Campaigns to Promote Covid-19 Vaccine Uptake and Malaria Prevention and Control Behaviours in Malawi

Angela Chitsime

Introduction

The rise of social media has transformed health promotion strategies, enabling more interactive and widespread public engagement. In Malawi, celebrities have been increasingly leveraged in social and behaviour change (SBC) campaigns to promote public health messages. However, there is limited evidence on how the public engages with celebrity-endorsed content across different types of health issues—particularly between novel health threats like COVID-19 and long-standing endemic diseases like malaria. This study compares two distinct celebrity-led Facebook campaigns in Malawi: one promoting COVID-19 vaccine uptake and another encouraging malaria prevention and control behaviours. The comparison provides an opportunity to explore how the nature of a disease—its novelty, familiarity, perceived risk, and associated trust—affects public response to digital health campaigns. Malaria, as a well-known and ongoing health challenge, may elicit different audience reactions compared to the newer, more politicised, and globally debated issue of COVID-19 vaccination. By analysing posting behaviours, content framing, and public engagement across these two disease contexts, the study offers critical insights into what drives or hinders the effectiveness of celebrity-led social media campaigns. These insights are essential for designing future communication strategies that are context-sensitive, credible, and aligned with audience perceptions across different public health priorities.

This study examined how celebrities used Facebook to promote COVID-19 vaccination and malaria prevention behaviours in Malawi. It explored the nature of celebrity posts, the engagement patterns they generated, and the thematic content of audience responses. The research sought to determine whether and how the framing, delivery, and reception of messages differed between the two campaigns. It hypothesised that audience engagement and sentiment would vary across health topics due to differences in perceived urgency, familiarity, and trust, with COVID-19 messages likely facing more resistance compared to malaria-related messages.

Methods

This study used a convergent parallel mixed-methods design informed by the Combined Content Analysis Model. The study population included Facebook posts created by 21 Malawian celebrities who were commissioned by Breakthrough ACTION to promote COVID-19 vaccine uptake and malaria prevention between October 2022 and January 2023. Only posts made within this timeframe and still publicly accessible were included. A total of 122 posts, 22,550 audience comments, and 101,651 emoji reactions were collected using the APIFY Facebook Scraper.

Quantitative data included the number of comments, emoji reactions, post format (text-only, text with image, or text with video), and celebrity followership. These data were analysed using ANOVA to compare audience engagement (mean number of comments) across the three post formats. Welch t-tests were used to compare engagement metrics between the malaria and COVID-19 campaigns. Pearson correlation coefficients were calculated to assess the strength of associations between (1) celebrity followership and audience engagement, and (2) emoji reactions and comment sentiment types (approval, disapproval, neutral).

For qualitative analysis, 1,997 comments were sampled using a stratified random sampling approach—up to 20 comments per post. Although efforts were made to capture a broad range of audience responses, the sample is not statistically representative of the full follower population due to platform limitations

and post visibility settings. Framing analysis was applied to celebrity posts, while thematic analysis was conducted on translated comments to explore engagement patterns and public sentiment.

Key Findings

The study analysed 122 Facebook posts, 22,550 audience comments, and 101,651 emoji reactions across the two campaigns. While the malaria campaign had more posts (72 vs. 50), the COVID-19 vaccine campaign attracted slightly more comments (2,752 vs. 2,271) but fewer reactions overall (9,701 vs. 15,842), suggesting more contentious but less broadly positive engagement.

Framing analysis revealed distinct and culturally resonant strategies. In the malaria campaign, several celebrities used football analogies—especially during the FIFA World Cup period—to enhance relatability and humour. For example, one celebrity warned against non-adherence to malaria medication by joking, "Avoid ending up like Haaland from Thiago Liverpool," while another encouraged ITN use by quipping, "Those sleeping in fuel queues should take their nets there too." These references increased engagement, especially among younger followers, though in some cases, the health message was overshadowed by football banter.

In the COVID-19 campaign, role modelling was a dominant strategy. Celebrities posted selfies at vaccination centres, cited public figures who were vaccinated, or shared personal vaccine certificates. For instance, one celebrity captioned a vaccine certificate photo with, "Me and my friend Jerry Kapenga got vaccinated—when will you go?" This framing attempted to normalise vaccine uptake and build trust through peer influence.

Statistical analysis showed no significant differences in audience comments across post formats (text-only, text+image, text+video) (ANOVA $p = 0.07$), nor in average engagement between campaigns (Welch t-tests: comments $p = 0.94$; reactions $p = 0.07$). However, Pearson correlation indicated a stronger relationship between celebrity followership and comment engagement for COVID-19 ($r = 0.555$) than for malaria ($r = 0.145$), suggesting that visibility played a greater role in vaccine discourse.

Knowledge Contribution

This study makes a novel contribution by systematically comparing how audiences engaged with celebrity-led social media campaigns addressing both a long-standing endemic health issue (malaria) and a novel public health threat (COVID-19) in Malawi. The research reveals that audience perceptions of message credibility are shaped not only by the health topic but also by the perceived authenticity and appropriateness of the messenger. This was evident in qualitative findings where commenters frequently questioned celebrities' expertise—e.g., "You're a musician, not a health expert—and the sincerity of their advocacy, with accusations such as "How much were you paid to spread this message?" Such scepticism was especially pronounced in the COVID-19 vaccine campaign, where trust in the messenger was often undermined by broader vaccine hesitancy and misinformation.

The findings also show that while celebrities have a wide digital reach, their influence on behaviour is constrained when public trust in health systems or institutions is low. This was supported by recurring themes across both campaigns expressing frustration with healthcare service delivery, such as long queues, drug shortages, and systemic neglect—comments like "They are just telling us to go and buy medicine" illustrate these sentiments. Additionally, religious and spiritual objections and prioritisation of socioeconomic concerns (e.g., hunger, poverty) over health messaging further diminished the persuasive impact of the campaigns. Together, these insights underscore the need to carefully select trusted, context-

relevant influencers and to integrate SBC campaigns with broader trust-building strategies and service delivery improvements for greater health impact.

Community Behaviour Tracking Tool as a Means for Behaviour Change in Nutrition Programming

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Introduction

The nutrition situation in Malawi has been characterised by high levels of undernutrition among under-5 children for decades. Between 2015 and 2024, stunting rates in Malawi remained stagnant from 37% to 38 % of children under five years stunted, according to 2015/16 and 2024 Malawi Demographic and Health Surveys. Stunting is higher among children in rural areas (39%) than among children in urban areas (25%) (MDHS 2015 16. Two per cent of children under the age of five are wasted, while 6% of children under the age of five are overweight. In addition, 10% are underweight or too thin for their age (MDHS 2024).

National Statistical Office (NSO) [Malawi] and ICF. (2017) have reported that sixty-three per cent of children aged 6-59 months and 33% of women aged 15-49 are anaemic. Twenty-seven per cent of children were classified with mild anaemia, 34% with moderate anaemia, and 2% with severe anaemia. The prevalence of anaemia among Malawian children declined from 73% to 63% between 2004 and 2010, but remained at 63% in 2015-16. MDHS 2024 reported that 79% of women of childbearing age took iron-containing supplements in their most recent pregnancy.

The Afikepo nutrition-sensitive agriculture program, a five-year European Union-funded programme implemented by FAO and UNICEF in collaboration with the Malawi Government, aimed to address food and nutrition insecurity. Poverty, cultural factors, and prevailing social norms affected the adoption of optimal nutrition practices. The Community Behavioural Tracking Tool (CBTT) was utilised to monitor behaviour change and adoption of best practices at both household and community levels. This tool enhances community engagement and empowerment through dialogue, social accountability, and actions taken at the household and community levels. It employs community conscientization to facilitate knowledge and skills sharing among communities.

Methods

CBTM comprises two tools with evidence-based low-performing indicators collectively agreed with end users. The Cluster Leader Tool is used by cluster leaders to collect household data, and the Community Behaviour Scoreboard is utilised by promoters and care groups to consolidate data gathered by cluster leaders. Data collected at household level is consolidated at Promoter level and entered into the community scorecard template, which forms the basis of a community dialogue session where the community assess their performance and develops an action plan to accelerate the performance of low-performing indicators. A Kobo dashboard provided almost real-time access to Village and TA reports detailing individual indicator performance. The tool was rolled out in all 10 Afikepo districts, starting with one TA and then expanding to three TAs per district in 2020. The mechanism has since been scaled up to Blantyre, Chikwawa, Nsanje and Phalombe.

Key Findings

There is a general improvement in exclusive breastfeeding, averaging 80% in 2024 in Phalombe. Reduction of acute malnutrition among children between 6 to 23 months has been recorded because of

improvement in infant and young child feeding practices. General increase in the number of children taking animal source foods and legumes in 2020, a varied decline after June 2020, which again picked up in 2021. Between February to May 2020, the percentage of children measured using MUAC was high, above 90% in all districts. This decreased in the second half of 2020 and from January to June 2021. Households with pit latrines and hand washing facilities have increased due to the dialogue the communities have on water, sanitation, and hygiene (WASH) practices. Generally, there was an increase in the uptake of maternal practices in 2024, with pregnant women almost taking IFA tablets. However, this declined between June and December 2020. This decline is attributed to women not attending ANC due to fears related to COVID-19, as well as limited supply at the facility level. Uptake picked up again in 2021. General upward trend in consumption of animal foods and legumes among pregnant and lactating women. Although varied across the districts, with an insignificant drop in consumption during the lean season. Increased trend of children screened for malnutrition between February to November, 2020; however, the number of children found malnourished increased for both SAM and MAM in the lean period between November to March

Program Implications

Increased involvement of DNCC members and Frontline workers in CBTT activities, such as supervision and feedback sessions, enabled the districts to make strategic plans that are crucial and effective for the sustainability of the CBTT and AFIKEPO interventions. Data has been used to make informed decisions at all levels, from the community, GVH, TA, and district. At the community level, CBTT data have been used by care groups and ANCCs to conduct community feedback sessions. This has also helped a lot in monitoring the performance of various care groups. At the district level, CBTT has been used to plan district nutrition activities. It has also been used in the implementation of Performance-Based Incentive (PBI) in selecting the best-performing cadres. There have been challenges with the quality of data in some districts, and these were resolved through reorientation on CBTT and supervision of the cluster leaders and promoters. Limited incentives to promoters and cluster leaders, leading to some being unwilling to collect data. Results have shown that with constant community engagement and dialogue, communities can own the change they want to see. This has compelled the government to adopt the mechanism as part of the 2025-2030 Nutrition Policy and Strategy. Work is currently underway to develop national-level tools and revision of the care group structure.

An Evaluation of the Timeliness and Completeness of Cholera Surveillance Data During the 2022-2023 Cholera Epidemic in Malawi

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Introduction

Cholera is a common acute diarrheal disease and a public health concern caused by the bacterium *Vibrio cholerae,* commonly affecting the world's poorest countries. It is closely associated with a lack of access to clean, safe water as well as sanitation facilities. It is also common in areas with heavy rainfall and floods, where water sources are easily infested. As a country, Malawi is known to be a cholera-endemic area; however, the last cholera epidemic between 2022 and 2023 was of great significance, with over 59,000 cases and 1772 deaths being reported, with a resulting case fatality rate of about 3%. In order to effectively manage disease epidemics, timely surveillance is key. In the Malawian context, cholera surveillance is conducted in a cascading structure where cases are reported from the health facilities to district health offices, who then submit the information to the national offices. It is essential that there is timely and complete data reporting in order to inform better policies that will improve cholera care and preparedness across the country. It also allows for better resource mobilisation and allocation to improve care. The study is currently in progress and aims to assess the timeliness and completeness of cholera surveillance data between the epidemic period in Malawi.

Methods

A retrospective cross-sectional descriptive study design has been employed using secondary cholera surveillance data containing 60,070 cholera records. The sample size was calculated using a single population formula at 95% confidence and 5% margin of error, resulting in a minimum sample size of 320. Since the study is using secondary data from a defined population, all available eligible reports will be included to enhance statistical power. The outcome variables are defined as: 1) Completeness- the proportion of cholera reports submitted by each district/health facility with all essential fields filled. 2) Timeliness- the time between the date of onset of symptoms compared to the date seen at the health facility, with the threshold being 1 day of symptom onset

Independent variables to be measured include district, the reporting level, reporting frequency, the number of cholera cases, and the reporting burden. Descriptive analysis will be employed to generate frequencies and proportions to show completeness and timelines of the cholera data. Bar and line graphs will be used to illustrate trends. Bivariate analysis will be conducted in order to analyse the categorical variables chi-square tests will be used. T-tests will be used to compare the mean completeness and timeliness across the districts over the cholera epidemic period.

Preliminary Findings

Initial analysis shows that overall, there are 76.5% of records that are complete across all essential fields and 70.98% of cases that were timely, meaning that patients were seen at the health facility within 1 day of symptom onset. Further analysis of the data hopes to showcase the completeness and timeliness across the districts affected by cholera during the epidemic period as well as the national trends in completeness and timeliness in cholera case reporting.

Conclusion

The early findings suggest that there is a moderate performance in the timeliness and completeness of cholera case reporting. Further analysis will help to provide insights that can inform and improve the

surveillance system's responsiveness and policies for future cholera outbreak preparedness in Malawi. Strengthening the accuracy and speed of data reporting is critical not only for effective cholera control but also for enhancing the country's capacity to detect, respond to, and contain future epidemics. Improved surveillance will enable timely interventions, resource allocation, and risk communication and ultimately reduce disease burden.

The Role and Effectiveness of Demand-Creating and Advocacy Activities in Community Platforms to Enhance Understanding and Uptake of Early Childhood Services in Lilongwe, Malawi

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Introduction

From 2008, mothers2mothers(m2m) Malawi has been utilising their flagship Mentor Mother model for Prevention of Mother-to-Child Transmission (PMTCT) services in health facilities and communities. In 2017, the organisation widened its scope by integrating Reproductive, Maternal, Newborn and Child Health (RMNCH) and Early Childhood Development (ECD) services. A project that began in Mulanje District in 2021 was later replicated in Lilongwe and has been ongoing to date. This significant integration was implemented to support the expansion of the ECD services for the clients attending the health care, due to challenges with access of ECD in RMNCH services.

Methods

The 78 Mentor Mothers were trained in ECD and RMNCH services and were allocated in nine health facilities of Lilongwe district. The clients that were reached with messages were linked for services and enrolled on the digital platform Commcare and analysed on DHIS2. The intended beneficiaries were 55,000 women, children, and their families. The analysis was done using the numbers of clients that had accessed ECD services. Before m2m started implementing, there was no documentation on the numbers of children or parents who had benefited from the ECD services

Key Findings

Out of the targeted 55,000 women with ECD services. 26,750 clients were enrolled in the facilities, and 32,097 households were visited. 275 parenting education support,198 play group sessions were conducted with 3,966 caregivers (285 males) and 4,262 children. This was to promote parent-child bonding through increased interaction time and emotional support. 1,556 children had their birth certificates, 1,611 children had their immunisations done (12 months old), and 1,291 had their growth monitoring done, of which 16 were found to be malnourished. Development milestones were assessed among 1,087 children, indicating that 534 (49.13%) had attained their required milestones for their age at the time of assessment the remaining 51% had attained their milestones by the time they were assessed at the next visit.

Conclusions

The integration and the awareness of ECD services within the RMCH interventions, with the collaboration with the different key stakeholders at the facilities and community levels has assisted in strengthening and promoting the demand creation of ECD services, which has contributed to the results. It has also increased the buy-in from the Ministry of Health,

Biography of the Main Author

Tendai Mayani is *a Programmes Director for mothers2mothers in Malawi.* ***A*** *qualified Project Management Professional under the Project Management Institute. She has over 20 years' experience working in developmental projects ranging from food security and Reproductive, Maternal and Neonatal and Child Health. She has acquired a diverse range of project management competencies from the*

management of different projects from inception to evaluation. She is passionate in managing girls and women in ensuring that they receive adequate care from conception to the postnatal period. Tendai is an efficient, organised individual, hardworking, and pays attention to detail. She has strong management and communication skills, a team player and maintains high levels of integrity and professionalism. Furthermore, she is a well-disciplined individual, focused, self-motivated, and able to work with minimum supervision. Tendai has a Master's in Strategic Management, a Degree in Health Sciences Education and a Diploma in Nursing.

Enhancing Person-Centered Care in Southern Malawi: Feasibility of a Communication Intervention Package (PCC Study)

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Introduction

Hippocrates once said, "It is more important to know what sort of person has a disease than to know what sort of disease a person has." This enduring insight underpins the philosophy of Person-Centred Care (PCC), an approach that prioritises the individual's preferences, needs, and values in guiding clinical decisions. PCC has been widely promoted as a progressive model of care, with evidence linking it to improved health outcomes for both patients and families. However, evidence on effective PCC implementation strategies—particularly in low-resource settings—remains limited. This study aimed to assess the feasibility and acceptability of a communication intervention package (CIP) designed to enhance PCC in southern Malawi.

Methods

Between April and May 2025, researchers conducted 18 in-depth interviews and three focus group discussions (with up to eight participants each). Participants included patient–caregiver dyads (patients aged ≥18 years) and 24 healthcare workers from three purposively selected public hospitals representing rural, peri-urban, and urban settings. Participants were first oriented to components of the CIP, which was adapted from a prior study and included mentorship through classroom-based learning, observed patient consultations, and virtual group discussions for feedback. Following the orientation, interviews explored participants' perspectives on the acceptability and feasibility of the CIP in a different health facility context.

Key Findings

Four key themes emerged across all sites: (1) Communication experiences with service providers—highlighting positives, interaction challenges, consequences, and recommendations for improved consultations; (2) Acceptability and feasibility of the CIP—including perceived benefits, funding challenges, suggestions for sustainability, and confusion between PCC and the CIP itself; (3) PCC implementation—covering appropriateness, outcome measures, challenges, and sustainability; and (4) Policy impact—highlighting the need for an enabling environment. Participants widely endorsed the CIP mentorship as acceptable and feasible, recommending minor adaptations and integration into healthcare training curricula to ensure sustainability.

Conclusions

The communication intervention package shows strong potential for enhancing person-centred care across healthcare settings in southern Malawi. Though inclusion of hospital administrators would have enhanced the findings for funding support, nonetheless, these findings offer a foundation for broader implementation and may inform PCC strategies in other low- and middle-income countries.

Reimagining PrEP Delivery for Adolescents and Young Women in Malawi: A Qualitative Study on Improving Uptake, Utilization, and Persistence

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Introduction

Malawi faces a rising burden of HIV among adolescents and young women (AGYW), particularly in high-prevalence areas. Despite the potential of Pre-Exposure Prophylaxis (PrEP) to reduce new infections, uptake and persistence of PrEP remain low due to various barriers. This abstract presents findings from a qualitative study among Adolescent Girls and Young Women (AGYW) in Chinsapo, a hotspot in Lilongwe, Malawi, with rising cases of HIV. The community has been affected by the stoppage of services from organizations funded by the US government through USAID, resulting in poor prevention coverage. The fear is that the number of new cases will skyrocket in the absence of sexual and reproductive health services. The study aimed to solicit ideas from AGYW on how to redesign PrEP interventions to improve uptake, utilisation and persistence. The study was part of a larger Implementation Science project under a Consortium to Advance Access to New HIV Prevention Products (CAAPP) project in seven countries, funded by IPPF. The objectives were to: (1) Generate ideas from the AGYW and key stakeholders for integrating PrEP with other health services in ways that appeal to the target group and key stakeholders, and ultimately increase uptake of PrEP. (2) Assess multilevel determinants of PrEP implementation success in AGYW. (3) Identify effective strategies to increase PrEP uptake and persistence through the implementation of different ideas

Methods

This qualitative study employed Focus Group Discussions (FGDs) and In-Depth Interviews (IDIs) with AGYW and Key Informant Interviews (KIIs) with service providers in three districts of Malawi. This qualitative study was the first phase of a three-phased project. The qualitative approach allowed for an in-depth exploration of experiences and perceptions of AGYW and service providers, providing rich and nuanced data that can be used to inform the development of interventions to improve PrEP.

Key Findings

AGYW had limited knowledge about PrEP, with misconceptions and a preference for oral PrEP due to ease of use and side effects. Barriers to PrEP access included limited knowledge, negative attitudes of health workers, stockouts, and stigma. Facilitators and strategies to improve PrEP delivery included mobile clinics, integrated SRHR services, community-based strategies, healthcare worker training, behaviour change interventions and increasing PrEP access points.

Conclusion

This study highlights the need for a comprehensive approach to improving PrEP services for AGYW in Malawi. By addressing barriers and implementing facilitators and strategies, PrEP programs can increase uptake, utilisation, and persistence among AGYW. The findings will inform the development of interventions to improve PrEP service delivery and reduce new HIV infections among AGYW in Malawi.

Leveraging Geographic Information Systems to Optimize Polio Outbreak Vaccination Strategies in Malawi: A Case of Cross-Border Monitoring in Polio SIA Campaign Round 6

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Introduction

In response to the 2022 confirmation of wild poliovirus type 1 (WPV1) in Malawi, four nationwide Supplementary Immunisation Activities (SIAs) were conducted, targeting children under 15. However, Malawi's porous borders with Mozambique, Zambia, and Tanzania—characterised by high mobility, trade, and limited health infrastructure—left cross-border communities at elevated risk. Two additional SIAs in 2023 focused on these hard-to-reach groups. Traditional campaign methods proved inadequate for these mobile populations. In SIA Round 6, the Government of Malawi, in partnership with KUHeS, WHO, UNICEF, and GPEI, integrated Geographic Information Systems (GIS) and cross-border monitoring to enhance surveillance and immunisation outreach.

Methods

Implemented in September 2023, the intervention targeted remote and border-adjacent villages in 19 districts where GIS data was captured and utilised through GPS-enabled devices, satellite imagery, and district microplans. 38 trained monitors were deployed who mapped special areas, formal and informal crossing points and accompanied house-to-house vaccinators to document coverage, identify refusals, and missed communities. Real-time alerts were made, which prompted district and national-level action to intensify service delivery and establish additional vaccination posts.

Key Findings

The integration of GIS and cross-border monitoring in Round 6 led to the vaccination of 203,149 children aged 0–59 months and 332,096 children aged 5–15 years. A total of 225 previously missed children were identified and reached. The initiative mapped 1,792 cross-border villages, 352 hard-to-reach areas, and 352 formal and informal crossing points. Sixty-one additional vaccination points were established based on geographic and mobility data. Cross-border engagement was strengthened through 19 district-level meetings. The team also identified 251 cases of vaccine refusal and hesitancy, allowing for targeted social mobilisation to address concerns and improve uptake.

Conclusion

GIS proved to be a highly effective tool in supporting outbreak response by enabling real-time mapping, data-driven decision-making, and improved vaccination coverage in hard-to-reach border communities. As a result, all 19 targeted districts successfully passed the Polio Lot Quality Assurance Sampling (LQAS), with vaccination coverage exceeding 90%. This achievement culminated in a major milestone in 2024, when Malawi was officially declared free of wild poliovirus following confirmation by the Polio Outbreak Response Assessment (OBRA) of WPV1 transmission interruption in both Malawi and Mozambique. These outcomes underscore the critical role of geospatial technologies and localised surveillance in reaching vulnerable populations and achieving the global eradication target.

A Close Analysis of Health Communication for Social and Behaviour Change in Disaster Risk Management and Preparedness Versus Disaster Management, Recovery and Resilience Building in Malawi: Gaps, Constraints and Unmet Needs

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Introduction

Proper communication in health can reduce spending, promote sustainable development and prevent injuries and diseases. Health communication and particularly Social and Behaviour Change Communication (SBCC), can play a vital role in emergency programming and resilience building. With reference to recent incidents of human deaths, injuries and damages to properties as well as livestock due to different forms of natural disasters, it is clear that Malawi as a country has gaps and unmet needs in as far as using proper communication in health in disaster preparedness and resilience building. The Hyogo Declaration and the Hyogo Framework for Action, formulated at the World Conference on Disaster Reduction in Japan in 2005, put much emphasis on disaster risk reduction and preparedness as compared to disaster management and recovery. The government of Malawi, through the Department of Disaster Management Affairs, launched the National Disaster Recovery Framework, which has been developed following the Post Disaster Needs Assessment. It translates recovery and reconstruction needs into prioritised interventions in the whole program. The Framework is emphasizing on the principle of building-back-better and resilience.

Methods

A study was conducted to explore and interrogate whether proper communication and SBCC for risk reduction strategies and resilience provide useful framing to bring together humanitarian and long-term health, development management and mitigation approaches adopted from the disaster risk reduction and disaster management angle side by side. We conducted 240 in-depth, key informant interviews between August 2021 and November 2023, from respondents including staff members from the Department of Disaster Management Affairs, Ministry of Health and members of the community from disaster-prone areas of Mangochi, Chikwawa, and Salima. We supplemented this analysis with a critical analysis of national publications.

Key Findings

Proper Communication in Health and Social Behaviour Change Communication interventions by many stakeholders in disaster-prone areas do not take advantage of the available experience and evidence of natural disasters, hence designing and communicating preventative measures. In Malawi, disaster management and recovery programmes are reactive yet expensive, attracting about 87% of response interventions in the form of publicity, sympathy, attention and support, while disaster risk-reduction, preparedness and management interventions that are proactive yet affordable attract only 13% of the same. In the same way, there are no or few specific disaster preparedness and risk reduction efforts, which include mass sensitisation for scientific literacy and behavioural change on disaster risk reduction to complement indigenous knowledge. This could eventually equip the public with strategies to prevent deaths, injuries and damage to properties due to natural disasters as well as building resilience to its effects.

Conclusion

Proper Communication in Health and Social Behaviour Change Communication interventions should clearly highlight risk management, preparedness and resilience-building programs and prioritise building interventions and efforts in which communities living in the disaster-prone areas can become more resilient. Given that disasters will always occur, messages and programs under risk management should be designed to build resilience to disasters and try as much as possible to reduce or prevent their impacts on humans in Malawi, of which proper communication in health and Social Behaviour Change Communication are key intervention tools.

Factors Influencing Guardians' Health-Seeking Decisions for Children with Burkitt Lymphoma in Northern and Central Malawi

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Introduction

Unlike upper-income countries, where over 90% of children with Burkitt Lymphoma (BL) survive, survival rates in Sub-Saharan Africa are low (30% to 50%). In Malawi, a significant number of children are diagnosed at an advanced stage of the disease. This delayed presentation contributes to over 70% mortality due to the disease's progression. Despite its rapid and aggressive progression, early diagnosis and treatment of BL can lead to successful outcomes. Investigating factors influencing health-seeking decisions is crucial to bridging the existing gap and improving survival rates.

Methods

This qualitative study explored the health-seeking decision-making of guardians caring for children with BL at Kamuzu Central Hospital in Lilongwe, Malawi. The research used purposive sampling to select 20 participants for face-to-face, in-depth interviews lasting three months (February to April). Interview guides were pretested to ensure consistency and relevance. Informed consent was obtained, and confidentiality was maintained to protect participants' rights and well-being. Data were analysed using thematic analysis, guided by the health-seeking behaviour model, which explored key themes in the data.

Key Findings

Thematic analysis revealed that guardians' health-seeking behaviours for children with Burkitt Lymphoma were shaped by four overarching themes: **personal, social, economic, and healthcare access factors.** Financial status consistently emerged as a crucial determinant in the health-seeking behaviours of guardians who sought care from a health facility.

Conclusion

Significant barriers to health-seeking decision-making exist in Malawi. Understanding and addressing these barriers is paramount to improving BL outcomes in children in limited-resource settings. In addition to financial support and increased cancer advocacy, strategic health promotion through community engagement and targeted communication efforts is essential. Tailored health messages delivered through trusted community channels can dispel misconceptions, raise awareness and promote early healthcare seeking. Integrating communication interventions into cancer awareness initiatives will enhance public understanding, reduce stigma, and ultimately support timely diagnosis and treatment.

Combating Non-Communicable Diseases Through the Revival of Indigenous Games

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Introduction

Non-communicable diseases (NCDs) such as hypertension, diabetes, cardiovascular disease, and cancer are responsible for 74% of global deaths (WHO, 2022). In Malawi, NCDs account for 28% of deaths, with cardiovascular diseases alone contributing 12% (Gama et al., 2022; Msyamboza et al., 2011). The increase is largely driven by urbanisation, sedentary lifestyles, and poor diets (WHO, 2017). This study explores how reviving and modifying indigenous Malawian games can promote physical activity and mitigate NCD prevalence.

Methods

This study employed a qualitative desk review methodology. It analysed literature on traditional games, physical activity, and NCD trends in Malawi. In addition, expert interviews were conducted with five cultural practitioners and three health professionals to gather insights on the health benefits and cultural significance of indigenous games. Data were analysed thematically to identify key patterns and implications related to physical activity and public health.

Key Findings

Findings indicate that indigenous games such as Chipako, Fulaye, Phada, Kamgolosale, and Fishi-Fishi support physical, mental, and social well-being. For example, Chipako and Fulaye promote cardiovascular fitness, Phada builds lower-body strength, and Fishi-Fishi encourages imaginative movement and teamwork. These games are inclusive, require minimal resources, and align with WHO's Global Action Plan on Physical Activity 2018–2030, which advocates for culturally grounded and community-based solutions to inactivity.

Conclusion

The revival of traditional games presents a sustainable and culturally empowering strategy for addressing the burden of NCDs in Malawi. Integrating these games into school programs, community initiatives, and digital platforms can enhance physical activity while preserving cultural identity. This approach bridges health promotion with heritage preservation and offers a unique solution to public health challenges in low-resource settings.

Biography of the Main Author

Chikondi Banda *is a final-year Sports Science student at the Malawi University of Science and Technology. He is passionate about using indigenous games as tools for health promotion and cultural preservation. His academic interests include physical activity interventions, community wellness, and the integration of traditional sports into modern health strategies. He is part of the Malawi Heritage Sports Hub initiative aimed at reviving local games for public health impact.*

Factors Associated with HPV Vaccination in Three Communities of Malawi: Results of a Household Survey

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Introduction

Malawi has the second-highest cervical cancer burden globally, despite the availability of the HPV vaccine as a transformative public health intervention. However, only 13% of eligible girls in Malawi have received any doses of the HPV vaccine, and little is known about the factors associated with its uptake. Understanding these factors is crucial for developing targeted strategies to improve HPV vaccine coverage.

Methods

We conducted a cross-sectional household survey with randomly selected 300 (100/district) parents/guardians of girls aged 9-14 (eligible for HPV vaccination per Malawi guidelines) in Balaka, Machinga, and Nkhatabay districts. The survey aimed to identify factors that may be associated with HPV vaccination, per the WHO Behavioural and Social Drivers of Vaccine Uptake framework. We used a generalised linear mixed effects model to test the association between these factors and HPV vaccination.

Key Findings

299 parents/guardians were surveyed and reported information about 365 girls, of whom 151 (41.4%) had received the HPV vaccine. Daughters of parents/guardians with greater HPV vaccine hesitancy had significantly lower odds of having received any doses of the HPV vaccine (an OR 0.63), as did those of parents/guardians who felt it was or would be hard to access the vaccine (an OR 0.24) (Figure 1). Safety concerns were reported by more than half of parents (Figure 2). Daughters of parents/guardians who had higher knowledge or knew someone affected by cervical cancer had significantly greater adjusted odds of HPV vaccination, and the strongest factors significantly and positively associated with HPV vaccination were talking about the vaccine with a health worker (an OR 3.49) and perceiving pro-HPV vaccination social norms (an OR 4.08) (Figure 1). In a model that contained all hypothesised determinants, HPV vaccine hesitancy, social norms, and access all remained significantly associated with HPV vaccination

Conclusions

Interventions to increase HPV vaccination in Malawi should focus on improving parents'/guardians' attitudes about the HPV vaccine, especially addressing safety concerns; leveraging social norms around HPV vaccination for girls; and continuing to ensure access to HPV vaccination services.

WASH in Early Childhood Development Centres: Compliance, Practices, and Barriers in Malawi

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Introduction

Traditional WASH interventions often target households or primary schools, overlooking settings like Early Childhood Development Centres (ECDCs), where young children—who bear much of the diarrheal disease burden—spend considerable time. In Malawi, over 54% of children aged 3–5 attend ECDCs, presenting key opportunities for infection prevention and health promotion. This formative study assessed WASH infrastructure, compliance, hygiene behaviours, and their determinants in ECDCs in Blantyre, Malawi.

Methods

Using a mixed-methods design, data were collected from 30 ECDCs (10 each in urban, semi-urban, and rural areas) between September and December 2024. WASH infrastructure was assessed using a checklist aligned with national standards and scored per centre across five domains: water access, sanitation, waste management, food, and hand hygiene. Compliance was categorised as low (0–49%), medium (50–74%), or high (75–100%). Quantitative data were analysed descriptively using STATA 17. Structured observations (n=30) captured hygiene behaviours, while in-depth interviews (n=60) with staff explored management practices and behaviour determinants using barrier and motive mapping frameworks.

Key Findings

Rural ECDCs failed to meet the recommended caregiver-to-learner ratio of 1:15 (actual: 1:20), and support structures varied—urban centres relied on parental fees, while rural ones depended on NGOs. Only 37% of staff were ECD-trained, and awareness of WASH standards was low (20%). Two-thirds of ECDCs scored low in WASH compliance; only 5% achieved high compliance, mainly in water access. Urban centres consistently outperformed others. Despite toilet availability, open defecation (73%) and urination (98%) were common in all settings, with improper faeces handling. Handwashing with soap practice at critical times was rare (9%), and drinking water was accessed with unclean hands or cups. Meals were served on dirty surfaces (70%) and plates were often washed without soap (60%). Though staff cited motives like disease prevention and cleanliness, structural barriers (e.g., lack of tools, supplies) and competing priorities undermined hygiene behaviours.

Conclusions

Blantyre ECDCs face critical gaps in WASH training, infrastructure, and practices. Integrating theory-driven hygiene interventions with infrastructure support into routine operations is essential to promote child health and development.

Biography of the Main Author

Kondwani Luwe *is a Research Associate at WASHTED–MUBAS with expertise in Environmental Health and Epidemiology. He holds an MSc in Epidemiology from Kamuzu University of Health Sciences. His research focuses on WASH interventions, hygiene behaviour change, and child health in low-resource settings. He has supported several WASH projects at WASHTED, authored peer-reviewed publications,*

and collaborated with local and international partners to translate evidence into policy and practice.

Indigenizing Health Communication through Inclusive IPC: Community Engagement & Involvement with Non-Clinical Staff in Malawi's Central Hospitals

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Introduction

Community Engagement and Involvement (CEI) is a participatory approach that empowers individuals and groups to take ownership of health initiatives by integrating their unique roles, knowledge, and cultural contexts into the design and implementation of health programmes. In the context of infection prevention and control (IPC), CEI recognises that healthcare-associated infections (HAIs) are not solely the responsibility of clinical staff. Despite this, strategies to combat HAIs often overlook non-clinical staff, resulting in gaps in compliance. Antimicrobial resistance (AMR), which is closely linked to poor infection prevention practices, further underscores the need for inclusive and comprehensive approaches to IPC. Additionally, data on how best this group of people can be engaged and involved within the Malawian healthcare context is sparse. Our study aimed to develop a CEI strategy for engaging and involving patients, patient guardians, hospital attendants, contracted cleaners, security guards, and ward clerks in the central hospitals of southern Malawi, specifically Queen Elizabeth and Zomba Central Hospitals.

Methods

This study is part of a mixed-methods implementation design, with a focus on a participatory approach. We purposively sampled non-clinical staff, including the patient guardians (20), hospital attendants (30), contracted cleaners (20), and security guards (8) at QECH and ZCH through facilitated workshops, joint problem-tree analyses, and 4 focus group discussions (FGDs), 2 from each facility, among patient guardians. A total of 50 participants were engaged in the formative phase, whereas the implementation phase included 28 participants. Participants were also engaged in co-creation and co-design of training materials and health promotion materials to ensure that messages were culturally relevant, context-specific, and more likely to be adopted. Data was recorded using an audio recorder for the FGDs, structured observation checklists, note-taking, and participant exercises during the co-creation and co-designing of materials. Thematic content analysis using NVivo was done to identify challenges, enablers, and co-designed IPC strategies.

Key Findings

Our findings highlight the critical need to focus on relationships and the human element of care as central to improving IPC in Malawian hospitals. The formative work revealed that the contracted cleaners and hospital attendants face chronic shortages of PPE and cleaning supplies, heavy workloads, and poorly maintained water and sanitation facilities. They also lack structured IPC training and inclusive communication while contending with overcrowded wards, broken handwashing stations, and language barriers to existing signage for IPC. The patient guardians reported a lack of guidance, visual aids for health information, including IPC, and overcrowding. Proposed strategies include regular, inclusive IPC

trainings for all cadres, consistent procurement and distribution of PPE, soap, and sanitiser, and repair and expansion of handwashing facilities. They also recommended brief IPC orientation sessions on admission, the appointment of ward-level IPC champions, clear SOPs and checklists for cleaning and aseptic procedures, and translation of visual aids into local languages. Building on the formative work, the implementation phase engaged and involved non-clinical staff through co-creation and co-design of training and health promotion materials, which have been carried out at QECH and ZCH, tailored for the non-clinical staff on hand hygiene, waste management, and environmental cleaning. Beyond this, they are trained on communication skills, shared leadership, role clarification, and teamwork, key skills for health promotion.

Conclusions

Involving end-users and staff at all levels, CEI enhances the relevance, uptake, and sustainability of IPC measures and aligns with principles of health equity and health promotion by empowering all stakeholders involved. Through a participatory and inclusive approach, health promotion interventions such as IPC can be championed and owned by the majority. There is a need, therefore, for healthcare facilities should adopt similar approaches in the design and implementation of various health promotion interventions.

Biography of the Main Author

Alex Maseko *is a Health Policy Analyst and an Implementation Researcher working as a Research Assistant at the Malawi Liverpool Wellcome Programme, IPC-Implement. He holds a master's in public health (Health Policy, Systems, and Management) and a BSc in Nursing and Midwifery. With over six years of clinical and research experience, his work focuses on health systems strengthening, infection prevention, WASH, infectious and neglected tropical diseases. His work integrates qualitative and quantitative methods to address public health challenges in low-resource settings.*

Exploring Potential Antifungal Agents from *Artemisia annua* Anamed (A-3) Using In Vitro and In-silico approaches.

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Introduction

Fungal infections pose a major global health burden, with drug resistance limiting treatment options. *Artemisia annua* Anamed (A3) has demonstrated promising antifungal properties, prompting further investigation into its bioactive compounds as potential drug leads.

Methods

This study employed both in-vitro and in-silico approaches to evaluate the antifungal potential of *A. annua* (A3) against Candida spp. and Cryptococcus neoformans. In-vitro susceptibility testing was conducted using disk diffusion methods to assess the efficacy of aqueous and ethanolic extracts. For in-silico analysis, molecular docking studies were performed on three fungal target proteins (CYP51, 7WGI, and 4Y7S) to identify promising bioactive compounds.

Key Findings

The in-vitro experiment revealed strong antifungal activity, with aqueous extracts exhibiting greater inhibition zones compared to ethanolic extracts. Molecular docking revealed Diosmetin, Apigenin, Chryseriol, Acacetin, Luteolin, Kaempferol, Genkwanin, and Tamarixetin as top-performing candidates, exhibiting binding affinities between -10.9 and -8.0 kcal/mol. These compounds formed crucial interactions with fungal drug-target proteins, reinforcing their potential for antifungal drug development.

Conclusion

The findings indicate that bioactive compounds from *A. annua* (A3) possess significant antifungal potential. The integration of in-vitro and in-silico approaches has accelerated the identification of promising candidates for further drug development. These results contribute to the discovery of natural antifungal agents that could address resistance challenges and improve treatment options.

Biography of the Main Author

Madalitso Muhakeya *is a committed researcher specialising in drug discovery, with expertise in molecular docking, medicinal chemistry, and phytochemical-based therapeutics. His research focuses on identifying novel antifungal agents from Artemisia annua, utilising computational and experimental approaches to evaluate binding affinities against fungal target proteins. With a strong foundation in computational biology and phytochemical screening, he aims to advance natural product-based antimicrobial and antiparasitic solutions. His work plays a crucial role in tackling drug resistance in pathogenic fungi, offering promising plant-derived therapeutic alternatives to improve antifungal treatment strategies.*

Maganizo: Cinyanja Speakers' Conceptualisation of the Stresses of Life

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Introduction

It is well established that language forms the basis of mental health care. It is through language that symptoms of mental distress are expressed and discussed, and language forms the medium through which many aspects of treatment are delivered. The central argument of this study is that *maganizo ndi matenda* is the Chinyanja speakers' way of conceptualising and communicating the stresses of life.

Methods

Qualitative methods of native speaker introspection, linguistic landscapes, focus group discussions and in-depth interviews were used to collect data. Six focus group discussions and 15 in-depth interviews involving 42 participants were conducted at Limbuli, Lilangwe and Dyelatu markets. Other interviews were conducted with mental health professionals at Zomba Mental Hospital. The three markets were selected purposively for being big, open markets. It is recognised that open markets in Malawi are language development locations. Zomba Mental Hospital was selected for its specialisation and experience in communicating symptoms of mental disorders. The concept of *maganizo ndi matenda* was analysed using conceptual metaphor theory, which provides a framework for understanding abstract concepts through concrete and physical metaphors. For the rest of the data, recurring themes were identified and evidence to support the themes was sourced from interviews, linguistic landscapes and proverbs.

Key Findings

A key result is that *maganizo* is a complex concept through which Cinyanja speakers conceptualise the stresses of life. Another important result is that *maganizo ndi matenda* is a way Chinyanja speakers understand and communicate the stresses of life. Further analysis shows that *maganizo* is associated with negative impressions.

Conclusion

The concept of *maganizo* compares with what the WHO calls the stresses of life in the definition of mental health. Another conclusion is that Cinyanja speakers' language choice and conceptualisation of *maganizo* is at variance with the Ministry of Health's choice of *maganizo angwilo* for mental health. Finally, this study observes that the ministry's choice of *matenda a mu ubongo* for mental disorders is ambiguous. The study recommends that health promotion approaches need to be culturally competent, appropriate and sensitive.

Biography of the Main Author

***Mzati Nkolokosa**'s research interests are in emic perspectives on well-being and illness in Malawi. He is particularly interested in malaria and mental health. As a journalist, he is interested in the link between creative writing and health promotion. As a cognitive linguist, he is interested in the meanings coded in names and symptoms of diseases, and the development of guidelines which can be used to help create more inclusive, culturally appropriate resources for health promotion. His feature story titled 'Tales of HIV in children' won the American Association for the Advancement of Science's best story in Anglophone in 2005. As part of the prize, he attended the association's annual conference in DC. He is currently studying for a PhD in Linguistics at the University of Essex under the supervision of Professor Hannah Gibson.*

Healthcare Provider and Health System Leader Perspectives on Barriers to Hypertension Care in Malawi

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Introduction

Malawi has a significant burden of hypertension, including for people living with HIV, yet hypertension diagnosis, treatment, and control remain low despite the increasing burden of non-communicable diseases. Care fragmentation exists as HIV services are provided through antiretroviral therapy clinics while hypertension care occurs in separate outpatient departments, creating barriers to comprehensive care. The World Health Organisation recommends integrated HIV-hypertension care, but such integration is not widely implemented in resource-constrained settings. This study explored barriers to hypertension care from the perspective of healthcare providers and health system leaders, specifically examining whether integration of HIV and hypertension care reduces access and continuity barriers, and identifying persistent barriers regardless of integration status.

Methods

We conducted in-depth interviews across 14 health facilities (10 government, 4 Christian Health Association of Malawi network) in central and southern Malawi. Six clinics provided integrated HIV and hypertension care, defined as the same provider managing both conditions during a single encounter; twelve provided free services while two charged for hypertension care. We used purposive sampling to recruit healthcare providers with ≥1-year experience in ART and/or NCD clinics, and health system leaders spanning HIV and NCD care roles. Interview guides used the Consolidated Framework for Implementation Research. Transcripts were double-coded using Atlas.ti 23 software and analysed using Braun and Clark's thematic analysis approach.

Key Findings

From April-May 2023, we interviewed 33 participants (25 providers, 8 health system leaders). Barriers to hypertension care in integrated clinics related to systemic health system challenges affecting all hypertensive patients regardless of HIV status. Frequently mentioned barriers included lack of functioning equipment, antihypertensive medication stockouts, insufficient provider training, inadequate staffing, and weak medical record systems. Providers experienced with integrated care reported positive views of integration, noting improved care quality and reduced client burden. However, unique challenges emerged, including capacity constraints due to large client volumes and the inability to align medication dispensing schedules for antihypertensives and ART due to antihypertensive stockouts.

Conclusion

While integration of HIV and hypertension care shows promise for improving service delivery, fundamental health system strengthening is essential to address persistent barriers. Successful integration requires addressing equipment availability, medication supply chains, provider training, and staffing levels to realise the full benefits of integrated care models in resource-limited settings.

Cinyanja, Ciyao and Citumbuka Speakers' Perspectives on *Malungo*

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Introduction

There is a disconnect between researchers' understanding of malaria and the general population's understanding of *malungo,* the Chinyanja name for malaria in Malawi. As a result, researchers have singled out raising awareness of malaria as an important intervention in the fight against malaria. However, after decades of raising awareness, low malaria knowledge levels are still reported by researchers. The central argument of this study is that the disconnect between malaria and *malungo* could be evidence that the two names refer to different diseases.

Methods

Qualitative methods of native speaker introspection and semantic analysis were used to investigate the meanings of *malungo* in Cinyanja and Ciyao languages and the equivalent *phungu* in Citumbuka. Introspection involved careful examination and description of inner thoughts, outward perception and memory. Semantic analysis was used to investigate names of diseases since they are typically based on the responsible virus or bacteria. Finally, a reflection on the meeting of English and Malawian languages and the challenges associated with translation was used to investigate the disconnect between malaria and *malungo.*

Key Findings

A key result is that in medicine, names of diseases are typically based on the responsible virus or bacteria. Consequently, based on cognitive linguistic perspectives, *malungo* is named after the parts of the body (joints) in which pain and symptoms are experienced. Another key result is that the disconnect between malaria and *malungo* portrays the challenges faced at the meeting of English and Cinyanja, which might have resulted in a mismatch between malaria and *malungo.*

Conclusion

The study recommends field work to investigate the condition called *malungo* to determine the similarities and differences between malaria and *malungo.* A fight against malaria without people's perspectives on *malungo* is futile.

Assessment of the Effectiveness of CHW-Led SBCC Interventions in Reducing Maternal and Neonatal Mortality in Kasungu

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Introduction

High maternal and neonatal mortality rates remain a significant public health challenge in Malawi, particularly in rural districts like Kasungu. Malawi's Maternal Mortality Ratio stands at 349 per 100,000 live births (against a target of less than 304 per 100,000 by 2024), while the Neonatal Mortality Rate is 26 per 1,000 live births (with a goal of reducing it to below 19 per 1,000 by 2024. Despite various interventions, many communities still lack access to effective and culturally appropriate strategies that promote health behaviours. Nevertheless, Community Health Workers (CHWs) play a crucial role in maternal and neonatal health, yet varying contextual factors often influence their effectiveness. Therefore, this study sought to assess the effectiveness of CHW-led Social and Behaviour Change Communication (SBCC) interventions in reducing maternal and neonatal mortality in Kasungu.

Methods

A mixed-methods approach was adopted, utilising both qualitative and quantitative research methods. Data were obtained through 2 focus group discussions with 8 postnatal mothers in each group, 9 in-depth interviews with CHWs, and the extraction of health facility records on births, maternal and neonatal deaths across 36 health facilities in the district spanning 18 months before and during intervention implementation. Qualitative data were analysed thematically using NVivo version 14, while quantitative data were subjected to descriptive and inferential statistical analysis using SPSS version 20.

Key Findings

The findings revealed significant reductions in maternal and neonatal mortality (116 to 61/100,000 livebirths and 12 to 8.7/1,000 livebirths, respectively) following the interventions. Both reductions were statistically significant ($p < 0.05$), as determined through paired samples t-tests comparing pre- and post-intervention data, highlighting the intervention's effectiveness in improving health outcomes. Qualitative findings included the critical role of resource availability, CHWs' capacity building, and continuous community engagement in driving these positive outcomes. In contrast, challenges such as inadequate educational materials, socioeconomic factors and cultural resistance in some communities highlighted areas for improvement.

Conclusions

The study highlights the effectiveness of CHW-led SBCC interventions in improving maternal and neonatal health outcomes. Reinforcing CHW support through resources to facilitate activity implementation, training, mentorship, supportive supervision, and culturally tailored SBCC materials can enhance intervention effectiveness and lead to sustainable health outcomes. Recommendations include expanding CHW training, increasing local health education resources, and fostering partnerships with key stakeholders for future SBCC initiatives. This study contributes valuable evidence supporting the integration of SBCC approaches into primary healthcare systems to reduce preventable maternal and neonatal mortality in resource-limited settings.

Biography of the Main Author

Massa Msiska *is a public health professional with a Master of Arts in Health and Behaviour Change Communication and a Bachelor of Science in Nursing and Midwifery. He has experience in maternal, neonatal and child health, sexual and reproductive health and expanded program on immunisation. He has led and facilitated the implementation of various health programs and communication strategies in both clinical and community settings, holding roles such as District Coordinator, Vaccine Officer, Research Project Officer and Demand Creation (SBCC) Officer. He is committed to improving healthcare access and outcomes through evidence-based interventions.*

Men Matter in SRHR Tool Kit: A Grounded Human-Centred Approach in Engaging Male Gatekeepers on Adolescent Sexual and Reproductive Health in Malawi

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Introduction

Social and community norms significantly influence reproductive health behaviours and access to family planning services. While most sexual and reproductive health rights (SRHR) interventions have traditionally focused on women and girls, the role of men, especially adolescent boys and young men (10-24 years), remains critically underexplored, despite their considerable influence in household and community decision-making. Meaningful male involvement is essential for achieving sustainable SRHR outcomes. Regional and national frameworks emphasise the need to create supportive environments where men are informed and actively engaged in reproductive health. In response, Family Health Services (FHS) developed the *Men Matter in SRHR* facilitator toolkit to equip male community leaders with the knowledge and skills needed to support adolescent boys and young men. Grounded in a Human-Centred Design approach, the toolkit was developed through participatory workshops with adolescents, gatekeepers, civil society organisations, and government stakeholders. The process led to the co-creation of posters and a facilitation guide tailored to local contexts and realities. These materials were designed to stimulate community dialogue, address harmful gender norms, and promote increased male involvement in SRHR and family planning. This abstract presents the process of designing the toolkit and its potential contribution to shifting social norms and advancing male engagement in SRHR programming in Malawi.

Program Intervention

In the process of developing the Men Matter in SRH tool, it involved the co-design of information, education and communication materials and male engagement prototypes through participatory workshops with adolescent boys and young men (10-24 years), community gatekeepers, civil society organisations, and government-relevant departments. These materials included posters and a community gatekeepers' toolkit guide called Men Matter in SRHR, tailored to reflect local needs and realities grounded in human-centred design. The approach aimed to stimulate dialogue, address social norms, and increase male participation in family planning and SRHR service uptake, while aligning with national policy frameworks and community aspirations.

Prior to designing the *Men Matter in SRHR* toolkit, Family Health Services (FHS) conducted a baseline survey in Mzimba, Dedza, and Chiradzulu to assess existing attitudes and practices related to SRHR, particularly the use of modern family planning. These districts were purposefully selected to represent different regions of Malawi and provide a broader understanding of community perspectives. Following the baseline, FHS organised three participatory co-design workshops in Dedza with a total of 57 participants, including adolescent boys and young men, community leaders, civil society organisations, and relevant government departments. These workshops placed participants at the centre of the design process, with facilitators guiding discussions based on Human-Centred Design principles. The sessions focused on exploring lived experiences, identifying barriers to male engagement, and collaboratively developing content for the toolkit, including posters and facilitation guides tailored to community realities.

Key Findings

Two key community-based prototypes were developed to address cultural and social norms that limit male participation in SRHR, particularly among adolescent boys and young men. These prototypes were packaged into a facilitator's toolkit designed for community gatekeepers (Anankungwi/Akumadzi), enabling the delivery of age-appropriate and culturally sensitive SRHR education. A total of nine low-literacy posters were created and pretested, each conveying key SRHR messages tailored for adolescents and young people. Findings from the co-design workshops revealed that engaging male gatekeepers through participatory methods fosters a sense of ownership and enhances the sustainability of SRHR interventions. The resulting toolkit presents a replicable model that bridges knowledge gaps, addresses behavioural barriers, and promotes sustained male involvement in adolescent SRHR education across Malawi.

Lessons

Findings from the baseline and co-design workshops confirmed that community-led design processes are effective in addressing gender imbalances in SRHR programming. Involving men and boys in the co-creation of IEC materials and engagement strategies fostered a strong sense of ownership and legitimacy often missing in top-down approaches. The use of Human-Centred Design allowed participants to explore sensitive issues and co-develop context-specific solutions that align with local realities. A key lesson learned is that early involvement of community gatekeepers and traditional leaders enhances community buy-in and accelerates the adoption of positive family planning behaviours. For future scale-up, integrating this approach into district health and education planning cycles will be essential to ensure community-driven insights inform broader policy implementation. The FHS model offers a practical, replicable framework for positioning men and boys as active agents in achieving inclusive and equitable SRHR outcomes.

Conclusion

The *Men Matter in SRHR* toolkit demonstrates that meaningful male engagement in adolescent sexual and reproductive health is achievable through grounded, community-led approaches. By applying Human-Centred Design and engaging gatekeepers from the beginning, the intervention not only addressed harmful norms but also strengthened local capacity to drive change. The toolkit offers a scalable model that can be adapted to similar contexts, reinforcing the critical role of men and boys in advancing SRHR outcomes. Sustained investment in such inclusive approaches is key to building equitable, community-owned health systems.

Biography of the Main Author

Akuzike Moyo *is a dedicated Public Health professional, Social Designer, and Qualitative Researcher with over 10 years of experience implementing Community Development and Public Health interventions across Malawi. He has made significant contributions to key national health initiatives, including leading implementation science efforts for COVID-19 self-testing and Long-Acting Injectable PrEP in Malawi. With deep expertise in demand creation strategies, insight collection and analysis, prototype development, message crafting, social design, and policy analysis, Akuzike brings a multidisciplinary approach to solving public health challenges. He currently serves as the Gender & SRHR Innovations Coordinator under the Maverick Portfolio. In this role, he leads efforts to enhance male involvement in Sexual and Reproductive Health (SRH), addressing critical gaps in programs that often focus predominantly on women and lack a gender-transformative lens. His work involves the design and rollout of innovative prototypes aimed at fostering equitable engagement of all genders in SRHR initiatives. Akuzike is passionate about using data and insights gathered through Human-Centred Design (HCD)*

research to influence policy and improve health outcomes at the community level. His broad background includes experience in youth development, SRHR programming, and nutrition interventions. He remains deeply committed to addressing complex health and social challenges in Malawi and beyond.

Capacity-building of Healthy Workers for the Transition from IFA to Multiple Micronutrient Supplementation (MMS) among Pregnant Women. A Case Study of Malawi

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Introduction

Poor dietary intake during pregnancy can lead to problems such as premature birth, low birth weight, and birth defects. Pregnant women are encouraged to take iron and folic acid (IFA) tablets throughout pregnancy. However, the uptake of IFA among pregnant women in Malawi remains low due to the late start of antenatal care, side effects, forgetfulness, and lack of information about its benefits. In 2020, the WHO recommended multiple micronutrient supplementation (MMS) from IFA. Malawi initiated the transition in May 2025, supported by training and capacity-building interventions at the national and district levels. This study aims to assess how well these trainings strengthened healthcare providers' capacity to implement MMS in routine antenatal care (ANC). This study assesses the impact of healthcare worker capacity building through MMS training at national, district, and community levels on improving provider knowledge, service delivery, and early implementation of MMS in five pilot districts in Malawi.

Methods

A mixed-methods approach was employed. Quantitative data were collected using pre- and post-training surveys administered to healthcare providers to assess how training and capacity-building activities have improved health workers' ability to deliver Multiple Micronutrient Supplementation (MMS). Health workers were trained on MMS manual guidelines, nutrition counselling, and Social Behaviour Change (SBC) tools by facilitators from KUHeS, the Ministry of Health (MoH), the Reproductive Health Directorate, and UNICEF. A total of 275 healthcare workers participated in pre- and post-training surveys and were oriented on Maternal Nutrition, MMS and its benefits for pregnant women across five districts in Malawi. Evaluation included pre- and post-training assessments. Quantitative data were analysed using descriptive statistics. Qualitative data from interviews were analysed thematically to identify key issues and experiences shared by health care providers.

Key Findings

The training sessions were well-attended and followed adult learning approaches. During interviews and group discussions, many health workers showed strong support for MMS, although some challenges were highlighted, including issues with supply and the need for follow-up training**.** Reports show that capacity-building training improved service delivery and enhanced health workers' confidence. They also led to better ANC attendance and follow-up, as providers became more active in counselling and supporting pregnant women.

Conclusion

The transition from IFA to MMS promises to be effective if the current positive findings are sustained across all districts. Capacity-building trainings played a key role in this progress by improving health workers' knowledge, confidence, and counselling skills, which contributed to greater awareness and uptake of MMS among pregnant women. This change has the potential to improve health outcomes for pregnant women across the country.

Biography of the Main Author

Beatrice Mkomadzinja *is an Administrator and Research Assistant at Kamuzu University of Health Sciences in Malawi. She is actively involved in supporting health programmes, focusing on strengthening*

service delivery through capacity-building initiatives. Her work contributes to improving maternal and child health by facilitating the training activities and stakeholder engagement at both the district and national levels.

Community Engagement and Mapping Strategies for The Hybrid Schistosomiasis Research in Southern Malawi Districts

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Introduction

Conducting health research in rural settings presents unique challenges that can impact both the research process and outcomes if not addressed during the planning phase. Although schistosomiasis is a familiar condition within the target communities, the concept of parasite hybridisation (combination of two species to create a new product) was entirely new. Here, we present the strategies the HUGS study employed in the preparation for implementation of the hybridisation component in the urogenital schistosomiasis research. The preparatory steps were critical for building understanding, trust, and support ahead of the epidemiological and molecular data collection phases.

Methods

Conducted in Mangochi and Nsanje districts, the study targeted a total sample size of 2,400 individuals aged 2 to 45 years. Preparatory activities included household mapping and census using GPS to record coordinates for each household in the selected villages. Extensive stakeholders and community engagement activities were carried out at district, area, and village levels through meetings with representatives from governmental and non-governmental entities. Community sensitisation was achieved through village meetings and public address systems, with significant support from health workers, ensuring informed participation and local buy-in.

Key Findings

High turnout was observed during all stakeholders and community meetings. Community sensitisation was successfully conducted throughout the study areas. A total of 1,214 households with 646 (53.2%) in Mangochi and 568 (46.8%) in Nsanje were censused and GPS-mapped. The total population was 5,568 of which 2,485 (44.6%) and 3,083 (55.4%) were in Mangochi and Nsanje, respectively. In 2022, a total of 2,319 (96.6%) participants were enrolled within a 20-day period, follow-up surveys in 2023 and 2024 retained 1,789 (77.2%) and 1,908 (82.3%) participants, respectively. The main challenges were that it was not easy at first to change people's mindset since this was the first study to be done in the selected areas, and losses to follow-up occurred due to community displacement following flooding.

Conclusions

High successes in stakeholders' participation and participant recruitment, and follow-up were attributed to timely and effective engagement and buy-in. The unfamiliar concept of parasite hybridisation required repeated, carefully tailored messaging to build understanding and trust. The HUGS experience demonstrates that engaging key stakeholders and community members at all levels builds trust, promotes acceptability and ownership, and increases the likelihood of successful implementation of public health research activities.

Biography of the Main Author

Gladys Namacha *is a seasoned Field Research Assistant with 12 years of experience. She joined the Malawi Liverpool Wellcome Programme in 2013, working as a Field Worker for 8 years. Currently, she is part of the Hybridisation in Urogenital Schistosomiasis (HUGS) project for the past 4 years. In her job, she has been engaged with various outreach activities with stakeholders through meetings mainly at the area and community levels. She has showcased her work through presentations at conferences held both locally and internationally. She has co-authored several research papers, and she is in the process of writing her first-author manuscript to be submitted in June 2025. Her expertise and dedication make her an asset in her field.*

Exploring the Health Impacts of Climate Change Through the Lens of Affected Community Members: A Photovoice Community Engagement Project in Urban and Rural Malawi.

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Introduction

Climate change has led to rising global temperatures, resulting in an increase in extreme weather events that adversely impact public health, leading to both deaths and illnesses. Approximately 3.6 billion people worldwide are vulnerable to the effects of climate change, with developing countries being disproportionately affected despite their low carbon emissions. Malawi, for instance, was devastated by Tropical Cyclone Freddy in 2023, which caused the deaths of over 1,200 individuals, widespread displacement, injuries, and significant damage to infrastructure essential for the delivery of healthcare services. Malawi Liverpool Wellcome Programme is implementing a community engagement project adopting a bottom-up approach to co-develop research priorities for climate change and health informed by the perspectives and lived experiences of individuals in an urban and rural setting in Malawi.

Methods

Using photovoice, a participatory approach that allows participants to express themselves visually and articulate their lived experiences and challenges. Twenty participants were recruited to capture their experiences through photographs and personal narratives to co-develop adaptation or mitigation strategies. Following the photovoice workshops, we invited community representatives and relevant stakeholders for community exhibitions to facilitate the collective implementation of co-developed solutions. At these events, project participants engaged community leaders and stakeholders for their support, to facilitate implementation of co-developed solutions to adapt or mitigate the impacts of climate change. The outcome of the community exhibitions was community meetings among residents to discuss how they can collectively prepare, respond & address the impacts of climate change on health. Data was analysed using content analysis.

Key Findings

Key emerging themes included an increase in communicable diseases, greater exposure to zoonotic diseases, water scarcity, infrastructure damage disrupting healthcare access and delivery, low crop yields, economic loss due to business disruptions, increased sexual violence and abuse, and rising mental health issues. Participants proposed community-led sensitisation, community-led reafforestation, multisectoral collaboration and having active disaster preparedness and response plans to effectively mitigate the effects of climate change.

Conclusions

The findings from this project aim to enhance epistemic justice by co-creating working solutions with communities for strengthening resilience to withstand extreme weather events, advocating for policy change, and providing evidence to inform health research agendas.

Biography of the Main Author

Tracy Chasima *is a Social Scientist under the Communications and Public Engagement Department at MLW. She is currently implementing a Climate and Health project, which seeks to engage communities through photovoice methodology to investigate the effects of climate change on health, with the objective of co-developing community-led interventions to address the identified health challenges. Tracy holds a Master's degree in Environmental Health and has experience in health research, water, sanitation and hygiene, as well as maternal, neonatal, and child health. Her prior work involved assessing the impact of solid fuel use on household air pollution in informal settlements in Malawi.*

Can Indigenous Knowledge Systems Inform Health Communication? The Case of Lightning and Electromagnetics

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Introduction

Traditional, local and indigenous knowledge refers to the understandings, skills and philosophies developed by societies with long histories of interaction with their natural surroundings. For rural and indigenous peoples, local knowledge informs decision-making about fundamental aspects of day-to-day life. This knowledge is integral to a cultural complex that also encompasses language, systems of classification, resource use practices, social interactions, ritual and spirituality. These unique ways of knowing are important facets of the world's cultural diversity, and provide a foundation for locally-appropriate sustainable development. Indigenous Knowledge (IK) may represent, in one sense, traces from the past in the form of memories, traditional knowledge and it may also constitute a version of history in the present. Though some issues based on IK brings in misconceptions and perceptions regarding lightning, most of the knowledge is basically scientifically true hence indigenizing Health Communication, preventing death and injuries of the masses in the process. We conducted a comparative analysis of real scientific truth and views about lightning and electrostatics/electromagnetic versus traditional and cultural views on lightning from the Indigenous Knowledge Systems (IKS) base. We critically analysed the link between facts about lightning from the indigenous knowledge systems and scientific knowledge on the same in close relation to informing health communication.

Methods

Scientific knowledge and facts on lightning as researched by international scientists and institutions (Uman 1986, Mahapa 2002, National Lightning Safety Institute 1998), were comparatively analysed with previously collected IK data on lightning, in which we used focus group discussions, In-depth Interviews and key informant interviews as collection tools. We used tally sheets to analyse data manually.

Key Findings

The study revealed that some facts and beliefs about lightning from IKS reflect at least real truth or near-truth elements about lightning based on a scientific view, hence providing clear and impactful health communication. The study analysed the following facts that are from the IKS that reflect true scientific elements about lightning: Avoid sitting under or near trees that grow tall, hence prone to lightning- some trees are believed to be prone to lightning strikes, and herd boys are warned not to take refuge under them in the event of lightning storms. The IK and cultural view of lightning stipulates that suitable locations to hide during lightning /rainy storms being avoiding trees, open space, water and that lightning is attracted by a tallest object is true in scientific view about lightning and electrostatic.

Beliefs from the IKS, like lightning being attracted by the tallest objects, open spaces and water, are all true in the scientific view about lightning and electrostatics. Avoiding walking along footpaths during rainy storms -Herd boys are told to avoid walking along footpaths during lightning storms to avoid being struck by lightning, as it is believed that lightning will travel along footpaths with flowing water. Avoid being next to cattle in the rangelands, as cattle are known to be prone to being struck by lightning, as they are often the tallest objects in an open grassland (except when there are trees). Herd boys are warned to avoid being close to cattle in the event of lightning storms to avoid being struck by lightning. There is a connection between bare metals and wires to lightning; hence, as a precautionary measure, locals avoid

riding a bicycle without rubber handles in the rain. Casual observations have shown that the local palm trees *(Mgwalangwa, Mnjale)* are more often struck by lightning than other trees within the same area, and this could be because they tend to be taller than the surrounding trees, thereby being more of a target for the lightning strike.

Conclusion

Findings of the study strongly indicate the link between health communication, indigenous knowledge systems and scientific knowledge, however the fact that the locals themselves do not believe in scientific knowledge and all in all the links, there is a need for an indigenized health communication delivered together with scientific literacy side by side in as far as lightning and electrostatics is concerned. The fact that there is a deep-rooted misconception and a lack of scientific knowledge on lightning, the IK and beliefs should be incorporated in the health communication and teaching of electrostatics in lower classes with the aim of promoting conceptual understanding in electrostatics.

The Influence of Community Delivered Comprehensive Sexuality Education on Adolescent Health in Mchinji.

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Introduction

In low-resource settings like Mchinji, Malawi, adolescents face limited access to healthcare and accurate sexual and reproductive health (SRH) information, making it difficult to make informed SRH decisions. Comprehensive Sexuality Education (CSE) is recognised globally as an effective approach, but evidence on its impact through youth clubs in Mchinji is limited. This study aimed to determine the influence of CSE on adolescent SRH decisions within youth clubs. Specifically, it examined the relationship between SRH knowledge and behaviours, adolescents' perceptions of CSE, and facilitators and barriers to adopting positive SRH behaviours.

Methods

A mixed-methods approach was used to assess SRH knowledge, attitudes, and practices among adolescents 10- 19 years exposed to CSE in youth clubs between 2020 and 2023. A 5-point Likert-scale questionnaire explored SRH behaviours such as abstinence, contraception use, voluntary testing, and information sharing. Qualitative data gathered perceptions on the relevance, influence, and delivery of CSE messages. A simple random sample of 250 adolescents was selected for the quantitative component, while 30 participants were purposively chosen for focus group discussions. Quantitative data were analysed using SPSS, employing descriptive statistics, t-tests, ANOVA, Pearson correlation, and stepwise regression. Thematic analysis was used for qualitative findings.

Key Findings

Key variables included SRH knowledge, CSE perceptions, behaviours, facilitators, and barriers. The *p-values* of 0.047 and 0.019, respectively, were less than the significance level of 0.05, suggesting a significant difference in SHR Knowledge and CSE perceptions between males and females, with males (M = 3.53; SD 0.46) being higher than females (M = 3.41; SD = 0.49) on knowledge and on CSE perceptions. significant differences (p<0.005) across the two age groups (10-14 years and 15-19 years) were observed on all five variables. Overall, males and older adolescents reported higher levels of knowledge and more positive perceptions about SRH.

A positive correlation was found between SRH knowledge and all tested SRHR behaviours ($r = 0.237$, $p < 0.01$), and between SRH perceptions and both knowledge ($r = 0.158$, $p < 0.05$) and facilitators ($r = 0.414$, $p < 0.01$). Regression analysis identified barriers, knowledge, and perceptions as significant predictors of SRH behaviours. Qualitative findings revealed positive and negative perceptions of CSE and highlighted inadequacies in content delivery. Although adolescents exposed to CSE demonstrated high levels of SRH knowledge, they exhibited poor SRH behaviours, suggesting a gap between knowledge and practice.

Conclusion

Comprehensive Sexuality Education delivered through youth clubs significantly influences adolescent SRH knowledge and perceptions, yet a notable gap remains between knowledge and behaviour. This intention-behaviour gap suggests that while adolescents may understand healthy SRH practices, they face contextual or systemic barriers to acting on this knowledge. To enhance effectiveness, CSE content

should be co-designed with youth to reflect their lived realities, cultural contexts, and preferred communication strategies.

Biography of the Main Author

Flora Makwakwa *is an experienced Social and Behaviour Change Communication (SBCC) professional with over 15 years in the social development sector. She specialises in SRHR, family planning, gender, and youth-focused programming, with a strong background in education, health governance, and human rights. Currently serving as SBCC Manager for the FCDO-funded Umoyo Wathu Program, she leads strategic communication efforts to improve SRHR/FP service uptake among adolescents, youth, and people with disabilities. Flora holds a master's in Health Behaviour Change Communication from the University of Malawi, with research focused on Comprehensive Sexuality Education and adolescent SRHR decisions.*

Barriers to Contraceptive Use among Young People (Young People's Involvement in Safe Reproductive Health and HIV and AIDS Activities in Wenya and Nthalire Areas in Chitipa) Oral Presentation

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Introduction

The youth have been sidelined in most activities to do with sexual and reproductive health, even though the youth still face a lot of problems regarding their reproductive health and HIV and AIDS in Malawi. The purpose of the project was to involve youth in activities regarding sexual and reproductive health and HIV and AIDS by training them in reproductive health to disseminate information on family planning and HIV and AIDS to their communities.

Methods

A series of trainings was conducted with the youth in primary schools and communities on reproductive health issues, including HIV and AIDS. They were also taught peer education skills, how to distribute contraceptives to fellow youth in the communities and at school during sports activities. Furthermore, they were taught how to formulate songs, drama and poems as a tool to disseminate the message to the community during different traditional functions. Teachers and service providers were trained in Youth-Friendly Health Services (YFHS) to serve as Patrons of the youth clubs and supervisors, respectively.

Key Findings

The number of youths accessing family planning services at both the community and facility levels increased from 12% in 2009 to 28% in 2011. The 2009 to 2011 family planning reports show that condom use increased from 147 to 202, pills from 205 to 255, depo from 156 to 209, STI services from 104 to 90, and teenage pregnancy from 22 to 12. The youth community-based distribution approach increased the availability of contraceptives at the community level because the distributors were readily available at non-conventional places like football matches, community gatherings and during night activities. There was also increased interaction and debate on modern family planning methods and ways of preventing the spread of HIV and AIDS, as was noticed through youth clubs and social places.

Conclusion

It is important to engage adolescents in reproductive health initiatives as it makes the service accessible and acceptable to young people. Involving young people in addressing their reproductive health problems is vital since a good response is achieved in minimising the problems they face, which eventually also affects their family well-being.

An in-Depth Analysis of Art Triple Combination in Relation to the Health of the Mother After Delivery

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Introduction

Prevention of Mother to Child Transmission (PMTCT) guidelines endorse the use of ART Triple combination for all HIV+ pregnant women to reduce vertical transmission (post, intra and utero partum). It is a fact that in some cases, childbearing potentially increases viral load, making mothers prone and vulnerable to other opportunistic diseases that eventually lead to death. We wanted to find out if ART Triple Combination administered to HIV+ pregnant women, which potentially decreases HIV transmission risks during pregnancy, during delivery, and breastfeeding, has any impact on the Health of the mother after giving birth.

Methods

A qualitative study using both FGD and In-depth Interviews was conducted. We interviewed 31 PLHIV from 9 Support Groups in Rumphi. Out of the 31, 14 were men and 17 were women. The interview was based on knowledge, attitude and practice. Data was being analysed on a continuous and ongoing basis in line with the knowledge, attitude and practice as per the study methodology.

Key Findings

Of the 14 men interviewed,8 (57.2%) indicated that they have at least lost a wife who was HIV+ five to eight months after giving birth despite being on ART regimens. Out of the 17 women interviewed, 6(35.2%) indicated knowing 1 to 2 of their female group members (HIV+) who died or whose health started deteriorating soon after giving birth. ART Triple Combination versus childbearing choices for HIV+ mothers puts the mother at risk, prone and vulnerable to other opportunistic diseases and death.

Conclusion

Childbearing is a woman's reproductive right; however, the use of contraceptives by HIV+ women should not be compulsory.

Promoting Health Through Exercise and Diet: A Pre–Post Study on Reducing NCD Risk Factors Among Women in Rural Malawi

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Introduction

Non-communicable diseases (NCDs) now account for one-third of adult deaths in Malawi, yet women in rural areas receive limited communication on preventive lifestyles. This study assessed whether a community-based program that *demonstrates, explains,* and *reinforces* physical activity and healthy eating can reduce two key NCD risk factors—obesity measured by body-mass index (BMI) and blood pressure (BP)—among adult women in Phereni Community, Lilongwe rural.

Methods

We carried out a six-week quasi-experimental pre-post study. Using purposive sampling, 100 women aged 18–60 years were allocated to an intervention group ($n = 50$) and a usual-practice control group ($n = 50$). Baseline BMI and BP were recorded. The intervention combined thrice-weekly structured exercise sessions (offered in groups or tailored individually) and weekly dialogue-based nutrition education delivered through community meetings, visual aids and WhatsApp group messages. The control group continued their usual lifestyle with no structured intervention. Safety checks and attendance logs were maintained throughout. Post-program BMI and BP were re-measured; within-group changes were analysed with paired *t*-tests and between-group differences with one-way ANOVA ($\alpha = 0.05$).

Key Findings

Ninety-two participants (92 %) completed the program. The intervention group's mean BMI fell from 29.4 ± 3.1 kg/m² to 27.1 ± 2.8 kg/m² ($\Delta = -2.3$ kg/m², $p < 0.01$), and mean systolic BP dropped from 142 ± 11 mmHg to 128 ± 9 mmHg ($\Delta = -14$ mmHg, $p < 0.01$). The control group showed no significant change in either metric. No adverse events were reported.

Conclusion

Integrating clear, culturally tailored health messages with hands-on physical exercise and diet guidance significantly lowered BMI and BP among rural Malawian women within six weeks. Scaling such communication-driven interventions through existing village structures and mobile platforms could substantially reduce the nation's NCD burden.

Biography of the Main Author

Thokozani Gausi *is a recent Sports Science graduate from the Malawi University of Science and Technology (MUST), passionate about public health, research, and community development. She contributed to a student-led study titled "Promoting Health Through Exercise and Diet," supported by the MUST-UNICEF Research and Innovation Initiative. Currently, she leads a "Science of Play" project, selected among 100 projects globally under the UNESCO x SEVENTEEN Global Youth Grant Scheme. Her work focuses on using physical activity to improve health outcomes and reduce the risk of non-communicable diseases.*

Assessing the Impact of Risk Communication and Community Engagement on Cholera (RCCE) Preventive Behaviours in Malawi: A Mixed-Methods Study

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Introduction

Cholera remains a persistent public health threat in Malawi, necessitating sustained efforts to prevent its spread. RCCE plays a critical role in promoting the adoption of cholera preventive behaviours. However, disparities in the dissemination of health messages and the extent of community involvement can significantly influence behavioural outcomes. This study aimed to assess how RCCE influences the adoption of cholera preventive behaviours among populations aged 15 years and above in Malawi.

Methods

A convergent mixed-methods design was employed, grounded in a pragmatic paradigm. Qualitative data were collected through Focus Group Discussions (FGDs) and Key Informant Interviews, while quantitative data were obtained from a stratified random sample of 238 participants. Quantitative data were analysed using IBM® SPSS® Statistics Version 27, and qualitative data were analysed through thematic content analysis. Key themes that emerged included urban–rural disparities in behaviour adoption, the influence of social-ecological factors on health behaviours, varying levels of risk perception shaped by social networks, limitations of mass media messaging, and the need for context-responsive RCCE strategies, especially in complex urban settings.

Key Findings

Findings revealed that mass media was the primary dissemination channel for cholera messages, but limited community engagement hindered local message penetration. Disparities in message reach and behaviour adoption were observed across urban and rural areas, age groups, and education levels. A positive correlation was found between knowledge, RCCE exposure, and adoption of preventive behaviours. Demographic factors such as gender, marital status, and education also influenced behaviours. Despite high knowledge levels, weak risk perception, and structural barriers hindered action. Rural areas showed better adoption due to strong social cohesion.

Conclusion

This study highlights the need for geographically and socially targeted RCCE strategies. Relational density, trust, and community networks proved more predictive of behaviour than message exposure alone. Findings challenge uniform messaging and advocate for socially embedded, co-created interventions that move RCCE from translation to transformation, capable of catalysing sustained collective behaviour change.

Empowering Laboratory Quality through Localized Training and Advocacy: The LabAnalytics Academy Model in Malawi

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Introduction

Malawi faces significant healthcare challenges, including extreme poverty, a shortage of medical personnel, and one of the world's lowest hospital capacities. Although up to 70% of clinical decisions rely on laboratory diagnostics, most labs operate without mandatory quality standards or regulatory oversight. Training programs for lab technicians lack critical components like internal quality control (QC), contributing to diagnostic errors, ineffective treatments, and rising antimicrobial resistance. Despite being equipped with modern analysers, many labs lack the tools and training to ensure reliable results, which undermines patient safety and limits the development of essential services such as surgery and intensive care.

The LabAnalytics Academy, founded in 2023 at Nkhoma Mission Hospital, responds to this urgent need by combining practical skills training with mindset transformation. We argue that diagnostic standards are not arbitrary or reserved for wealthy countries; they are grounded in universal scientific principles—physical, biological, and mathematical. Submission to these laws leads to reliability and patient safety; neglect results in harm. Our model integrates practice-based QC training, custom Excel-based analysis tools, sustained mentorship, and Christian-based mindset development. By aligning laboratory behaviour with scientific truth and biblical values, the Academy promotes excellence, accountability, and resilience in Malawi's health system.

Program Intervention

To address the lack of quality control in Malawian laboratories, the LabAnalytics Academy was founded in 2023 at Nkhoma Mission Hospital. It combines practical training in statistical quality control (SQC) with a mindset transformation rooted in Christian values. The program includes hands-on SQC workshops, custom Excel-based analysis tools, and a two-year mentorship program with onsite and digital support. By emphasising that scientific standards are grounded in immutable laws, not optional guidelines, the Academy reframes quality as a moral responsibility. This dual approach promotes lasting behavioural change, improved diagnostic accuracy, and a culture of excellence in laboratory medicine.

Methods

The pilot program to prove the feasibility and effectiveness of the training was launched in 2024 at Nkhoma Mission Hospital in Malawi. The setting was the hospital's laboratory, where formal quality control (QC) systems were in place but not consistently followed. The primary beneficiaries were laboratory technicians, with patients benefiting indirectly through improved diagnostic quality. The intervention focused on the lab's QC Officer and involved several components: intensive training in statistical quality control, hands-on use of LabAnalytics' proprietary Excel-based QC tool, and ongoing mentorship. Sigma metrics and Total Error were calculated for 12 routine chemistry analytes using internal QC data collected over a three-month baseline period. These metrics were then recalculated after three months of post-training data to evaluate improvements. This approach allowed performance assessment beyond random variation. The pilot aimed to show that local capacity for quality assurance can be effectively developed through context-specific training and mentorship. The training emphasised not only statistical tools and scientific accuracy, but also mindset transformation—highlighting

responsibility, submission to scientific law, and the moral duty of healthcare providers. LabAnalytics Academy teaches that scientific laws, like moral laws, reflect Christian values. Physical laws govern diagnostic accuracy. When followed faithfully, they protect life and uphold human dignity.

Key Findings

The training significantly improved laboratory performance metrics in the pilot lab described under methodology. Before intervention, the mean Sigma value across the 12 tested analytes was 2.6—indicating an unacceptably high error rate (~13.6%), far below the ISO-recommended threshold for reliability. After implementation of the training and support tools, the average Sigma value rose to 6.3, reflecting a dramatic decrease in errors to approximately 0.0004%. Paired t-tests confirmed statistically significant improvements in Sigma values:

- Lab 1: pre-training $M = 2.7$ ($SD = 1.8$); post-training $M = 6.3$ ($SD = 2.4$); $t(11) = 8.8$, $p < .001$
- Lab 2: pre-training $M = 2.7$ ($SD = 2.1$); post-training $M = 6.6$ ($SD = 2.3$); $t(11) = 5.4$, $p < .001$

The QC Officer of the pilot lab reported increased confidence in interpreting QC data, more accurate troubleshooting of test errors, and greater awareness of diagnostic reliability. These skills contributed to fewer false rejections of test runs and reduced waste of reagents. While the program operates in a system without legal QC requirements, its success has raised interest among other laboratories and training institutions. The LabAnalytics model demonstrates how bottom-up capacity building can create momentum for change even in policy-poor environments. Although national policy change has not yet been achieved, this grassroots success provides a foundation for future top-down engagement by demonstrating both feasibility and impact in resource-limited settings.

Program Implications

The LabAnalytics Academy offers a replicable, cost-effective model for sustainable improvement in laboratory diagnostics across low-resource settings. Its integrated approach—combining hands-on training, digital QC tools, long-term mentorship, and Christian-based mindset transformation—fosters meaningful behaviour change at both individual and institutional levels. By equipping lab staff to apply statistical quality control (SQC) methods with competence and purpose, the program enhances diagnostic accuracy, reduces misdiagnosis and antibiotic misuse, and strengthens public health outcomes.

The Academy currently fills a critical gap in Malawi's health system, where national QC enforcement is absent. It demonstrates how grassroots initiatives can catalyse systemic change by building local ownership and credibility. As results spread, the model contributes to momentum for institutionalising QC training and advocating for regulatory frameworks.

Key lessons include the value of context-specific content, affordable tools, and relational mentorship. The model addresses all three behaviour change pillars—capability, opportunity, and motivation—providing a pathway to durable lab reform. Grounding the program in scientific laws—statistical, biological, and mathematical—positions lab standards as universal, mandatory and non-negotiable. This principle aligns with the Christian-based worldview: God governs through immutable laws—both moral and physical. Disregarding these principles can result in harm, while adherence promotes order, healing, and system resilience. Thus, lab work is positioned as both a technical responsibility and an ethical commitment. The LabAnalytics model invites professionals to align with this order, transforming not only lab performance but also the mindset behind it—unlocking sustainable change, integrity, and a vision for health as a reflection of justice and stewardship.

Leveraging Digital Mental Health Literacy to Drive Demand and Advocacy for Youth Mental Health Services in Malawi

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Introduction

Mental health literacy (MHL) in Malawi is critically low, with stigma driven by misconceptions that link mental illness to spiritual causes and substance use. This limits help-seeking behaviour. Prevalence of common mental illnesses like depression among youth is 30%, yet services remain scarce and underfunded, with only four psychiatrists and four psychologists in the whole country. The COVID-19 pandemic worsened these challenges, especially among students. In response, we co-designed the Mental Health Literacy e-Curriculum (MHLeC), which is being delivered in tertiary institutions within a feasibility trial to improve knowledge, reduce stigma, and increase service demand among youth aged 16–30.

Methods

The MHLeC feasibility trial has been implemented across four public and private universities in Blantyre. The trial includes two arms: a mandatory group where students are obliged to attend MHLeC classes and a voluntary group where the same content is delivered as a mental health club. To date, 292 first-year students have been recruited out of the total targeted 536. Data assessing MHL, depressive symptoms, and substance use among participants is collected through a survey containing validated tools at baseline, 8 weeks and 3 months after completing the MHLeC. MHLeC's acceptability by students and institutions is being explored through qualitative thematic analyses of focus group discussions with participants.

Key Findings

Preliminary findings show equal gender participation among the 292 participants (49.7% female). The mean age is 25, which is the expected age among the tertiary student population in Malawi. There is high engagement with the MHLeC, with over 60% attending four or more sessions, despite infrastructure challenges. Post-intervention surveys indicate improvements in MHL compared to baseline, particularly on the 'mental health knowledge' subscale. Focus group discussions so far revealed reduced stigma, enhanced awareness of mental health issues, and increased motivation to support peers and expand MHLeC access. Notably, demand for mental health services and peer-led initiatives is growing.

Conclusions

Integrating MHL into education can drive advocacy for mental health services in low-resource settings. Its blended, scalable model offers a replicable approach for Sub-Saharan Africa and supports policy reforms to embed mental health in national curricula and youth health strategies.

Biography of the Main Author

Gloria Chirwa *is passionate about youth development and is currently engaged in research focused on youth mental health in Malawi. She has a background in Social Science, specifically in Sociology and Psychology from the University of Malawi and a Master's degree in Cooperation and Development from the University of Pavia. Her work centres on designing and implementing evidence-based interventions that promote the well-being of young people, particularly in resource-limited settings. Gloria is*

committed to advancing mental health literacy and services for youth, contributing to policy and practice that support sustainable development and improved health outcomes for future generations.

Implementing a Neonatal Retrieval System with Solar Incubator Kits in Low-Resource Settings: A Model for Rural Malawi

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Introduction

Globally, over 2.4 million neonatal deaths occur annually, with sub-Saharan Africa accounting for nearly 43%. Malawi records 27 neonatal deaths per 1,000 live births, much of it linked to delays in emergency care and inadequate transport. Hypothermia during transit is a major, preventable contributor. This study proposes a Neonatal Retrieval System (NRS)—a structured, community-integrated model using solar-powered incubator kits—to address the transport gap in rural Malawi. The objectives were to: (1) Conceptualise a sustainable, community-based NRS suited for low-resource settings. (2) Benchmark interventions like Tanzania's m-mama and South Africa's LINC programs. (3) Evaluate solar-powered incubator kits as an innovation in neonatal transport.

Methods

Developed during an international health innovation exchange, this model is currently conceptual. A desk-based secondary data review was conducted using peer-reviewed and grey literature from 2010–2024. Databases included PubMed, Scopus, and Google Scholar with keywords such as "neonatal transport," "emergency referral," "solar incubator," and "community health innovations." Grey literature sources included WHO, UNICEF, and health ministries in Malawi, Tanzania, and South Africa. Benchmarking focused on:

- The m-mama model (Tanzania): mobile-coordinated emergency transport.
- The LINC program (South Africa): in-facility neonatal care and staff training.

Key Findings

Hypothermia during neonatal transport increases mortality risk by 30–50%. The m-mama model showed a 45% reduction in perinatal deaths. The proposed NRS integrates solar incubator kits into community ambulances or mobile clinics, supported by: Thermal regulation and oxygen delivery, portable vital monitoring, community health worker training, optional mobile dispatch system, and solar technology was chosen for energy independence, affordability, and field durability. The NRS addresses the "second delay" in emergency care—reaching a facility. It combines the strengths of prior models while introducing mobile neonatal transport. Challenges like cost, training, and behavioural adaptation will be managed via phased implementation and capacity building.

Conclusion

The proposed NRS presents a feasible, scalable solution for reducing transport-related neonatal deaths in Malawi. Pilot testing in rural districts is recommended. Successes from local programs like Wandikweza further support its potential impact and community adaptability.

Scaling Mental Health Awareness and Emergency Response through a Community-Led Model in Malawi: The 'Sorry I'm Not Sorry' Approach

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Introduction

Mental health challenges in Malawi remain under-addressed due to widespread stigma, limited services, and a lack of community-level interventions. With fewer than one psychiatrist per 500,000 people, most care is urban-based, excluding rural populations. Evidence shows an increase in mental distress among youth and an alarming rise in suicide cases; from 296 in 2021, 382 in 2022, 527 in 2023, to 597 in 2024. In response to this crisis, the "Sorry I'm Not Sorry: We Are All Sick" initiative, a self-initiated and non-profit youth-led movement, was launched in 2023 to promote awareness, reduce stigma, and provide crisis support and referral through a community-led, youth-driven model.

Methods

The initiative adopts a community-led, practice-based approach to mental health promotion and emergency response. Mangochi was selected as the pilot district for testing the hybrid mental health intervention, combining both physical and digital strategies. A key component of the intervention has been establishing a hybrid digital-physical youth mental health support network, consisting of 150 youth mental health advocates across 16 districts. These individuals were selected based on their consistent participation and demonstrated passion during virtual mental health advocacy sessions hosted by the platform. Recruitment was conducted online through targeted calls during awareness campaigns, with a screening process to assess commitment levels. Once recruited, the youth underwent a standardised online training in Psychological First Aid (PFA) facilitated by licensed mental health professionals affiliated with the Malawi Association of Counsellors. The training focused on equipping participants with essential skills to recognise mental health distress, provide initial support, ensure safety, and make appropriate referrals, particularly in emergency contexts such as suicidal ideation or trauma-related distress. Key program activities included:

- Community dialogue sessions that facilitate face-to-face mental health discussions at local schools and youth centres.
- Free open virtual sessions and public lectures with mental health experts.
- The Venting Room, a digital "friendship bench" model, which offers both online and in-person safe spaces where trained youth provide immediate peer support, active listening, and guided referrals to individuals experiencing emotional distress.
- Structured awareness campaigns conducted through social media and physical events aimed at stigma reduction.
- A referral coordination system with the Malawi Association of Counsellors linking trained youth to professional mental health service providers and emergency support to act as bridges for support seekers and providers.

Data was gathered through registration forms, attendance records from virtual sessions and public lectures, case logs from individuals assisted by trained mental health first aiders, and real-time intervention data from the Venting Room platform. Additional metrics are obtained through media coverage, feature articles, and publications highlighting the initiative's activities and impact. Regular feedback from participants and partner organisations provides qualitative insights into the program's effectiveness. This grassroots, participatory method ensures the initiative remains responsive to

community needs while capturing essential evidence to inform scaling and sustainability. The intervention did not employ a formal control group, but baseline data were collected digitally from advocates to assess existing levels of mental health knowledge, stigma, and help-seeking behaviour before implementation. These are compared with follow-up data to assess change.

Key Findings

The initiative has reached over 6,000 individuals through district-based campaigns, virtual learning sessions and public discussions. More than 200 psychological emergencies have been logged and addressed through the Venting Room. Mental health first aiders have reported a 10% increase in engagement from community members, including requests for emotional support and referrals to professional counsellors, largely driven by their growing visibility and recognition as trusted "mental health champions" through the content they share. Qualitatively, participant feedback suggests a noticeable shift in attitudes toward mental health, particularly among youth. These include more open sharing of personal stories, greater willingness to seek help, and reduced fear of social judgment. While not yet formally evaluated through longitudinal research, these trends indicate a growing acceptance of mental health as a public concern. Partnerships with NGOs like Emmanuel International for sponsorship, media for awareness, and local government structures for policy implementation have further expanded visibility and enhanced credibility. The initiative's hybrid approach has proven to be contextually effective and well-received at the grassroots level.

Conclusions

The "Sorry I'm Not Sorry" model demonstrates that grassroots, youth-led mental health promotion can effectively complement national systems. Its success highlights the importance of empowering local champions, using culturally relevant communication, and integrating digital tools for crisis response. To sustain impact, there is a need for formal policy integration and structured funding. The model offers a scalable framework for mental health advocacy in similar low-resource contexts.

Biography of the Main Author

Joseph Daniel Sukali *is a Malawian mental health advocate, author, and development practitioner. He is the founder of Sorry I'm Not Sorry: We Are All Sick, a nationwide grassroots initiative promoting awareness, addressing stigma, suicide, and mental distress through community engagement and Psychological First Aid. Under his leadership, the platform has trained 150 advocates across 16 districts. Joseph is also a published author of three books and numerous articles focused on mental health and personal growth. His work promotes healing, safe spaces, and youth empowerment across Malawi. He previously worked for 5 years with Emmanuel International Malawi under the USAID-funded Titukulane Project.*

Whose Disease is Mpox?: Exploring Identity and Stigma in African News Media

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Introduction

Mpox was declared a global health emergency by the World Health Organisation (WHO) in 2022 and again in 2024 following the outbreak of a new, more deadly clade. This clade (Ib), centered in the DRC, has affected 28 African countries (WHO, 2025). Information about contagious disease epidemics in Africa is often embedded into essentializing Afro-pessimistic narratives in international news media (Hawk, 1992; Nothias, 2012; Wainaina, 2005). We sought to uncover how potentially stigmatising details about Mpox outbreak – associations with wild animals and sexual transmission – are managed by different national media.

Methods

Through a comparative narrative methodology that draws on culture-centred and decolonial theories, we examined how the current Mpox outbreak is being covered in the national news media in the DRC, Burundi, Rwanda, Malawi and South Africa. In doing so, we sought to uncover how potentially stigmatising details about the outbreak are managed by different national news outlets to convey important health information to their readers.

Results

Unfortunately, our analysis reveals similar 'exotic explanations' (Farmer, 2014) to those used to frame past disease outbreaks such as Ebola and HIV/AIDS. Specifically, our analysis uncovers 1) a tendency to depict the clade behind the outbreak as frightening, hyper-visible yet unknown and, ultimately, 'Congolese', resurrecting racist colonial tropes about Africa; and 2) a tendency to blame African culture for the epidemic on the bases of eating practices (that is, the consumption of 'bushmeat') and/or sexual practices, particularly sex work. While there is no evidence that bushmeat is behind the spread of Clade Ib, the emphasis on paid sex in the absence of any voices from the community or contextual explanations reproduces the 'disease of choice' discourse identified in connection with HIV/AIDS in Africa (Flint and Hewitt, 2015: 307). Such culture-blaming narratives dehumanise and stigmatise those most affected by mpox and fail to capture the structural causes of the outbreak. Not wanting to give Afro-pessimism the last say, we conclude with an example of an ethical, humanising (Malawian) news story, albeit recognising that it constitutes a quiet voice in a loud room of stigmatising media coverage on mpox.

Conclusion

We choose to amplify it in recognition that the Mpox's media representation is deeply entangled with its clinical and public health realities. Given the abundance of stigmatising narratives about Mpox and other illnesses in Africa, we argue that there is great need for stories that de-Africanise, de-animalise and destigmatise diseases such as Mpox, and humanise those most at risk. Such an approach should be championed by the media as well as by other stakeholders within the health communication system.

Appendix 1: Panellist Profiles

Professor Adamson Muula

Professor of Public Health, Kamuzu University of Health Sciences Professor Adamson S. Muula is Head of Community and Environmental Health and Professor of Public Health in the School of Global and Public Health at the Kamuzu University of Health Sciences (KIJHES). He is the Founding President of the East, Central and Southern Africa (ECSA) College of Public Health Physicians and serves as Editor-in-Chief of the Malawi Medical Journal. With extensive expertise in public health, epidemiology, and health promotion, Prof. Muula has led research, teaching, and consultancy work across a range of health issues. He is widely published and actively contributes to advancing public health policy and practice in Malawi and beyond.

Mrs. Chimwemwe Mablekisi

(Director of Programs for National AIDS Commission)

Mrs. Chimwemwe Mablekisi is an accomplished public health expert with over two decades of experience in health policy and program implementation. She currently serves as Director of Programs at the National AIDS Commission, where she provides strategic leadership in HIV prevention and management, with a strong focus on social and behavioural change communication (SBCC). Mrs. Mablekisi notably led the development of Malawi's HIV Prevention Framework (2023-2027), which integrates a comprehensive SBCC component and introduces measurable SBCC indicators to enhance the monitoring and evaluation of behaviour change interventions. She also plays a key role in the implementation of the HIV and AIDS (Prevention and Management) Act and National HIV and AIDS Policy, working to ensure that public messaging around HIV and AIDS is accurate, impactful, and effectively regulated.

Dr Hemmings Ngwira

(Head of Language and Communication Department, Malawi University of Science and Applied Sciences)

Dr Flemmings Fishani Ngwira is a Senior Lecturer and Head of the Department of Language and Communication at the Malawi University of Business and Applied Sciences (MUBAS), with a PhD in Applied Psychology specialising in Health Communication. With over 10 years of experience in health promotion, he has led the training of health professionals through MUBAS' Master of Health Behaviour Change Communication (MHBCC) programme. His areas of expertise include social and behavioural change communication (SBCC), health education, community mobilisation, and risk communication and community engagement (RCCE). Dr. Ngwira has published widely and contributed to key national policy frameworks, including the National Health Communication Strategy (2021—2026) and the National Malaria Communication Strategy (2022—2030). He also supports capacity-building efforts for government and NGO stakeholders across Malawi.

Dr Kondwani Mamba

(Deputy Director for Community and Promotive Health, responsible for the Health Promotion Division)

Dr. Kondwani Mamba, PhD, is the Deputy Director of Community and Promotive Health at the Malawi Ministry of Health. He provides strategic policy leadership and oversees the coordination of health promotion efforts across all areas of the health sector, working closely with partners and stakeholders to drive impactful public health initiatives. A strong advocate for preventive health, Dr Mamba is currently leading national health promotion efforts aimed at preventing the further spread of M-Pox in Malawi.

His leadership reflects a deep commitment to strengthening community-based health systems and advancing evidence-based interventions that improve population health outcomes. Dr. Mamba brings a wealth of experience and insight to his role, helping shape a healthier future for all Malawians through inclusive, responsive, and forward-thinking health promotion strategies.