

# JONEHA

NEWSLETTER

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## PUTTING FAITH HEALING ON THE NATIONAL TABLE

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Faith should not be a source of people abandoning the treatment....

## ••• Editorial

Welcome to JONEHA 2024 Quarter 3 edition. The lead story in this edition brings to light a national platform for addressing exclusive faith healing. For many years; claims of exclusive faith healing have been observed in many settings including Africa and Malawi. However; studies have shown that reducing new HIV infections is challenged by adherence to treatment. Reasons for people living with HIV to stop taking treatment include being prayed for and told to stop the treatment. This not only promotes HIV transmission but also causes deaths. During the Grace Bandawe Conference Centre meeting organized by the Blanyre Synod University, stakeholders including people living with HIV gave testimonies of negative experiences as a result of exclusive faith healing. And yet to illustrate value of combining faith and treatment when asked what made him live long; Canon Professor Gideon Byamugisha; the first religious leader in Africa to disclose his HIV status in 1992 says “I take my medicines as if prayers don’t work. I pray as if medicines don’t work too”

The argument against claims of exclusive faith healing is premised on both scientific and religious truth that “God’s gift of healing is occasionally experienced instantly or rapidly, but in most cases, healing is a gradual process taking time to bring deep restoration to health at more than one level.” So there are four spheres of healing: physical, mental, social and spiritual. No disease is confined to only one of these spheres in either its causes or effects, and neither should healing be. Thus; stakeholders at the meeting agreed to work on five priority areas including engagement, inclusion, greater and meaningful involvement of leaders of Pentecostal churches, prophets and apostles of such faith communities, to discuss claims of exclusive faith healing in a national meeting.

We applaud stakeholders at the meeting led by the Special Advisor to the President on Religious Affairs Reverend Brian Kenneth Kamwendo; to address the issue of correct messaging at national level. There are opportunities for Malawi to enhance dissemination of tools that already exist to address the issue of treatment adherence and misinformation about HIV including treatment. These are the T=T (Tizirombo tochepa Thanzi labwino) strategy and the HIV and AIDS Prevention and Management Act. We are encouraged by the interest of the highest office on religious affairs in the country and key stakeholders to facilitate expedited mobilization of all that need to be on the table.



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# PUTTING FAITH HEALING ON THE NATIONAL TABLE

By Chikowa Kamwatonga



Sheikh Dinala Chabulika the Publicity Secretary of Moslem Association of Malawi

Blantyre Synod University has challenged the faith community and key stakeholders in the HIV national response to mobilize for solutions towards an age old challenge of faith healing. Spearheading the agenda within the Synod is Professor Isabel Apawo Phiri. Speaking on the sidelines of the first phase of the national dialogue on HIV treatment versus exclusive faith healing workshop held at Grace Bandawe Conference Centre in Blantyre on 12-14th August, 2024 Professor Phiri started by explaining the background to the meeting. “You know the United Nations Joint Program on HIV and AIDS (UNAIDS) is looking at how do we reach the 95:95:95 targets? Remember one of these 95s is to prevent further infections so they are looking at what are the issues that are still outstanding which could promote an increase of new HIV infections. One of these issues is treatment adherence.

Research has shown that people are stopping taking medications for various reasons. One of these reasons is that they’ve been prayed for and they’ve been told to stop taking medication. As a result of that they begin to show opportunistic infections which leads to deaths and yet this could be

prevented. So this workshop is to explore what faith leaders, health service providers, academics and civil society can do to prevent the situation. This meeting has validated the reality of faith healing in Malawi as testified by people living with HIV, service providers and faith leaders themselves. The meeting created a safe space for reminding each other that there is the HIV and AIDS Prevention and Management Act (2018) which prohibits misinformation around HIV cure or treatment. So all participants have agreed to promote collaboration against exclusive faith healing. This position does not undermine the fact that God heals beyond the physical realm. Gods healing can be emotional or social. So people have to take their medication as prescribed by the service provider”

From a global stage the Executive for HIV Pandemics at the World Council of Churches in Geneva Gracia Ross says “the messages on exclusive healing by faith which is saying you don’t need your medications, you just pray and God will heal you is a message that some faith leaders are giving. This is happening in many countries in Africa, even in Asia and the United States of America.

There are many misleading messages and the consequences of this are that some people abandon the medication, they get sick and die. In the case of Malawi; it's even illegal to do this, but faith leaders ignore this. So the World Council of Churches is trying to respond to this by bringing the right information. For example; the effectiveness of HIV treatment.

Now we have the strategy of U equals U which in Malawi is T equals T which is very important. The key message in this strategy is that any person with HIV who is taking the treatment as prescribed by the service provider adherently and achieves undetectable viral load can no longer transmit. In this regard the churches should be helping the people living with HIV to stay on treatment. Faith should not be a source of people abandoning the treatment. Thus; we are doing this kind of workshops in many countries. We did it in Nigeria, Uganda and now in Malawi. We are going to do this also in Nicaragua and in Zambia because in all of these countries you have these misleading messages. In terms of support; there are some donations that come from the church itself but also from the UNAIDS PEPFAR initiative. We work mainly with two partners; the National Council of Churches and the networks of people living with HIV in targeted countries”.

Explaining their role in the initiative; the General Secretary of Malawi Council of Churches Reverend Alemekzeke Phiri said “we are here representing all the 37 protestant churches in Malawi because we are fully engaged in health related issues. As you know Malawi Council of Churches is one of the founders of the umbrella body of Christian Hospitals called Christian Health Association in Malawi (CHAM). We encourage member churches to be part and parcel of the healing process and have hospitals to be fully engaged in the fight against HIV and AIDS to ensure that they encourage both prayer and treatment.

This is the message that has always been with the council to ensure church leaders are very responsible in encouraging people on treatment adherence. Faith healing is a real issue and we are not making headway because in the faith sector there are some religious institutions that are not duly registered. As a result; they are not accountable to anybody.



Gracia Ross : We are doing this in many countries

We are facing problems because of these unregistered faith institutions.

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Alemekzeke Phiri: We are appealing to government to help us have people get the right message

## CSAF CALLS FOR GOVT TO GENERATE MORE DOMESTIC RESOURCES FOR HEALTH.

By Starphel Sithole

The Civil society Advocacy Forum (CSAF) has called for government's need to engage more private companies to enhance revenue collection.

During the launch of Health Financing Advocacy Plan at Capital Hotel on 31st. July 2024, The Network of Journalists Living with HIV Executive Director and former CSAF Chair, David Kamkwamba emphasized that health issues should be prioritized and sustained hence the need for adequate funding. Kamkwamba said Malawi needs to sustain the AIDS response and the need to generate resources domestically is high. "So we believe health is a priority for Malawi citizens, not only as a right, it's also an economic issue, because if you have healthy people, then they can be able to be productive and contribute to the social economic development. So we are saying, as a national system, let's sit together and see how we can locally get more resources to prioritize issues of health." Kamkwamba said.

Malawi's health sector is heavily dependent on foreign resources. In achieving the universal health coverage targets by 2030, the government allocated 328 billion kwacha to the health sector in the 2023-2024 financial year.

This represents a nominal increase of 35% compared to the 2022-2023 allocation of 243 billion kwacha. The increase is largely driven by additional resources from donors for development projects, among others. Again; Malawi falls short of the minimum 15% for health Abuja declaration; only having achieved 12% in the 2024/25 budget.

It is for this reason CSAF launched the Domestic Health Financing Advocacy Plan with an aim of contributing to domestic resource mobilization efforts towards the health budget, having noted that more of the resources in health are still from donors and government's contribution to health budget is still not sustainable.

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FROM PAGE 6

## Putting faith healing on the National table

This meeting is an eye opener in that we need to engage all faith leaders who are communicating the wrong message. The meeting has given us a foothold so that we can engage them with the right message. So we are appealing to Government to help us to ensure that people are getting the right message especially the unregistered faith institutions so we can move together”.

Sheikh Dinala Chabulika the Publicity Secretary of Moslem Association of Malawi who participated in the meeting had this to say on behalf of his constituency “Yes this meeting to me it’s like an eye -opener. I’ve been hearing about the faith healing but not up to this magnitude and it’s really touching. It’s the responsibility for each and every religious person to ensure people living with HIV are getting medication. Sometimes we religious leaders we just hear about the funeral of somebody but what has caused that death we don’t know. Now it’s an eye -opener that some of these people who are leaving this world today it’s because of that issue of absconding treatment or not adhering to the HIV treatment. The other thing is that I think we need to be passionate, if we can just do things without having a passion on this issue definitely we are going to lose people because we give a chance for those who are misleading people to continue doing that. But when we come out and discourage them; this thing will not be there anymore. Most of the people who are involved in faith healing are not here. We need to approach them. We need to engage them. We need to civic educate them. Some of these things are because of ignorance. So it’s our responsibility to civic educate the people to say look these two things are one. Faith healing and also getting the medication is just one. Don’t separate them because both are from God. So what has come out from this meeting is that we have got a responsibility to assure people that the medication that we are getting though not an HIV cure, but if taken adherently is very effective to the extent that the virus can be undetectable and the people can go back to their normal lives. They cannot transmit and so enjoy their family lives. So this is the main thing that people should know that the medication is very effective and we need to go and make sure each and every person with HIV must go and continue getting the medication”.

Miss Getrude Tayali Nthambala is a survivor of



Margret Chigona: When people living with HIV stop ART their immunity lowers

death that hovered over her life as a result of her experience with exclusive faith healing against HIV medication. During the meeting she shared a story of how a prophet led her into stopping taking the HIV medication and concentrate on prayers alone. But the opposite happened as her immunity lowered due to increased viral load. She was subjected to serious opportunistic infections including tuberculosis which almost took her life. At the edge of her life; some relatives took her back to a clinic where with appropriate medical care which included counselling; she resumed the HIV medication. It was due to this intervention that she has survived the threat that HIV if left unattended poses to life. Reflecting on the experience of exclusive faith healing today; she observes “doctors advise us really well that praying is important and no one is forced to stop doing that. But they also urge us not to stop treatment. I am still prayerful and I continue believing in God since the scripture says that we should always praise Him. But I am also always taking ARVs. Let me take this opportunity to urge all recipients of care not to stop the treatment we are given by service providers despite our belief in God. I am appealing to all religious leaders and followers, people in rural and urban areas who are on ART not to stop treatment while we are also being prayerful and believing in God. These two should be complimentary. The meeting we had today was very important for those of us living with HIV and on treatment. . We have been trained on the need to continue taking medication while we still believe in the word of God and being prayerful.

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FROM PAGE 7



## CSAF calls for govt to generate more...

Director for HIV, Sexually Transmitted Infections and Viral Hepatitis program in Ministry of Health Rose Nyirenda commended the initiative and further urged civil society to put more efforts in the implementation of the plan.

“The Advocacy Plan will help the Ministry to put efforts in domestic funding, however, the civil society can always contribute more. Apart from asking government, we can work together in implementing the plan. So it is not just about government, It’s also about Civil society taking a role in supporting government in some of these challenges.” Nyirenda explained.

The guest of honour at the launch Dr. Gerald Manthalu who is the Director of Policy and Planning under which implementation of the Health Financing Strategy falls added that Ministry of Health

needs to re examine the budgets and how we allocate the funds which can help in proper use of the available funds.

External resources for HIV in 2015 were about \$260 million from PEPFAR. The Global Fund procured nearly 100% of antiretrovirals in financial year of 2014-2015 and 73% of laboratory reagents.

The 2023-2030 National Healthy Financing Strategy outlines the pathways for financing universal health coverage activities with emphasis on aligning all healthcare resources towards Health Sector Strategic Plan 3 objectives and mutual accountability among stakeholders.

The strategy includes initiatives to mobilize resources, pull funds from UHC goals, enhance purchasing efficiency, and strengthen stewardship and data for health financing decisions.



Nyirenda - The Advocacy Plan will help the Ministry to put efforts in domestic funding

## BRINGING IMMUNIZATION CLOSER HOME

By Christer Kalukuska

In the outskirts of Malawi, lies Miyowe Village in Traditional Authority Chulu, Kasungu district. Miyowe had been stuck with low immunization rates leading to high mortality rates of under-five children and expectant mothers for years, up until 2019 when a solution emerged through Malawi Health Equity Network (MHEN) who trained a group of women dedicated and determined to bring change to their community.

Malawi Health Equity Network (MHEN) through its project targeting hard to reach areas with funding from Global Alliance on Vaccination and Immunization (GAVI) arrived in Miyowe empowering a group of women to become champions of health in their communities in coordinating immunization. MHEN trained a group of 30 women and Miyowe Mother Care Group (MCG) was formed. The women were equipped with knowledge on the importance of immunization, research and advocacy skills. Filled with newfound knowledge the 30 women started their job of advocacy determined to bring about change on the issues surrounding immunization in their community.

Through the training, the women began the journey of moving around door to door and holding community meetings sharing the new knowledge. This initiative helped in breaking down myths and misconceptions surrounding immunization that people had in the community. However, access remained a challenge. Miyowe MCG had discovered that distance to the nearest health centre remained a barrier for pregnant women and under-five children to get vaccinated.

“We learnt that so many people failed to get all the required vaccine due to the distance of 25 Kilometres to Chulu Health Centre where vaccination was administered unlike at our health post where the vaccine would be brought late and sometimes not enough for everyone as surrounding villages also came here for the vaccine”. Explained Modester Mndolo, chair lady of Miyowe MCG.

Therefore, Mndolo explained that she and her group with their expertise banged heads to come up with a solution to the problem. Inspired by their commitment to the well-being of their community, they decided to build a house for a nurse so that she would reside near Miyowe Health Post for easy reach to the locals.

“Through our advocacy we mobilised chiefs in surrounding villages through our Group Village Headman Chisokwe (GVH) to contribute towards building the nurse’s house and a sum of MK1,050,000, was collected to kick start the project”. Said Mndolo.

Miyowe health post being of service to 34 other villages, each village contributed

MWK 30,000

for the development including Miyowe. The project started in 2023 and by May 2024 Miyowe’s MCG dream became true as they now have a nurse within their



Kondwani Mutowa -EPI coordinator



Nurse's house built by Miyowe MCG

He also explained that the development goes beyond immunization. Having a nurse within reach means having a community free of many other diseases with the constant guidance provided by the nurse on prevention is better than cure.

Kasungu District Hospital Coordinator for Expanded Programme on Immunization (EPI) Kondwani Mutowa also commended the MCG's for the great work they are doing.

“Working hand in hand with these mothers has lessened our work since they are much closer to the villages than we are and noticing their monitoring and advocacy efforts bearing fruits like this makes us proud.” Said Mitowa

Miyowe MCG envisions expanding its health post to a health centre where everyone will be able to access any health care service and not just vaccination. They have therefore constructed latrines and door frames in preparation for the expansion.

community improving the vaccination status of the community. Mothers no longer walk long distances to get themselves or their children vaccinated.

Having the nurse within the community, Miyowe has started to register a higher number of children brought for immunization. For instance, between 2022 and 2024 various vaccination have gone up as follows respectively; only 15 children were registered for BCG in 2022 and in 2024 the number is now on 21, Bopv 459 and 485, Penta 459 and 485, MR1 124 and 220.

GVH Chisokwe is a witness of Miyowe's MCG fruitful efforts. He said through their advocacy Miyowe and surrounding areas haven't experienced any maternal or infant deaths in 2024 caused due to lack of immunization.



Miyowe MCG

FROM PAGE 8

## Putting faith healing on the National table

It has acted as a wakeup call and reminded us not to stop treatment at all cost because it has so many benefits. I am a living example of what it means to have HIV and stop treatment because of exclusive faith healing”.

Mrs. Margret Chigona; Blantyre District ART Coordinator validated the experience that Getrude Tayali Nthambala went through. That when recipients of care stop taking HIV medication; immunity lowers due to increased viral load. This exposes the recipient of care to opportunistic infections. She bemoaned a situation in Malawi where 98% of the population believe in some faith.

This includes faiths led by prophets who call for exclusive faith healing against HIV medication. This makes people living with HIV vulnerable to opportunistic infections and consequently death. She felt the meeting was important because it will help all religious leaders to share correct information to their followers about the ART treatment and faith healing.

The National AIDS Commission was represented at the meeting by Mr. Elias Chasukwa who expressed appreciation to the organizers for bringing together high caliber faith leaders to discuss the issue of exclusive faith healing against HIV medication. He said the topic under discussion was critical because it has affected a lot of recipients of care that were deceived that they were prayed for and cured so they were told to stop taking ART. But soon afterwards they started developing poor health problems due to lowered immunity as a result of increased viral load. He said some recipients of care who were not brought back to care have even been lost. He said as a nation this vice need to be addressed. “As requested by the Advisor to the President on Religious Affairs; the National AIDS Commission will submit a report with recommendations for actions to his office.

We are going to compile all the information that has been generated here and send it to the office of the Presidential Advisor on Religious Affairs. The critical area of interest was to organize a follow up higher level and more inclusive conference for all concerned parties to participate.

We will ensure that each and every leader who claims to be a faith leader participates including those that do not belong to organized institutions like the Malawi Council of Churches, Muslim Association of Malawi, Pentecostal and Charismatic Network Of Malawi, Prophetic Association, Seventh Day Adventists and Episcopal Conference of Malawi. We will reach such leaders through the Malawi Interfaith AIDS Association which was established to work with the faith institutions on issues of HIV and AIDS.

Speaking on behalf of her organisation; the Executive Director of the Malawi Interfaith AIDS Association Miss Pilira Ndaferankhande confirmed about the problem of exclusive faith healing in Malawi. She felt the meeting was productive because many faith members, CSOs, health workers and affected communities came together to discussing prayer versus the uptake of ARVs. “What we have agreed on is that prayer and ARVs should go together and we should also consider nutrition. We should therefore go around educating people on how treatment and prayer works complimentary. We have not said that people should stop praying or believing in God who heals. God heals in many ways. But it’s the same God that has been saying in Jeremiah 8:22, is there any Balm in Gilead? Is there no physician there? Why then is not the health of my people recovered? And it is the same Jesus who was going around with Luke, who was a physician.



Elias Chasukwa : NAC is going to submit a report to the Presidential Advisor on Religious Affairs

## RELATIONSHIP BETWEEN COMMUNITIES AND SERVICE PROVIDERS COMMENDED

By Goseph Ganthu

Traditional leaders, recipients of care and health service providers have commended the cordial relationship existing between communities and health facilities in all Citizen Science Community Led Monitoring and Advocacy (CS-CLMA) project catchment areas in Kasungu and Dedza districts.

The Network of Journalists Living with HIV (JONEHA) conducted a series of interviews with communities that included traditional leaders, recipients of care and service providers at Chulu, Mnyanja and Chamwavi health centers in Kasungu and at Tsoyo and Mayani health centers in Dedza on 18th and 20th June 2024 respectively to assess the impact of the CS-CLMA that started in 2021.

Prior to the project jointly run by the JONEHA and Malawi Network of Religious Leaders living with or Personally Affected by HIV and AIDS (MANERELA) funded by the Bill and Melinda Gates Foundation recipients of care complained of negative attitude of health care workers such as: scolding at comers, throwing away health passports, punishing a recipient of care who interrupted medication by assisting him or her at the very end of the business, not responding to any question from a recipient of care and late opening of the facility but with very early closing hours.

“All these bad practices are gone and we are very grateful to the CS-CLMA for empowering us with advocacy skills that have enabled the health care workers accommodate our concerns,” said Senior Group Village headman Mnyanja.

The Facility In-charge at Mnyanja Health Center Ulemu Banda in a separate interview with JONEHA commended the good relationship between the facility and the community as noted by their understanding in appreciating the shortage of staff and drug stock outs that are often due to bottle necks at national level.

“Unlike in the past recipients of care nowadays do not just rush into grumbling because they walk together with us through an effective health center management committee that acts as a bridge between the facility and community,” said the facility in-charge.

According to the THERAEX website; nurses with negative attitudes may become unapproachable or dismissive thereby hindering effective communication with recipients of care. It adds that the situation can lead to misunderstandings and anxiety and create an environment where recipients of care feel hesitant to ask questions or express concerns that are crucial for their care and recovery.

It concludes that the atmosphere can discourage recipients of care from being open about their symptoms or the challenges they are facing thus potentially impacting their treatment plans. The article further points out that it is not just about the words said but how those words are delivered. The nurse’s approach can be the difference between a recipient of care feeling ignored or genuinely heard and understood.



Ulemu Banda: Facility In-charge Mnyanja Health Center

# INCREASING IMMUNIZATION RATES THROUGH MOTHER CARE GROUP

By Judith Kasinja

While immunization is one of the important aspects for the foundation of one's health, it is often taken lightly and associated with so many misinformation. Kasungu District is one of the areas that had suffered so long with the reluctance of mothers to take their children for vaccination. This was due to myths and beliefs surrounding vaccines. However, with the coming of Mother Care Groups (MCG) established through Malawi Health Equity Network (MHEN) to coordinate immunization in the district, this is now a song of the past for Kasungu

In 2019, MHEN an alliance of Civil Society Organisations (CSOs) with financial support from the Global Alliance on Vaccination and Immunisation (Gavi) through Ministry of Health (MoH) embarked on a project to combat the reluctance of women to get their children immunized in hard-to-reach areas. MHEN trained 35 groups of women in Kasungu, comprising of 30 women each group, and named these Mother Care Groups (MCGs). MHEN empowered these women to advocate and educate fellow mothers on the importance of child health including immunization.

Upon being trained MCG's in Kasungu embarked on a journey to coordinate child immunisation, educating fellow mothers on the importance of vaccine and advocating for improved service delivery regarding immunization. The women conducted visits to individual mothers, while others mobilised resources to build structures for improved service delivery towards immunization.

Chanthunthu MCG in T/A Wimbe and Miyowe MCG in T/A Chulu are some of the Mother Care Groups who have built a clinic and a nurse's house respectively to bring immunization closer to their community. The two MCG's embarked on this initiative to lessen the distance travelled by mother's in their communities to the nearest health centre for vaccination. Residents of Chanthunthu used to travel a distance of 18Kms to and from Gogode health centre while those from Miyowe travelled 25 Kms to and from Chulu health centre which made others reluctant.



Miyowe MCG

A study conducted in Zomba on Primary Health Care Accessibility states that in Malawi an individual is considered to have access to health care if they are within an 8km radius to a health facility. It is also stated in the National Health Policy 2018 that , MoH will ensure that every sub-population has access to a health facility offering Essential Health Package (EHP) within a radius of 5km.

Kasungu District Environmental Health Officer(DEHO), Rudolph Zinkanda said MCGs are instrumental to the district when it comes to immunization. Working with them has brought a tremendous change in as far as immunization rates is concerned in the district. “We used to have immunization rates of around 60-70% but in the recent years our immunization rates have gone up to 85% which is a great achievement to us as a district.” Said Zinkanda

Last year Kasungu District Health Office was recognised by the Ministry of Health as one of

the districts doing better on immunization and was awarded for it. The District Environmental Health Officer attributed this achievement to the support rendered by the MCG’s in the district. He gave an example of the polio vaccine that the district administered which indicated that those areas/ health facilities with MCG’s had immunization rates of up to 95%.

MHEN is so far impressed with the results shown through the MCG’s. This was evident through a visit to Miyowe MCG which has proven to be a success in as far as immunization is concerned due to the remarkable work that the mothers are doing in making sure that every child is vaccinated thereby ensuring good health of their communities.

The success of Mother Care Groups in increasing immunization rates in districts underscores the impact community engagement has in public health initiatives. MHEN is working on this project in 9 districts across Malawi.



Rudolph Zinkanda-Kasungu DEHO

## LIFEMAPS STRENGTHENS ADVOCACY SKILLS AMONG RECIPIENTS OF CARE

By Patrick Jamasi

Citizen Science Life Maps (CS-LM) brought together Citizen Science Community Led Monitoring and Advocacy (CS-CLMA) data collectors and CS-LM participants strengthen the relationship between them in Kasungu and Dedza districts.

During the meeting held at Chikho hotel in Kasungu district on 18th September 2024 Life Maps Manager Ruby Ng'ong'ola Zolowele said as the two projects are phasing out end of this year, Life Maps Participants (LMP) and CLMA data collectors need to create a working relationship to be able to continually advocate for quality HIV services in facilities.

'It is the project that is phasing out and not the work that the project has been implementing. Recipients of care from the two projects need to come together and strengthen the relationship between them to bring out a coordinated and powerful advocacy even after the project has phased out. This is the more reason LM has brought together LMP and CS-CLMA data collectors to map the way forward on how to strengthen the relationship and sustain the works. What we want is that recipients of care (ROC) should think beyond International Treatment Preparedness Coalition (ITPC) and any other project that may come', Zolowele explained.

Being empowered during the implementation of the project, Participants agreed to work hand in hand with other partners even after the project funding.



Zolowele:CS-LM Manager

'We have been well trained and groomed for four years, we have been empowered to impact others and bring the change we want. As part of sustaining this project after funding, we will be able to engage community leaders to have platforms where we can be able to sensitize and advocate for the issues that we need change in.' One participant at Kasungu explained.

Chifuniro Misomali a data collector for Malawi Leader Personally affected or infected with HIV (MANELERA+) in Dedza district commended the initiative saying this meeting will help to sustain the work the two projects have been working on for the past four years.

'The principles of the project clearly states that CS-CLMA acknowledges that people are experts of issues that affect them and moves away from the notion that academic research and analysis is the only legitimate knowledge creation method, allowing us to lead in advocating for the issues that affect us. The establishment of Community Consultative Group (CCG) at district level will help us to sustain this project even after funding is gone. So this meeting has helped us as ROC to cement our relationship and reminded us that we are the game changers.' Misomali Explained.

**'It is the project that is phasing out and not the work that the project has been implementing...'**



## LIFEMAPS STRENGTHENS ADVOCACY SKILLS AMONG RECIPIENTS OF CARE

CS-LM is a three-year qualitative, longitudinal research project being implemented in Malawi and South Africa under the guidance of the ITPC which started in 2021 and will be phasing out in December 2024. CS-CLMA is a four-year project which is being implemented in 8 health facilities in Kasungu and 6 health facilities in Dedza with funding from Bill

and Melinda Gates through ITPC. The two projects aims at improving HIV service delivery and service uptake by the target population amidst the COVID 19 pandemic and to assess and generate evidence on the access gaps and HIV service barriers for people living with HIV/key populations in the context of COVID 19.



Life Map training in session

## STRENGTHENING COLLABORATIVE SUPERVISION AND REVIEW MEETINGS TO BOOST FIGHT AGAINST HIV AND TB

By Archangel Nzangaya

In a bid to strengthen its response to HIV and Tuberculosis (TB), Mulanje District Hospital has intensified joint supervision and review meetings which brings together key partners to identify challenges and address gaps affecting delivery of quality services.

ddressing district partners during an update meeting on HIV program activities held at Mulanje district; District Medical Officer (DMO) Lloyd Njikho emphasized the importance of joint supervisions and review meetings. He said they are crucial in checking

## STRENGTHENING COLLABORATIVE SUPERVISION AND REVIEW MEETINGS TO BOOST FIGHT AGAINST HIV AND TB

challenges faced in health facilities and addressing them jointly with the district's HIV and TB partners. Njikho further mentioned that through intensified joint supervisions and review meetings, the district aims to improve coordination among partners, enhance service delivery, and ultimately achieve the 2030 goal of ending HIV and TB.

“For HIV and TB programmes to do well, we need to conduct joint supervisions to see where gaps exist and map way forward on how we can jointly address existing gaps. We want to do things together with partners, considering that as a ministry, we are also interested in ensuring that the services are integrated.”

The DMO is of the view that intensified supervisions and review meetings, will help in addressing the high TB death rate, which he said remains a significant threat in the district, and reduce paediatric viral suppression, whose rates currently stands at 74%, far below the district's target of 85%.



Njikho—Together we can make a difference

Njikho then urged partners to come forward and support these two critical activities, adding, “We need to work together to achieve our goals. We cannot do it alone, but together, we can make a difference.”

Hastings Mwanza, Advocacy and Resource Mobilisation Officer of the Network of Journalists Living with HIV (JONEHA), one of the district's HIV and TB partners, emphasized the importance of collaboration in the fight against HIV and TB, noting that the Health Sector Strategic Plan 3 (HSSP3) encourages partners and stakeholders to work together, promoting one plan, one budget, and one monitoring & evaluation.

Mwanza highlighted the benefits of collaboration including improved coordination, cost-sharing, accountability and enhanced service delivery. He explained that joint supervision and review meetings will enable partners to learn from each other, address challenges together, and share information on service delivery.

“This collaborative approach will enable us to work together, share resources, and achieve more than we could alone,” Mwanza said. “By working together, we can make a significant impact in the fight against HIV and TB.”

He emphasized that the collaborative approach will help to reduce duplication of efforts, promote efficiency, and bring down implementation costs. Mwanza cited examples of cost-sharing among partners, such as contributing to refreshments, allowances, and fuel. He stressed that collaboration is crucial in achieving the 2030 goal of ending HIV and TB, and urged partners to maximise working together to achieve this goal.

By conducting regular joint supervision and review meetings, Mulanje district is taking a proactive approach to combating HIV and TB, ensuring that challenges are addressed promptly, and progress is tracked regularly.

## LIFE MAPS ADVOCATES FOR COMBINED PREVENTION

By Grace David

Health service providers in Kasungu and Dedza districts have urged recipients of care to make use of combined HIV prevention measures which include biomedical, behavioral and structural interventions designed to achieve HIV prevention in order to reduce the number of new infections.

During the Literacy training organized by the International Treatment Preparedness Coalition (ITPC) under Citizen Science Life maps (CS-LM) project, ART Coordinator for Dedza DHO Hiva Mkheviwa called the community to embrace the biomedical products which includes Post Exposure Prophylaxis (PEP), Pre-Exposure Prophylaxis (PrEP), Condoms and Lubricants, Voluntary Medical Male Circumcision (VMMC) and Treatment for prevention. He further said structural interventions such as Key population programming should be promoted.

‘Combining several protective strategies is more effective in reducing HIV incidence on a population. So let us use all preventive measures available against HIV transmission’, Hiva explained.

UNAIDS (2010) defines Combination HIV prevention as “The strategic, simultaneous use of different classes of prevention activities (biomedical, behavioural, social/structural) that operate on

multiple levels (individual, relationship, modes of HIV transmission, and to make efficient use of resources through prioritizing, partnership, and engagement of affected communities”

The ART Coordinator for Kasungu DHO, Mirriam Mkangala urged discordant couples to adhere to treatment and sustain their suppressed viral load to avoid HIV transmission to their partners.

‘People Living with HIV should not interrupt treatment to avoid high viral load. The term Undetectable=Untransmittable (U=U) locally known as Tizilombo Tochepa=Thanzi Labwino (T=T) means that people with HIV who achieve and maintain an undetectable viral load; the amount of HIV in the blood—by taking antiretroviral therapy (ART) as prescribed cannot sexually transmit HIV to others. So, treatment for HIV is a powerful tool in prevention. This also applies to those who are HIV negative; to always adhere to PrEP and also use condoms to avoid the transmission.’ Mkangala explained.

CS-LM manager, Ruby Zolowere further urged people living with HIV not to misuse the medicines or miss their appointments. She urged women living with HIV to participate in the Elimination of Mother-to-Child Transmission program.



LMP demonstrating T=T

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Citizen Science Life Maps is a three-year qualitative, longitudinal research project being implemented in South Africa and Malawi under the guidance of the International Treatment Preparedness Coalition (ITPC). In collaboration with its community partners, Malawi Network of Religious Leaders Living with or personally affected with HIV and AIDS (MANERELA+) and Networking HIV and AIDS Community of Southern Africa (NACOSA), the International Treatment Preparedness Coalition (ITPC) recruited a group of 40 Life Maps participants who are recipients of care living with HIV or belong to key or vulnerable populations, including Lesbian Gay Bisexual Transgender Queer (LGBTQ+) people and young people with funding from the Bill and Melinda Gates Foundation.

**'Combining several protective strategies is more effective in reducing HIV incidence on a population..'**



LMP After the meeting

# Get In Touch



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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 delivery.

## MISSION

Coordinate media practitioners for responsive health reporting and documentation.

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## 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.