



Vol. 2 Issue 2

JONEHA

Newsletter

Medical Officer Calls For A Common Understanding Between Health Facility And The Community

— See Page 7

Editorial

Welcome to 2022 second quarter JONEHA Newsletter. We are encouraged by your continued feedback and support on the content as it affects quality HIV and general health service delivery aspirations and strides. In keeping with the values of this newsletter; we continue focusing on the importance of partnerships and collaboration between all key actors in the national HIV response as viewed through the lens of recipients of care under an initiative called Community Led Monitoring (CLM). In this edition we shall zero in to community engagement; an approach often overlooked in dealing with health service delivery challenges.

Our cover story in this edition highlights the views of Dr. Hannah Bamusi; a senior medical Officer at Chiradzulu District Health Office. Her informed plea is 'let there be a common understanding between facilities and communities they serve on issues affecting recipients of care'. We have had an opportunity to interact with this medical officer on more than one occasion. From this; we have learnt of how much she cherishes need for an effective engagement between health facilities and communities around them. Her views are not based on her classroom knowledge nor consultation room's practice but from a very practical experience of being in the community as a person but always using professional lens of a medical officer. From such rich experience she has drawn a recommendation that some of the challenges affecting delivery of quality health services at a facility can best be addressed by simply engaging communities. We commend Dr. Bamusi for knowing the value of not restricting health service delivery to voluminous medical reference books, consultation and laboratory rooms but by getting out to personally engage those who influence what comes out of data at the facility.

At JONEHA we don't only understand but also believe in the call that this medical officer is making. Beyond Chimwawa Health Centre and Chiradzulu District Health Office from where she sent this important message; we have seen it work elsewhere when community engagement has been applied. Our first experience was at border Mpala Health Centre in Mulanje in May 2020 where to our disbelief; defaulter rate was as high as 47.2%. But through community engagement led by Director of Health and Social Services in the district Dr. Alinafe Kalanga supported by Baylor; we witnessed defaulter rate reduced to 1.5% by December 2021. Even in a different setting at Jenda Health Centre and Vibangalala Health Centre; upon conducting community engagement led by the office of the Director of Health and Social Services in Mzimba South represented by Dr. Rita Chipeta Zgambo and supported by the Light House; defaulter rate has significantly reduced from 44.9% in April 2020 to -11% at Jenda Health Centre and 13% to -31% at Vibangalala Health Centre respectively by February 2022.

Thus; from the combined experiences of a medical Officer in Chiradzulu Dr. Hannah Bamusi and that of JONEHA; community engagement produces result that contributes to desired health outcomes. But it takes professionals like Dr. Alinafe Kalanga in Mulanje, Dr. Hannah Bamusi in Chiradzulu and Dr. Rita Chipeta Zgambo in Mzimba just to mention a few who can first acknowledge the value of community led monitoring, decide to approach the findings head on by applying such proven initiatives as community engagement to achieve desired health outcomes. At JONEHA we believe what has been achieved in Mulanje and Mzimba can replicate in other settings with similar challenges. Because we have learnt that despite the scope of the problem; it is possible to address defaulter rate through community engagement!



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Medical Officer calls for a common understanding between Health facility and the community

By Joseph Ganthu

A senior Medical Officer at Chiradzulu District Hospital Dr. Hannah Bamusi says there is a need to create a common understanding between a facility and community for an effective communication to help successfully bring defaulters back to care.

Bamusi made the remarks at Chimwawa Health Centre in the district in response to a report presented by the Program and Resource Mobilisation Officer Hastings Mwanza from the Network of Journalists Living with HIV (JONEHA) in which it was indicated that the facility had a defaulter rate of 36% which was too high in comparison to a nationally acceptable rate of 5%.

On 24th February 2022 the JONEHA Community Led Monitoring (CLM); an initiative that documents community perceptions of health services; learnt from district officials drawn from 5 districts where the project is working that there were some health facilities with defaulter rates of more than 10% like Chimwawa Health Centre that needed attention for addressing.

For this reason, the CLM project on 6th May 2022 with support from the Bill and Melinda Gates

Foundation under the COMPASS Africa Initiative organized a community and facility engagement meeting to identify factors influencing the high defaulter rate at the facility and arrive at solutions.

“There is lack of engagement between communities and health facilities as noted by negative reactions when

when we visit a community for any health related activity as we are always hurriedly assumed to have come for collections of blood donations,” observed the senior medical officer adding that the misconception clearly demonstrates the lack of communication between community and facility.

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Dr. Hannah Bamusi

Senior Medical Officer, Chiradzulu District Hospital



There is lack of engagement between communities and health facilities as noted by negative reactions when we visit a community for any health related activity as we are always hurriedly assumed to have come for collections of blood donations.

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However, the meeting finally noted that the breakdown in communication has been due to inactiveness of the already established structure known as a Health Centre Management Committee (HCMC) which was clearly established to work as a bridge between the community and health facility. The existence of an effective HCMC can help in reducing defaulter rate through tracing and bringing defaulting recipients of care back to treatment.

On faith healing versus medication an element also contributing to high defaulter rate, the Chairperson for District Interfaith AIDS Committee (DIACC) Rev, Nelson Muwa said he was going to remind fellow religious leaders to continuously disseminate messages in their respective settings on the health benefits of adhering to ART.

On their part; traditional leaders around Chimwawa Health Centre vowed not

to allow entry into their villages any pastor who influences disruptions in treatment and care. The village leaders agreed that each and every man of God will upon entry into the village; give consent to the village guidelines which ask faith leaders not to stop people from medication.

JONEHA Board Chairperson for revamping Support Groups to reduce ART defaulter rates.

By Fortina Kazembe

The Board Chairperson for the Network of Journalists Living with HIV (JONEHA) David Mhango has called upon Civil Society Organisations (CSOs), Implementing Partners (IPs), District Health Office (DHO), facility representatives and people living with HIV to revive support groups in various communities as an intervention among others that can contribute towards reducing high defaulter rate at Khosolo Health Centre in Mzimba South district.

Mhango made the sentiments on 12th May 2022

at a community engagement meeting held at Khosolo Health Centre a facility reported on 24th February 2022 by district officials to have the highest defaulter rate of 11% in the district. The meeting aimed at seeking views from participants by providing a dialogue space for them to explain their understanding about the scope of the problem of defaulting and what they think could be done to address the situation within the stipulated timeframes.

JONEHA through its Community Led Monitoring (CLM) project has targeted

15 facilities with defaulter rates of above 5% by engaging communities and ensuring that defaulter rates at the targeted facilities are by 31 October 2022 reduced. The project is funded by the Bill and Melinda Gates Foundation through AVAC under the COMPASS Africa Initiative.

The Chairperson observed that based on personal experiences shared by the PLHIV at the meeting; it has shown that members who participate in support groups are hardly categorized as defaulters

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because they constantly spiritually and socially support each other as opposed to those outside this critical structure.

One of the members from a support group around Khosolo Health Centre told the meeting that it has always been easier to approach and encourage a fellow member to adhere to antiretroviral therapy than a non-member. She said members of the support group are so dedicated towards assisting any HIV infected person and on treatment.

According to a 1999 Journal of Acquired Immunal Deficiency Syndrome titled

“The Impact of Support Groups for People Living with HIV on Clinical Outcomes: A Systematic Review of the Literature,” says implementing support groups as an intervention is expected to have a high impact on morbidity and retention in care and a moderate impact on mortality and quality of life of PLHIV.



Low Funding Affecting The Fight Against HIV And AIDS In Malawi

Starphel Sithole

Stakeholders in the fight against HIV and AIDS have decried low funding as one of the major challenges affecting the national HIV response in Malawi. The Executive Director for Malawi Network of People Living with HIV (MANET+) Lawrence Khonyongwa says low funding is a serious issue affecting several areas of HIV impact mitigation work in the country. Khonyongwa therefore calls on government and relevant stakeholders to use available funds efficiently to win the fight against HIV and AIDS.

“To effectively implement interventions aimed at fighting the impact of HIV and AIDS, there

is need for more funding. Low funding among other factors is slowing down desired progress” said Khonyongwa.

On his part, Chairperson for Civil Society Advocacy Forum (CSAF) who is also the Executive Director for Network of Journalists Living with HIV (JONEHA), David Kamkwamba points out the need for concerted efforts in sustainably sorting out funding issues among national HIV stakeholders. He further suggests setting aside a special account through which well-wishers could be funding local organisations which are struggling to implement HIV interventions due to limited funding.

“As a country, I think we should have our own ways of dealing with issues such as low funding; domestically other than over relying on dwindling external support. We should emulate other African countries who are moving away from dependence on external aid. Solutions like establishing a health fund through which stakeholders can make donations can support interventions aimed at reducing the impact of HIV in the country” said Kamkwamba.

The Civil Society Advocacy Forum (CSAF) is a platform with of over 40 Non-governmental Organizations that are actively working against the impact of HIV in Malawi.

Community's 2021 Health Needs Largely And Successfully Met

By JONEHA Correspondent

The Community Led Monitoring (CLM) on selected PEPFAR supported health facilities in Lilongwe District has largely and successfully gained milestones as a number of health related issues communities raised to respective health facilities in 2021 have successfully been addressed by government and implementing partners (IPs).

The successes were reported during the CLM district engagement meeting for stakeholders held on 23rd May 2022 at Bridgeview Hotel in Lilongwe. In attendance to the meeting were representatives from all the Lilongwe district CLM focused health facilities namely Nathenje, Kawale, Bwaila, Likuni Mission Hospital and Baylor Children's Foundation, District Health Office and IPs.

The meeting was organized by the CLM project which is being hosted by the Malawi Network of AIDS Services Organisations (MANASO) with funding that has been provided to a coalition of Civil Society organisations called the Civil Society

Advocacy Forum on HIV and Related Conditions (CSAF) comprising of over 40 national organisations actively working on HIV in Malawi. The funding is from the PEPFAR program in Malawi but channeled through the Centre for Disease Control (CDC) and the United Nations Joint Program on HIV and AIDS (UNAIDS).

The CLM District Coordinator for Lilongwe Wongani Mtonga reported that in an effort to reduce the distance covered by Bwaila Hospital recipients of care a new clinic has been opened in Biwi while Likuni Mission Hospital has embarked on an outreach service integration to reach out to key populations (KPs) and Nathenje Health Centre has introduced two new drop in centres to serve this population.

A 2013 study by PLOS ONE says ART decentralization in Neno District was associated with increased ART enrollment, decreased travel distance, and increased retention in care. Increasing access to ART by reducing travel distance is one strategy to achieve the ART coverage and viral suppression objectives of the UNAIDS targets in rural areas.

He said Nathenje which was not offering PeP and PreP due to lack of trained personnel now has successfully trained 26 service providers. PEPFAR's Country Operational Plan (COP)2022 points out that everyone eligible should be offered PreP including but not limited to adolescent girls and young women (AGYW), key populations, and sero-discordant couples.

Likuni Mission Hospital which had a reputation of being harsh towards ART recipients of care who missed their refill dates now no longer mistreats them. Additionally; in a bid to enhance a friendly environment the hospital has trained 5 service providers in management of transgender cases.

COP 22 states that any reports of poor staff attitude, privacy violations, verbal or physical abuse or harassment and of services being restricted or refused should be urgently investigated by the department of HIV and AIDS (DHA) and or PEPFAR and disciplinary action be taken where appropriate.

MANERELA+ Announces Phase 2 Of The Citizen Science Community Led Monitoring And Advocacy Project In Kasungu

By Starphel Sithole

Malawi Network of Religious Leaders Living with or personally affected by HIV and AIDS (MANERELA+) says based on the strides recorded in the first phase of Citizen Science Community led Monitoring Advocacy (CS-CLMA) project in Kasungu; activity implementation shall continue under phase 2 beginning April 2022 to December 2024. Under the project funded by the Bill and Melinda Gates Foundation through International Treatment Preparedness Coalition (ITPC); the organization has been engaging communities through support groups of people living with HIV to generate evidence to advocating for improved quality of

HIV service delivery in health facilities and other issues affecting people living with or affected by HIV and AIDS through community monitoring.

MANERELA+ announced continuation of community led monitoring during an engagement meeting with people living with HIV held at Kasungu district hospital on 21st. April, 2022. Looking back to the first phase of the project; Humphreys Mpasanje; a member of the people living with HIV support group around Buwa Health Centre commended MANERELA+'s for letting project beneficiaries know about the development. He pointed out that during the first phase of the project there was an

improved communication between service providers at the facility and recipients of care.

"There is now cordial relationship between service providers and recipients of care. This is in contrast to the situation before MANERELA+ commenced the project as there was misunderstanding between service providers and recipients of care when accessing treatment". He therefore lamented that due to funding limitation; the number of health centres to participate in phase 2 has been reduced to 8 from the 13 in phase 1. The newly announced participating facilities are Kasungu District Hospital, Kaluluma, Mnyanja, Bua,



Support groups representatives

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Chamwavi, FPAM, K2-TASO and Kasalika. Looking further back to phase 1; Mpasanje commended the support people living with HIV had been receiving from religious and community leaders as well as the health centre. He said their combined support ensured that the targeted community benefited from the HIV and AIDS interventions.

“There is need for us as beneficiaries to participate actively so the CLMA project achieves sustainable impact. We have to take

ownership of the project for sustainability because MANERELA+ will not be here forever. The collective efforts from decision makers, service providers, religious and traditional leaders and all surrounding community members are key to realization of project objectives” emphasized Mpasanje.

In her closing remarks the MANERELA+ Project Lead Officer, Carol Cassim pointed out the importance of gathering correct data during data collection for effective tracking of

project indicators so there is an evidence-based advocacy at the end.

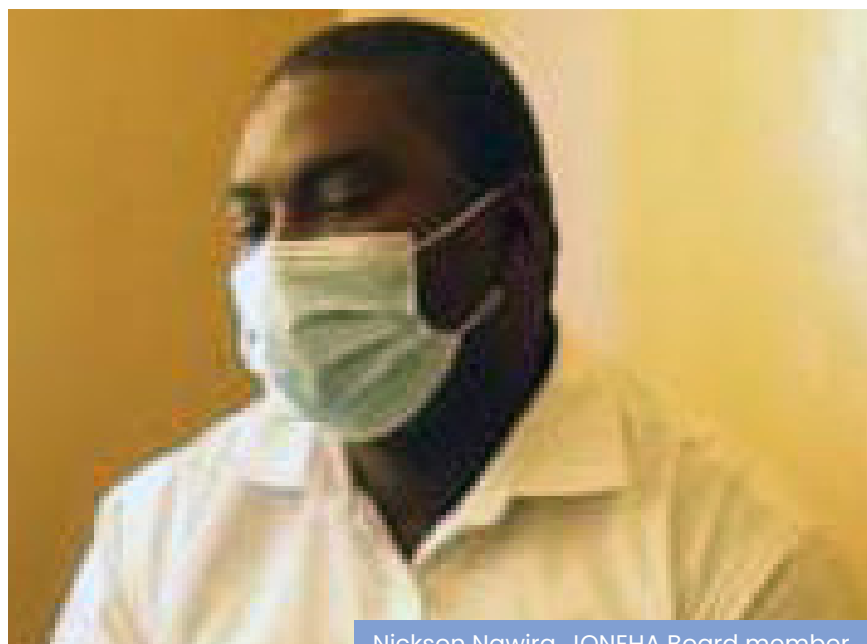
“It is correct data that shows what is working and not for addressing. As field officers you are also called upon to always work hand in hand and coordinate with all key stakeholders when discharging your duties. The project design is premised on building partnerships and collective efforts among all stakeholders” Cassim elaborated.

IDs Would Help Track Down Defaulters

By Alinafe Kaphaizi

The Board member for the Network of Journalists Living with HIV (JONEHA) Nickson Ngwira has advised the Civil Society Organisations, community and health care workers to advocate for use of the national IDs to help stop the malpractice of moving un officially from facility to facility with different names when accessing ART.

“If national identity cards are effectively used in health facilities like ART clinics the habit of changing names and facilities and disguising one’s area of residence can disappear since the dishonest recipients of care can no longer have room



Nickson Ngwira, JONEHA Board member.

for cheating identity,” said Ngwira on 10th May 2022 during an engagement meeting between health facility officials and communities on why there were still high defaulter rates in some facilities in Mangochi District.

The meeting was organized by JONEHA with financial support from the Bill and

Melinda Gates Foundation based on reports made available during a stakeholders meeting on 24th February 2022 that Mangochi had some facilities whose defaulter rate was more than 10%.

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The JONEHA CLM project is working in 5 PEPFAR supported districts namely Chiradzulu, Phalombe, Mulanje, Mangochi and Mzimba South aimed at reducing defaulter rates in 15 health centers by 83% from 15% to 5% by October 2022 as per its campaign goal.

The District Manager for Family Planning Association in Malawi (FPAM) Mphatso Mlenga recalled that at a certain point in time

IDs A Way To Track Down Defauters

way back in 2021 the institution's clinic experienced high defaulter rate of 10.3 because same clients who were moving from a clinic to another clinic without formal transfers kept changing names making it hard to trace a defaulter.

He said through use of phone contacts the facilities learnt that the same person who was a defaulter at DHO or other clinics was the very same defaulter at PFAM.

He said though with struggles the defaulter was finally traced at a certain clinic alive on ART. He said through such experiences and approach the Mangochi FPAM clinic has as of May 2022 cleaned up its data and currently with no defaulter.

The FPAM Manager however bemoaned one recipient of care who became a pastor and stopped taking ARVs

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Religious Leaders Advised To Desist From Preaching Against ART

By Starphel Sithole

With notable high ART defaulter rate in some health facilities; various stakeholders have been advised against spreading misconceptions that discourage recipients of care from taking ART treatment. In particular, religious leaders in the country have been challenged to spread accurate information regarding uptake of ART and avoid beliefs that forces their subjects to interrupt treatment.

Speaking at a community engagement forum held at Chimwawa Health Facility in Chiradzulu, the

District Interfaith AIDS Coordinating Committee (DIACC) member who is also Seventh-Day Adventist (SDA) pastor, Earnest Kefa encourages preachers to stress on the importance of continuous uptake of ART for them to live a healthier life.

"Religious leaders have the power to influence their subjects in a positive way. Some spiritual beliefs are proving to be a barrier in the administration of ART treatment. It is therefore our duty as religious leaders to encourage our subjects to take treatment adherently and desist from misleading messages that can put their health at risk.

It is sad that some religious leaders entice their followers to discard ART upon praying for them but in the end their health situation worsens. We must embrace the advisory role

that we have to impart the masses that look up to us with accurate information regarding spiritual life and HIV treatment. It is only the medical staff that can determine one's HIV status and effectiveness of ART treatment through established scientific methods", Kefa said

Adding to pastor Kefa's remarks, one of the recipients of care from Tiyamike Support Group calls on stakeholders to engage communities and civic educate people living with HIV to live purposefully and prioritise ART treatment adherence.

"We have noted that mostly when people test HIV positive, they develop a carefree attitude towards treatment and their health altogether. It is important

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therefore that we develop civic education campaigns in the communities; aimed at encouraging positive living. We are also exploring the possibility of engaging healthcare personnel to consider supplying HIV self-testing kits and ART to communities including churches and mosques as a way of bringing HIV services closer to people” she said.

Aimed at finding solutions to addressing factors that contribute to high defaulter rate at Chimwawa Health Centre in Chiradzulu, Network of Journalists Living with HIV (JONEHA) engaged members of the surrounding community including traditional and religious leaders, health providers and recipients of care on 20th June, 2022 at the facility.

This was because; during the February 24, 2022 district stakeholder engagement meeting with JONEHA; Chimwawa Health Centre which is not supported by any partner including PEPFAR was reported as having the highest defaulter rate of 36% in the whole

district of Chiradzulu. With funding from Bill and Melinda Gates Foundation through AVAC and the COMPASS Africa Initiative; JONEHA is implementing a campaign to reduce ART defaulter rate among recipients of care in five PEPFAR supported districts including Chiradzulu.



DIACC member and SDA pastor Enerst Kefa

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IDs A Way To Track Down Defaulters

and lost his life since at the time the clinic traced him he was so weak that resumption of medication failed to help him sustain life.

The national ID is a valid proof of identity which has been used to simplify one's public and private transactions such as enrollment in schools, opening of bank accounts to mention a few. To enable citizens to prove their identity and benefit from their rights, the Government of Malawi set out to register over nine million nationals in May 2017. However; the health system database is yet to benefit from the national initiative.



Migration to South Africa Cause for Defaulting in Mangochi

By John Folena

The Chairperson of a local support group Elizabeth Kazonga observes that a number of defaulters in Mangochi could largely be due to Malawians living in South Africa beyond a 6-month ART refill they collected during their short stay in Malawi. She said joblessness while in South Africa could pose difficulty for them to return back to Malawi for a timely refill since they have no money to cover travel costs.

“In such a situation a wife, husband or any relative needs to take responsibility to report to the ART clinic and ask for another supply on his or her behalf and immediately send forward to the person in South Africa. This would ensure there is no disruption in care despite being very far from home,” said Kazonga during a facility and community engagement meeting on defaulter rate convened at Mangochi District Health Office on 10th May 2022. The meeting was convened by a Community Led Monitoring project run by the Network of Journalists Living with HIV (JONEHA) with funding from the Bill and Melinda Gates Foundation under



Chairperson of a local Mangochi support group, Elizabeth Kazonga

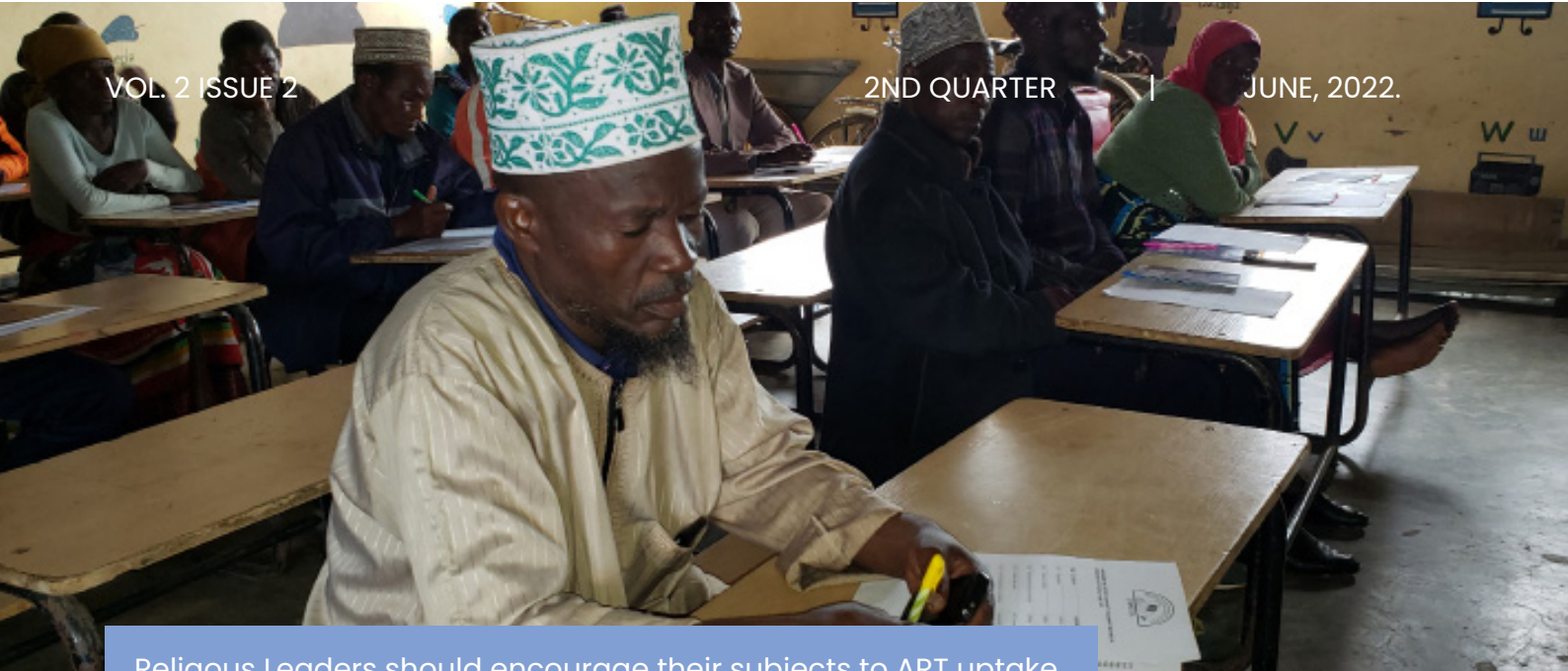
the COMPASS Africa Initiative. JONEHA CLM is working in five of the 11 PEPFAR supported districts namely Phalombe, Mulanje, Chiradzulu, Mangochi and Mzimba South.

Kazonga suspected that some of the dead bodies and bedridden recipients of care ferried from South Africa to Malawi could be brothers and sisters who default ART treatment and care because they could not manage to travel back to Malawi for a refill due to monetary challenges. She pointed out that the easiest solution was to keep on sending them on time the lifesaving drugs for a successful retention in care.

According to national statistics in South Africa; by November 2021 there were 94,100 Malawians living in that country. Most of them find work in shops, factories and as domestic workers or gardeners.

On religious leaders Kazonga observed that it would be a very effective advocacy if pastors or sheiks who are HIV positive came open and encouraged people based on their personal experiences on the benefits of taking ARVs regularly. She was very optimistic that their testimony could have had a positive impact on communities.

Pastor Cidreck Kabango in agreement with Kazonga said it was unfortunate that most religious leaders find it hard to disclose their HIV positive status because ‘we take ourselves as holy’ a practice that can distract Malawi from sustaining HIV epidemic control. On faith healing versus medication he said together with fellow pastors through District Interfaith AIDS Committee they were through various platforms going to encourage recipients of care to tirelessly adhere to ART.



Religious Leaders should encourage their subjects to ART uptake



Preach Messages of Hope



"HIV is not end of Life, But a beginning of A new Life"



ABOUT US

The registered trustees of Network of Journalists Living with HIV (JONEHA) is a media Non- governmental organization created by Malawian journalists to participate effectively in the national HIV and AIDS response by addressing individual and professional needs.

This is a result of an earlier PANOS Southern Africa observation that while the media was communicating HIV and AIDS interventions, it needed more targeting in HIV and AIDS rather than just being used as agents of information.

VISION

A healthy workplace for journalists and their audiences.

MISSION

JONEHA promotes a healthy life for journalists and their audiences infected and affected with HIV and related conditions in Malawi.

BOARD MEMBERS

Chairperson

Mr. David Mhango

Vice Chairperson

Dr. Benson Tembo

Members

Mr. George Jobe

Mrs. Rhoda Zulu

Mr. Nickson Ngwira

OBJECTIVES

1. Promote the uptake of services such as HIV Testing Services (HTS), COVID 19 Prevention and Testing, Prevention of Mother To Child Transmission (PMTCT) and Antiretroviral Therapy (ART) among media practitioners and their audiences
2. Harness the power of media in the National HIV and AIDS and related conditions response.
3. Increase risk perception to HIV infection among media practitioners and their audiences.
4. Reduce stigma and discrimination due to HIV and AIDS and related conditions among media practitioners and their audiences
5. Engage media practitioners in HIV and AIDS and related conditions communication for media practitioners and their audiences.
6. Identify critical needs of media practitioners and their audiences living with HIV and related conditions at personal and professional levels.
7. Involve media practitioners and their audiences living with HIV and related conditions in HIV and related conditions research.

VALUES STATEMENT

- i. Respect:** We treat all people with dignity and respect.
- ii. Stewardship:** We honour our heritage by being socially, financially and environmentally responsible.
- iii. Ethics:** We strive to meet the highest ethical standards
- iv. Learning:** We challenge each other to strive for excellence and to continually learn.
- v. Innovation:** We embrace continuous improvement, bold creativity and change.