

JONEHA

NEWSLETTER

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Despite progress made against commitments to the 95:95:95 Malawi needs to prioritize working on certain areas



••• Editorial

The 2023 HIV Spectrum Estimates Data for Malawi put HIV prevalence at 7.7% while - Malawi's HIV Program Data against global targets report national performance across the 95s targets at 95:99:95. This realistically paints a positive picture for epidemic control and points to the vision of ending AIDS by 2030. So Malawi is being challenged to focus on sustaining epidemic control. Meaning that while the nation is celebrating the gains so far made against HIV; there is need for concerted efforts towards containing the epidemic. It is for this reason that we echo the message from the Directorate of HIV, STI and Viral Hepatitis of knowing and working on national priorities. These priorities are not from the air but based on what data is informing the national HIV response. For example; the directorate is calling upon all stakeholders to prioritize achieving 95/95/95 targets for children and adolescents. This is because in the words of the Director of HIV, STI and Viral Hepatitis; Malawi has not yet achieved the first and last 95 for these sub populations.

Another sub population that needs national attention for the same reason is the key populations group which include prisoners. According to program data; Malawi Prisons Health Service has HIV prevalence of 16.3%. During a Steering Committee meeting for Malawi Prisons Health Services on 15th and 16th February 2024 at Ekhaya Hotel in Mangochi; the Commissioner General called on key stakeholders to move the country towards coming up with mechanisms for making HIV and STI prevention services like condoms available to prisoners. This is in view of the law which prohibits homosexuality in such settings. But he was quick to compare Malawi with Lesotho; a country with same circumstances and yet make condoms accessible to prisoners. Again; we raise the voice of the Commissioner General for Malawi to implement lessons drawn from Lesotho. Our view is that implementing prison lessons from Lesotho will be part of a bigger impact picture that Malawi can gain in sustaining epidemic control and ending AIDS by 2030.



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DHA Articulates Malawi's Priorities For Epidemic Control

By Chikowa Kamwatonga



Rose Nyirenda We need to sustain gains in the national HIV response

The Director of HIV, STI, Viral Hepatitis Rose Nyirenda says despite progress made against commitments to the 95/95/95 global targets as guided by the 2023/2024 HIV data; Malawi needs to prioritize working on certain areas. Firstly; there is need to achieve the 95/95/95 for children and adolescents because Malawi has not yet achieved the first and last 95 for these populations. This is because of treatment which is not optimal and difficulties in administering ART in children which affects their viral suppression. Nyirenda said this during the Malawi Prisons Health Steering Committee held on 15th and 16th February 2024 at Ekhaya hotel in Mangochi.

Secondly; there is also need to achieve the 95/95/95 for Key populations. For this reason; everybody in the country needs to know their HIV status, be on treatment if positive and achieve viral suppression. This demands that defaulting among the estimated 950,000 known people living with HIV and on ART in Malawi is eradicated and those lost are brought back to care. Knowing who these people are and where they are will help to understand why they defaulted for addressing

through appropriate support like counselling. We need to achieve viral suppression for those on treatment in the country. This is so because treatment is a big contributor to preventing HIV transmission and consequently help Malawi achieve a decline in new infections.

Again; focus should be on pregnant and breast feeding women because its among this population that we see new HIV infections especially during the breast feeding period. Because of this Malawi has brought in other strategies such as integration of HIV into sexual reproductive health and maternal new born health to ensure that all women who are on high risk are accessing HIV prevention methods.

In addition; Men are a population that need more attention because of their poor health seeking behaviors. So they normally lag behind in accessing health services. For example, there are some men who don't know their HIV positive status just like they may not be on ART. If we control high risk behaviors among men in the general population; it will easily follow for women.

Furthermore; Health System Strengthening through primary health care investments as a priority can help the country bring services closer to people including prevention interventions. People should not fail to access services like ART because of challenges like distance and related transport costs. We need to sustain the health gains hence we need to ensure that access barriers are being addressed.

Human Resource for Health is another important area of focus to support delivery of services. This includes strong laboratory system to continue monitoring people living with HIV for viral load, availability of ART and strengthen data system. Its data that tell us how the program is performing and where problems exist for targeting. We need adequate health workers in all these areas.

Lastly; people living with HIV now live longer because of improved care and support. So issues of non-communicable diseases like hypertension, obesity and diabetes have emerged. Thus; priority should be to continue providing care and support to people living with HIV as a chronic disease

while monitoring those with non-communicable diseases for early detection for relevant care.

95/95/95 are targets set by the United Nations Joint Program on HIV and AIDS (UNAIDS). The targets stand for 95% of all people living with HIV in a given setting to know their HIV status, 95% of those who know their HIV status to be receiving antiretroviral therapy (ART) and 95% of those receiving ART to have their viral load suppressed. According to the Ministry Of health Malawi HIV Program Data; Malawi is at 95/95/95 against the global 95/95/95 targets for national HIV responses to achieve epidemic control and end AIDS by 2030. Malawi is working towards sustaining gains made in mitigating against HIV over the years.

Privacy and Confidentiality for People Living with HIV Compromised at Nkhulambe Health Centre

By Starphel Sithole

Among other factors associated with non-adherence for antiretroviral therapy (ART); is the fear of disclosing an HIV status to prevent stigma and discrimination. Stigma and discrimination can be facilitated by a health infrastructure whose service space is not private enough to conceal the status of a person living with HIV. People Living with HIV request action to addressing the problem of lack of privacy in health facilities where it exists.

Nkhulambe Health Center, one of the facilities that was hit by Cyclone Freddy in Phalombe district, where an estimated 75% of the hospital infrastructure was swept away by water and covered in mud led to the relocation of the facility to a primary school premise where services are offered in tents to continue offering health services to communities surrounding the facility.

The Network of Journalists Living with HIV (JONEHA) learnt that there is lack of privacy and confidentiality at Nkhulambe Health Center

in Phalombe during data collection exercise under Community Led Monitoring (CLM) project on 21st February 2024.

Speaking to Dixy Khando the facility in charge for Nkhulambe during the data collection exercise he said there is limited space in the tents which affects the privacy and confidentiality of People Living with HIV that access services at the facility.

Though the ART tent is far from where general Outpatient Department (OPD) Services are offered, these tents are quite small in size which lead to some people living with HIV waiting outside tents where they get exposed to every eye. Some people are not comfortable standing outside on the que for fear of having their HIV status known by other which is bringing the fear of treatment interruption' Khando lamented.

Hastings Makondetsa, a Data collector for JONEHA CLM at Nkhulambe Health Center said that there is

need for a more spacious infrastructure for ART services at the facility.

I have encountered a number of people living with HIV complaining of openly standing on ques because the tent cannot accommodate all. Some have even gone back home for fear of being exposed to other people. There is need for a spacious ART room and the whole facility in general before we register more defaulters at our health facility.

Regarding the Right to Confidentiality and Privacy, Part 5 of the 2018 HIV and AIDS (Prevention and Management) Act states that an individual living with HIV has the right to privacy regarding information about his/her condition. It further states that every health care provider has an obligation to maintain strict confidentiality while managing any medical information pertaining to an individual living with HIV.

I have encountered a number of people living with HIV complaining of openly standing on ques because the tent cannot accommodate all...



Tents that are Used To Offer Services at Nkhulambe

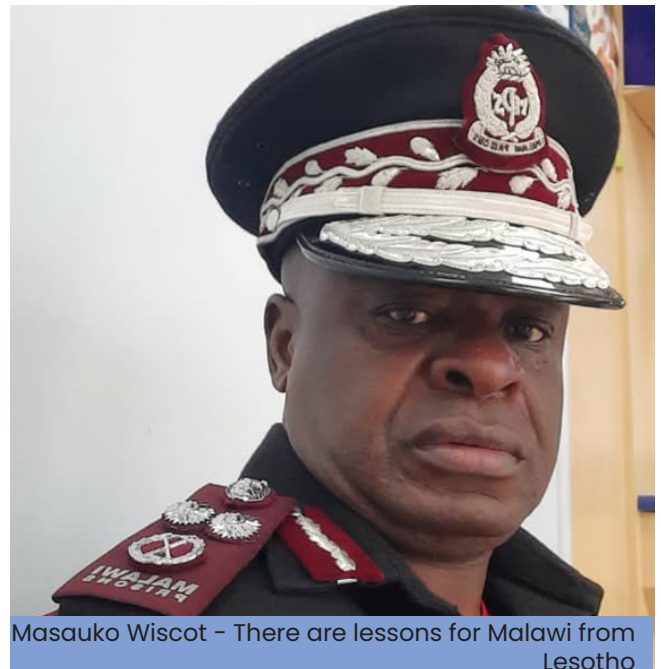
CIVIL SOCIETY CALLED TO LOBBY FOR PRISONER ACCESS TO HIV PREVENTION

By Enayi Phiri

The Commissioner General of Malawi Prison Services Masauko Wiscot has called on Civil Society Organizations in Malawi to lobby with government to explore ways of making condoms accessible to prisoners to help reduce HIV infection. He said illegality of homosexuality in Malawi prisons constrains accessibility of condoms to prisoners. He noted that Malawi Prisons has been receiving calls from various stakeholders which needs attention.

In an exclusive interview with Network of Journalists Living with HIV (JONEHA) during a Steering Committee Meeting for Malawi Prisons Health held at Ekhaya Hotel in Mangochi on 15th and 16th February 2024 Mr. Wiscot explained that the irony of introducing condoms in prison will indirectly mean accepting homosexuality in prisons. He said this is so because in prison people are kept according to sex; so there is no mixing of females and males. For this reason, the law of no same sex marriages is restricting Prison authorities in Malawi from distributing condoms to prisoners.

However, he shared interesting lessons from Lesotho which has the same context with Malawi. That despite the law against same sex marriages in Lesotho; they make condoms available and accessible to the prisoners in bathrooms and toilets. This has helped to reduce HIV infections in prisons. Wiscot further said whether people can accept or deny it; sexual activities happen behind scenes in prison. This has been evident in situations where a prisoner tests HIV negative on admission but positive on discharge. Currently; Malawi Prison Services HIV prevalence is at 16.3% while the 2023 HIV Spectrum Estimates Data put the national HIV prevalence for Malawi at 7.7% for the 15 to 49. This means Prison services is more than twice higher than the national prevalence.



Masauko Wiscot – There are lessons for Malawi from Lesotho

In addition; Wiscot said since the issue of making condoms available in prison is a constitutional issue; it is beyond the mandate of Malawi Prison Services. However; being part of government; it has the responsibility to look into the issue for addressing. But government as law custodian and enforcer needs to be moved by national stakeholders like the Civil Society who can lobby for it. The basis for lobbying would be existing evidence about practices in prison that have the potential to transmit HIV. There are also policies that promote prevention of HIV transmission among Malawians irrespective of where they are. We must therefore find a way of developing a mechanism through which the prisoners can benefit from the national policies as they also have the same health rights like those

outside it. CSOs should therefore continue to lobby on how prisoners can benefit from such health rights and be part of the national HIV prevention efforts.

SADC Minimum Standards for HIV and AIDS, TB, Hepatitis B and C, and Sexually Transmitted Infections Prevention, Treatment, Care and Support

in Prisons reports that most prisoners in the SADC region are males aged between 19 and 35 years; age groups in which HIV prevalence tend to be high. In addition; the Minimum standards call upon all SADC member countries including Malawi to provide services that reach all members of society including individuals in prisons and other places of detention.



Malawi Prisons Health Service Steering Committee sharing lessons from Lesotho

MHEN STRENGTHENS MOTHER CARE GROUPS

By Enayi Phiri

The Malawi Health Equity Network (MHEN) is on a drive to ensure Mother Care Groups (MCGs) are functioning effectively. This was done through refresher trainings conducted between 22nd January and 3rd February 2024. According to the Monitoring and Evaluation Officer at MHEN Florence Khonyongwa; this first phase of the training covered 44 MCGs from Mzimba North, Ntchisi, Dowa, Blantyre and Lilongwe. During the training; MCGs identified challenges that were limiting their advocacy and developed new action plans.

A Mother Care Group (MCG) is a grouping of 30 women (volunteers) and one selected senior Village Group Headman whose role is to promote immunization through health education, community sensitizations and tracing defaulters of vaccinations. The MCG uses a health facility as an entry point. They work with technical support from community health team members such as Health Surveillance Assistants (HSAs). They report to their Village Health Committee (VHC) who link them to the Village Development Committee (VDC) and consequently Area Development Committee (ADC) and other stakeholders in the community. In addition, they also report to a Community Nurse and Community Midwife Assistant and District Focal CSO.

MHEN started establishing MCGs in Malawi in 2019 which currently total 197. MCGs are established on the premise of the World Health Organisation (WHO) Reaching Every Child (REC) Strategy. According to Khonyongwa the MCGs refresher

training content covered so far depended on the assessment that was conducted before the training for each MCG. MCGs were advised to select topics they had challenges on. Most MCGs chose the topics on advocacy, immunization, reaching every child using immunization tracking boxes and tracking cards. Most MCGs had new members as others had dropped out due to various reasons so topics on Mother Care Groups and group dynamics were also covered. MCG Training manual identifies training as one of the key pillars of the MCG.

Reflecting on the work of MCGs after the training in Ntchisi; the Extended Program on Immunisation (EPI) Coordinator Emmanuel Minjale said in 2019, Pentavalent Vaccine Coverage (PVC) for Ntchisi district was at 72%. Common problems included low coverage, high drop-out rate, high number of unvaccinated and under-vaccinated children. The establishment of 30 MCGs in the district has rectified above problems and positive impacts observed.

These include rise in male involvement during under-five clinics, under-five attendance has also gone up, antigens coverage has increased in areas with MCGs that previously had low coverage. This has

contributed to the overall district immunization coverage improvement rising from 72% in 2019



Kalulu Mother Care Group in Ntchisi after training

to 86% in 2023. Also, defaulter tracing, community sensitization and advocacy by MCGs has lowered dropout rates. This has resulted in reduction of number of under-vaccinated and unvaccinated children in the district. In addition; MCGs have lobbied for infrastructures in various health facilities namely; Maternity wing at Chinkhande, HSA houses e.g. at Chafumbwa, Vaccine stores at Nyanga.

Efrica Chikoya who is Vice Chairperson for Kalulu MCG in Ntchisi says “before establishment of the group; awareness on vaccines was low which affected access but now many children are being brought for vaccines. Again when we were starting our work in 2019; men involvement was nonexistent. But now men help by bringing children for vaccines. They also remind mothers about vaccine days. For those defaulting; we are able to track them. So access to vaccines has improved. Our only challenge is that we don’t have a building for storing vaccines and so temporarily use a tree shade for vaccines that have to be brought every vaccine day. The refresher training has helped to remind us about areas we were not doing well like knowing types of vaccines against diseases they prevent, when and how to receive a vaccine. In addition; we have refreshed on how to conduct advocacy effectively.



My role is to help build Kalulu vaccine storage centre and a house for HSA Senior Group Mkulira

Commenting on the benefit of MCG in his area; Senior Group Mkulira of Kalulu area who has been part of the MCG said “the role of MCG is helping to increase reach for vaccines, reduce preventable diseases and consequent deaths among children. Given our challenges here; my role is to ensure that a building for conducting vaccines and a house for the Health Surveillance Assistant is built for the area”



Access to vaccines has improved- Efrida Chikoya

According to Ministry of Health 2018 Guide for Reaching Every Child in Malawi; one of the key pillars is partnering with local communities to promote and deliver immunization services which best fit their needs. Immunization Agenda 2030; a global strategy to leave no one behind mentions coverage and equity as one of the six strategic priorities. This means ensuring that everyone is protected by full immunization regardless of location, age, socio economic status or gender related barriers. To achieve this; MHEN is working on the Mother Care Groups project funded by the Global Vaccine Alliance (GAVI) in partnership with the Ministry of Health through the department of Expanded Programme on Immunization (EPI)

NKHULAMBE HEALTH FACILITY CONCERNED ABOUT DRUG SAFETY

By Christer Kalukusha

Medicine need a conducive environment for storage. Having a large and well-ventilated room for a pharmacy is paramount for every health facility. However, this is not the case for Nkhulambe Health Centre in Phalombe District, whose facility has a pharmacy with less circulation of air in the room to keep the drugs safe.

Senior Pharmacy Assistant for Nkhulambe Health Centre Brian Ngalande underscored the need of a ventilator to keep drugs safe for their prescribed period of time before expiry at the facility's pharmacy. He made this call when Network of Journalists Living with HIV (JONEHA) visited the health Centre on 22 February 2024 for Community Led Monitoring (CLM) data collection which is being implemented by JONEHA in Phalombe and Mulanje districts.

“We have enough storage shelf space for all medicines, what is lacking is the cool temperature that is required for storing medicine because heat, light and moisture may damage our drugs since we can not install an air conditioner because our facility does not have electricity,” said Ngalande.

According to Master Supply Chain Transformation Plan (MSCTP) 2021-2026 by the Ministry of Health, erratic supply of electricity to health facility's compromises storage conditions of medicines related to temperature monitoring and cold chain.

There is no electricity at the new Nkhulambe health centre. The facility relocated to a new place which does not have power supply following the aftermath of Cyclone Freddy in March 2023 which washed away everything and prompted the relocation.

Ngalande also made an outcry on the absence of a three-lock system for the pharmacy, which brings out issues of transparency, accountability and security. “In order to maintain accountability and transparency regarding medicine accessibility, pharmacies are supposed to have three lock system, each of which has a key that is maintained with a different member of staff. This is because access to the pharmacy is contingent upon other individuals. Our pharmacy just has one door, which makes it easy for someone to break in and steal our medicines,” Concerned Ngalande explained.

The Senior Pharmacy Assistant therefore made a plea to well-wishers to come to assist in the challenges they are facing to ensure that medicines at Nkhulambe are being kept safely without worrying of damage or theft.



Nkhulambe health centre Pharmacy

PMRA TO SENSITIZE AND DESSEMIATE THE PMRA ACT OF 2019

By Starphel Sithole

The Pharmacy and Medicines Regulatory Authority (PMRA) says it is aiming at sensitizing the law enforcement agencies (Judiciary, Malawi Police Services) on the PMRA Act of 2019 that contains stiffer penalties on drug theft and pilferage.

Chrissy Chulu, Regulatory Officer for PMRA said the Regulatory Authority has this year prioritized the sensitization and dissemination of the PMRA act of 2019 to Police Officers, Prosecutors, Magistrates, Malawi Regulatory Authority (MRA) and other relevant stakeholders. This was revealed during the stakeholder interface meeting on drug stock outs organized by the Network of Journalists Living with HIV (JONEHA) on 31st January 2024 at Blue Waters in Salima.

She further said PMRA also plans to develop a communication strategy with an aim of sensitizing the general public and health service providers on the dangers of drug theft, access of pharmaceutical products from unrecognised sources and the community's ability to report any malpractice in health facilities related to medicine and allied substance pilferage.

During some meetings with the Magistrates and Police Officers in September 2023, the Network of Journalists Living with HIV (JONEHA) found that most of the law enforcers do not have the Act in their offices. Most of them revealed that they do not have knowledge on the PMRA act where others were using the soft copy of the Act.

During these visits the officers requested for the sensitization and delivery of the PMRA Act.

The Mulanje Police Officer, Alfred Chimthero Commended the initiative by the PMRA saying this will enhance their work and called for PMRA to orient the officers on the act.

“The delivery of the long-awaited booklet of the Act has to be accompanied with an orientation to everyone working at the police station or court to popularize it among the personnel. Observing that a fight against drug theft and pilferage involves every citizen; community sensitization campaign would also be necessary.”

However, the PMRA Regulatory Officer said that the dissemination of the PMRA Act of 2019 will meanwhile focus on the magistrates due to cost implication therefore there is need for other stakeholders to come in. She further called the stakeholders to help in sensitizing the act during their activities.



Quality Medicines for Malawi

NAC TAKES T=T TO THE MEDIA

By Palivikanthu Nkhunga

The National AIDS Commission (NAC) engaged various community media houses from 22nd January 2024 for 20 days to broadcast key messages about the Tizirombo Tochepa Thanzi (T=T) campaign to reach targeted audiences. The T=T campaign aims at reducing new HIV infections and AIDS related deaths by promoting treatment literacy, adherence and viral load monitoring among people living with HIV. It is based on scientific evidence that a person living with HIV, on antiretroviral therapy (ARV) and achieves viral load suppression or undetectable levels of HIV virus; cannot transmit the virus to a sex partner. Globally, T=T is known as Undetectable equals Untransmittable (U=U). The T=T campaign strategy 2022-2026 for Malawi was launched by the Minister of Health on 19th June 2022 at M'manga Primary School Grounds in Balaka District.

Miss Bertha Sato; who is the focal person for issues around people living with HIV at the



Bertha Sato: We want to reach T=T targeted audiences

National AIDS Commission and a member of the National Task Force on T=T said the objective of taking the campaign to community radios was to engage them to assist in reaching as many people as possible through an interactive live radio program within their catchment areas. She said among radio stations engaged were YONECO in Zomba, Mzati in Mulanje, Nyungwe in Chikwawa, Gaka in Nsanje, Radio Maria and Dzimwe in Mangochi, Blantyre Synod, Ndirande FM and Radio Islam in Blantyre, Bembeke in Dedza, Mudzi Wathu in Mchinji, Umunthu Radio in Nkhotakota, Chisomo in Salima, Yetu in Dowa, Mtunthama in Kasungu, Mzimba Community, Voice of Livingstonia Radio in Mzuzu and Tuntufye in Karonga.

Speaking soon after the broadcast at his station; Lewis Majamanda of Chisomo Radio said he felt this campaign is important in reducing new HIV infections in addition to other existing methods of prevention. He said as media practitioners “we have a responsibility to ensure everyone is reached with effective HIV messages”.

From Mzimba Community Radio Bentry Gondwe said the campaign is important for him because everything depended on one's health status. “For us as front liners in communication; we have a duty to ensure that we understand and share the messages to our audiences correctly for their improved health. Moving forward as a presenter I will align the campaign messages to my everyday broadcasts. Because every Malawian needs to know his/her HIV status and resume treatment for those who may have defaulted. We have a radio programme called Mwachitapochi dedicated to HIV and so in consultation with the ART Coordinator in the district I will make sure T=T messages are also broadcast”.

On her part Falesi Nthambo a reporter and presenter at Rumphu FM said the messages are enlightening for a healthy life. “As a broadcaster my role is to disseminate facts about HIV as demonstrated in the program where people were asking many questions to understand HIV and AIDS issues. So my role is to provide a platform for such discussions.

Through the program today many people have been empowered about the value of ART and how it helps reduce viral load in a body of a person living with HIV. Listeners also got to know about the importance of monitoring viral load to determine effectiveness of the treatment and appropriate medical support.

Tasha Kantande a reporter at Yetu Radio Station in Dowa started by confessing that as a media house they didn't know about T=T. But hosting the program has taught her what to be communicating on HIV and AIDS, ART. "So through the radio program I gave a chance to people to ask as many questions whose answers they needed to know about HIV and available ART treatment. The T=T campaign messages target many people including those that have influence like pastors so they also can be communicating what is scientifically right about HIV and the available ART. It also targets young people who can be sharing same messages with their peers. We have various programs including for women, men, youths or churches through which we will be integrating topics with the T=T messages. So church members for example will be sharing such messages among fellow members.



People are interested to know more about HIV and AIDS-Maureen Soko

Maureen Soko a producer and reporter for health issues at Tuntufye radio station in Karonga said her understanding about T=T is that if a person living with HIV takes ARVs correctly or as prescribed and achieve viral load suppression; cannot transmit HIV to a sexual partner. "So from the radio program I could tell that people are interested to know more about how they can mitigate against HIV and AIDS. They could comment that there is need to take treatment correctly as opposed to believing in faith healing or herbs. So my responsibility is to encourage listeners through health experts on what they don't understand to dispel misconceptions. From here I will continue doing health programs but now with the new T=T messages. What people need is the right information to dispel what is not true about HIV and AIDS which leads to transmission and consequently deaths".

For Davie Stanley Meja a presenter at Umunthu FM says their audience in Nkhotakota district is as vulnerable as anybody else to HIV and so they have a role to raise awareness against neglecting the right health information and promoting those in need to seek timely medical support.

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My role is to disseminate facts about HIV_Faless Nthambo

NKHULAMBE HEALTH CENTER CALLS FOR NEW HEALTH INFRASTRUCTURE

By Christer Kalukusha

Senior Medical Assistant at Nkhulambe Health Centre in Phalombe has bemoaned the destruction of the facility following Tropical Cyclone Freddy and called upon partners to help in the building of a new structure.

In March 2023, Malawi was hit by Tropical Cyclone Freddy especially in the southern region of the country. Cyclone Freddy left many people devastated as they lost their homes, loved

ones, crops and livestock were damaged, properties were washed away and institutions like health facilities were affected. Nkhulambe Health Centre in Phalombe District is one of the health facilities that was greatly hit by Cyclone Freddy.

A visit by the Network Of Journalists Living with HIV in March 2023 to assess the impact of Cyclone Freddy on health showed that at Nkhulambe Health Centre, the Anti Retro Viral (ART) Clinic and Pharmacy were completely destroyed, staff houses were also affected as they were filled with mud up to window level, hence the District Health Office (DHO) had to set up a temporary clinic at Nkhulambe Primary School due to the damage that the health facility encountered which was estimated at 75%.

Senior Medical Assistant at Nkhulambe Health Centre, Dixy Khando described the damage caused by the disaster as a great disruption to health service delivery at the facility as they had to relocate to a make shift health facility leading to struggles to



Tents Used To provide staff accomodation and Offer Services At Nkhulambe

operate fully. “Medicins Sans Frontieres (MSF) came to our rescue by setting up a temporary shelter, however the space is limited since we are operating on school premises, we do not have electricity which pushes our midwives to use torches at night, the pharmacy we have is also not well ventilated and the staff stays far from the facility which makes it difficult in times of emergencies,” said Khando.

...the space is limited since we are operating on school premises, we do not have electricity which pushes our midwives to use torches at night,

An article published by the National Library of Medicine in July 2023 on the impact of natural disasters on healthcare and surgical services in low-income countries states that natural disasters pose significant challenges to the provision and accessibility of healthcare services, especially in low-income countries. The aftermath of these disasters can lead to power outages, water shortages, road damage and communication system interruptions which can severely

disrupt health service delivery. Consequently, health care providers face numerous obstacles that can significantly impact their ability to deliver timely and appropriate care to those in need.

YOUTHS APPLAUD JONEHA'S CLM INITIATIVE IN MULANJE

By Archangel Nzangaya

Youths in Mulanje district have expressed optimism about improved quality health services delivery as Network of Journalists Living with HIV (JONEHA) has started collecting qualitative and quantitative data under its Community-Led Monitoring (CLM) initiative.

After Malawi's southern region was badly hit by cyclone Freddy in 2023, JONEHA announced plans to implement CLM initiative which seeks to empower community members, specifically recipients of care in Mulanje and Phalombe districts to advocate for quality health service delivery.

According to UNAIDS, CLM allows people affected by health inequities, particularly in HIV, tuberculosis (TB) and malaria, to systematically monitor services, analyse data they collect, and together with other key partners, conduct evidence-driven advocacy to improve service delivery, generate solutions and create an enabling environment.

Speaking at the onset of data collection exercise at Namulenga Health Center in the area of Traditional Authority (TA) Juma in Mulanje district on Tuesday, 27th February, 2024, 21-year-old Emmanuel Awufi said he is very confident that CLM project will help in addressing some of the challenges youths face when accessing reproductive health care and other health services.

Awufi who is a member of Tikondane Youth Club which accommodates over 60 youths from eight villages under TA Juma, said JONEHA's CLM has given them an opportunity to voice out their concerns and he says they can't wait to see some improvements in service delivery.

"CLM initiative which is being implemented here in Mulanje by JONEHA, has given us the youths, an opportunity to voice out our concerns and we want to thank this organization for the idea to bring this initiative here.

"We understand that after this, there shall be engagement meetings with other stakeholders and authorities where these concerns will be discussed and make some corrections. We are hopeful that at the end of this initiative, health service delivery will improve. There is need for a more conducive environment for us (youths) in our health facilities," explained Awufi.

He then mentioned frequent condom and other drug stock outs in health centers which he said sometimes expose youths to unprotected sex as some of the challenges they encounter when accessing reproductive health services at health facilities and lack of privacy.

On his part, Hastings Mwanza who is the Resource Mobilization and Advocacy Officer for JONEHA, assured people in the district of a platform for their effective participation in engaging duty bearers through evidence to ensure that there are improved health services, especially on HIV services and availability of essential medicines which CLM project is currently focusing on in the district.

"The project is being implemented in Phalombe and Mulanje and we are focusing on drug stock outs at health centers, HIV testing, Retention especially treatment interruption/defaulting, viral load testing and also differentiated service delivery models. In Mulanje, we were doing data collection because in CLM, communities are empowered to do routine data collection so that they should monitor health services delivery.

"The collected data will help them to analyse progress of various health programmes which will be followed by engagements with duty bearers to map the way forward on solving some of the challenges. This will really help to improving service delivery in health centers," said Mwanza.

Mwanza further pointed out that JONEHA's choice for Mulanje and Phalombe is because the districts were hit by cyclone Freddy which affected health service delivery.

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Malawi being a low-income country and NKhulambe Health Center facing some of the aforementioned challenges, the Medical Assistant called upon other well-wishers to assist them in other areas in which they are still facing problems.

“We call on other partners to help us with electricity

or help us rebuild the old structure and renovate the staff houses so that recipients of care are helped on time as we will be close to those in need like pregnant women to be assisted in a conducive environment unlike now where some deliver in the tents due to limited space that is available,” Khando suggested.



Tents Used To Offer Services At Nkhulambe

... understanding about T=T is that if a person living with HIV takes ARVs correctly or as prescribed and achieve viral load suppression; cannot transmit HIV to a sexual partner.

“In today’s program I dwelt on viral load monitoring which starts by knowing one’s HIV status; so

that if you are living with HIV; you need to be on ARVs and take them correctly as advised by health workers. One of the issues we were tackling is how to dispel misconceptions either through cultural or religious beliefs. Through the program which had active audience participation; many people asked questions through which they needed to understand about T=T. I believe this program and consequent messages which we will continue broadcasting on the campaign; many lives will be saved from HIV infection and death”

Jacqueline Kamwana ART Coordinator at Rumphi District Hospital who was part of the panelists during the broadcasts said its very important for me because the essence of an ART program is to improve the quality of life for people living with HIV by achieving suppression of viral load. The T=T messages will help to re-enforce the ART program. The campaign messages will reduce defaulting and contribute towards improved quality of life for people living with HIV. With this campaign; problems such as defaulting will reduce because recipients of care will be motivated to resume treatment to improve their quality of life because they will be more healthy and live productively like anybody.



Davie Stanley Meja “Many lives will be saved from HIV

INADEQUATE OR NO COUNSELLING EXACERBATES HIV SELF-STIGMA

By Starphel Sithole

While some people living with HIV have all along been subjected to stigma and discrimination; inadequate counselling during diagnosis and unreported self-test results have contributed to self-imposed stigma among people living with HIV. This was revealed during the Civil Society Organization engagement meeting at Linde Hotel in Dowa district on 29th February 2024.

During the meeting, Head of Coordination and capacity building at National AIDS Commission (NAC), Tione Chilembe said that self-stigma is still an issue in the country mostly because of inadequate counselling when one is diagnosed with HIV.

‘We have encountered a number of newly HIV diagnosed people experiencing self-stigma. These newly HIV diagnosed recipients of care do not normally belong to any Support group in the communities which affects their thinking. Recipients of care in support groups normally share their experiences of living with HIV and give each other hope but many newly HIV diagnosed shun away from support groups. Most support groups are comprised of those who have been on ART for long.’

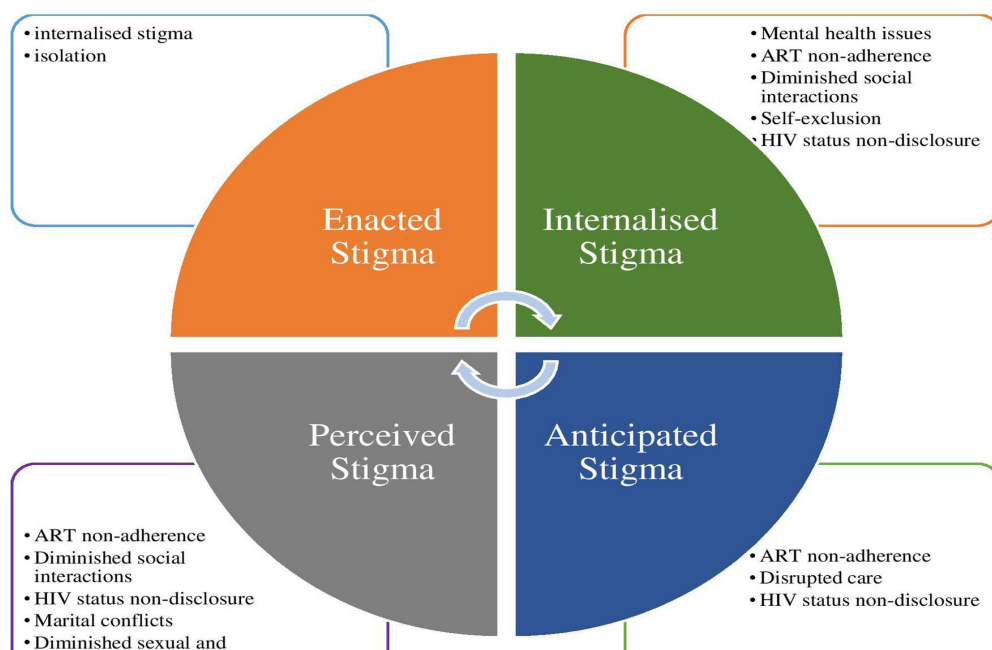
On the other hand, we have inadequate human resource in our facilities which affects the quality of counselling offered to those newly HIV diagnosed to support groups for peer support.

During the meeting; a participant from Y+ Malawi, concurred with the Head of Coordination saying most youths shun away from support groups for fear of HIV status disclosure when seen attending them. He then shared his experience when he was HIV diagnosed.

‘When I was being diagnosed with the virus 10years ago, I was given an extensive psychosocial counselling which helped me to remain on care. This also helped me to join a support group where I was able to interact with my peers. However, there is now weak psychosocial support in our health facilities which is greatly affecting the people’. He lamented.

He further said, test and treat is equally a contributing factor for internalized self- stigma which among other reasons facilitates treatment interruption. This is so because people do not fully accept their newly diagnosed HIV status and so they default.

Chilambe urged the CSOs to bring in some interventions that will engage all People living with HIV that is beyond expert clients who mostly attend some literacy trainings leaving out others. She also asked for more investment in psychosocial counsellors to improve the quality of counselling.



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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

Effective media advocate for quality health service.

MISSION

Ensure access of quality health care services for all.

OBJECTIVES

1. Build media practitioners' capacity on health care advocacy
2. Create an information resource hub for media practitioners
3. Engage media houses and practitioners for increased health advocacy
4. Advocate for health policy change
5. Promote positive health behaviors among media practitioners and their audiences at personal and occupational levels

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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.