

JONEHA

NEWSLETTER

COMMUNITY-LED MONITORING



NAC ZOOMS IN ON CLM IN MALAWI

See Page 5

CLM empowers communities to demand for improved services...

••• Editorial

Welcome to the 2025 Quarter 1 edition of JONEHA Newsletter. We value your readership and feedback.

In our front-page story; the Chief Executive Officer of the National AIDS Commission (NAC) zooms her reflections on Community Led Monitoring (CLM) in Malawi. We agree with her reflections for many reasons. First; because CLM is a practice that enhances human centered service delivery. Services are planned and implemented for improving lives of human beings. A person centered approach to service delivery therefore underlines the very reason for which such a service is provided. In communication as in many other fields targeting humanity; people are not passive recipients. They have feelings and choices expressed through feedback on any product given to them. CLM provides for such feedback from recipients of care and communities in general. In this process CLM serves as a bridge for communication between service provider, policy maker on one hand and the recipient of care or communities on the other. Secondly; CLM is a social accountability tool. Key in this accountability is quality of service. Often planners and implementers may talk about this element but the test of their intentions is best captured in the perceptions of recipients of care on a particular service delivery area. Beyond all these reasons therefore; CLM holds duty bearers accountable; leading to improved service delivery.

However; CLM being a relatively new practice in Malawi needs managing. This is more so as the playing field for CLM continues to attract more players and stakeholders. There must therefore be a referee to ensure game play is responsive to set standards. It is for this reason that we applaud NAC as the national coordinator of the HIV national response to spearhead coordination of CLM. We trust this will bring sanity, promote use of tools that speak to national priorities in mitigating the HIV response in Malawi. We further applaud NAC for fronting MANASO as representing communities and CSOs actively working on HIV to facilitate CLM coordination. So far; our observation has been that CLM implementers have demonstrated their commitment to the cause. They have done this with a measure of transparency to present what they are doing, where, how, level of funding and its source. We can only hope that with coordinated tools and a unified approach; CLM will continue to demonstrate its positive contribution to the national response.



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NAC ZOOMS IN ON CLM IN MALAWI

By Chikowa Kamwatonga



Dr. Beatrice Matanje

On 7th March 2025; Community Led Monitoring (CLM) implementers coordination platform held a review meeting at Sunbird Livingstonia Beach Hotel in Salima. CLM coordination in Malawi is spearheaded by the National AIDS Commission (NAC) and facilitated by the Malawi Network Of AIDS Service Organisations (MANASO). After the meeting; JONEHA Newsletter heard the Chief Executive Officer of NAC Dr. Beatrice Matanje; reflect on various aspects of CLM in Malawi starting with her understanding of the subject matter:

CLM IN HER WORDS

So community-led monitoring is an important approach or an important tool that empowers communities to demand for improved services or for quality services so that the outcomes that they have in the interventions or the outcomes that come out of interventions for which the service providers, the duty bearers are standing should be in line with their needs as well.

I must say that it is one way of implementing human-centered design of programming, because we should not just be doing things from our perspective in the offices without allowing the communities to be in the forefront to express what they feel or to express how they want to be managed, but also to track down how implementation is going on. So for me, I think what I see is really that there are a lot of excellent interventions that have been designed, but in terms of implementation, we lag behind.

SOME OF THE CONSTRAINTS IN CLM

Sometimes we don't have resources for people to be moving from Lilongwe to go down to the communities to be monitoring, when actually the communities could be empowered to do their own monitoring. In any developmental issue, and health is one of them, if the communities are effectively taking part in its monitoring, maybe the outcomes could be better than what we see.

MOTHER CARE GROUPS: INCREASED IMMUNIZATION RATES

By Starphel Sithole

In the outskirts of Dowa district is Thonje Village. Thonje had been struck with low immunization rates leading to high mortality rates of under-five children and expectant mothers for years, up until May 2024 when the Malawi Health Equity Network (MHEN) trained a group of voluntary women dedicated to monitoring children for immunization and bring change to their community.

Through its project targeting hard to reach areas; MHEN with funding from Global Alliance on Vaccination and Immunization (GAVI) arrived in Thonje empowering a group of women to become champions of health in their communities in coordinating immunization. MHEN trained a group of 20 women and 1 Traditional Authority from the community which formed Thonje Mother Care Group (MCG). The women along their traditional leader were equipped with knowledge on the importance of immunization, research and advocacy skills. Filled with the newfound knowledge and skills the 20 women started their role of advocacy with a determination of bringing change on issues surrounding immunization in their community.

After the training the women started moving door to door and Community gatherings to sensitize communities on immunization and its importance. This helped to curb the myths and misconceptions about immunization. The women also collected data on children who are supposed to be enrolled on immunization. This helped to identify and follow up on those that have defaulted and the zero-dose. Aside the myths and misconceptions around immunization Thonje MCG had discovered that distance to the nearest health centre and lack of infrastructure remained a barrier for pregnant women and under-five children to get vaccinated.

“The Mother care group learnt that many mothers fail to have their children get all the supposed vaccines due to long distance covered when going to facilities, mothers had to cover about 20 Kilometres to access Vaccines. Sometimes the health care workers report late for work because they reside outside Dowa district as there is lack of infrastructure; workers’ houses and vaccine shelters at the facilities.” Explained Rolina Phiri Chairlady of Thonje MCG



Rolina Phiri

To curb the challenges faced, the MCG engaged the local leaders in their communities to mobilise the community to contribute towards the construction of the houses and vaccine shelters.

“Through our advocacy and skills from MHEN we mobilised chiefs in surrounding villages using our Senior Group Village Head (GVH) to contribute towards building the service providers’ house and vaccine shelter. The process of mobilizing communities to contribute is still underway. The vice secretary, Elube Levison highlighted.

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FROM PAGE 5

NAC ZOOMS IN ON CLM IN MALAWI*So What Is There For CLM to show?*

So far we have seen that as an outcome of, or as an output of what community-led monitoring structures are doing in the communities, in some districts, we have seen the construction of fences around the ART clinics because people felt like there was no privacy and they demand from the district health offices or from the district councils for a construction of a fence, for example. There are also issues like maybe construction of extra rooms because there were not enough rooms for service delivery. Now, you may think that CLM is all about construction, but we don't always have money to construct new things. There are also the soft outcomes. For example, in some health facilities or some districts, we have seen that communities are able to say, now there's an improved opening times for the health facility. Because if the communities that were doing the monitoring, or if there's a team, or committee doing the monitoring, and they found that people are not being serviced, maybe 10 O'clock the clinic is not open, or 2 O'clock the clinic is closed, and they bring it up as an issue because it shows on the monitoring tools.

So; part of it is not just to monitor, but after monitoring, whatever is found, the findings are shared with the duty bearers. They have been empowered to go to the district health offices, to go to any member of the district council, or any duty bearer, to express what they are finding, and also to discuss and dialogue with them, and to be assured of what action will happen.

So in the follow-up meetings, or in the consecutive meetings, there has also been feedback that yes, now after we expressed ourselves, we have seen that the opening times have changed. So that, for me, is a softer but an important output. So the impact of CLM is not only to see processes change. Yes, we need the process outcomes but also the impact on the HIV programming itself or the HIV outcomes. For example, treatment adherence. If someone knows that when I go to that facility, I will be respected, there will be privacy, and I will be able to collect my medications without any stigma, or without my privacy being violated, then they're likely to come without missing appointments. And if they don't miss appointments, it means they are going to be in line with how they are supposed to take their medications.

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Citizen Science CLM Community Consultative Group members after discussing community findings

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☛ Mother Care Groups: increased immunization rates

Group village Kadziweni on behalf of Senior Chitsalino, of Mawelu Village is a witness of the impacts of the Mother Care Groups. She commended that through sensitization and advocacy the group that they have managed to bring back children who defaulted. He explained that the group has brought 12 children who were on zero dose and 11 defaulters.

MHEN is implementing the one year project on identifying the zero dose children and strengthening routine immunisation in four districts; Blantyre, Mzimba North, Dowa and Mchinji

“We mobilised the community to contribute towards building the service providers’ house and vaccine shelter...”



Thonje Mother Care Group members

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NAC ZOOMS IN ON CLM IN MALAWI

So treatment adherence improves, and when adherence improves, the viral load suppression is achieved. And once there is viral load suppression, the likelihood of passing on or transmitting HIV is very minimal. So we know that at the end of the day, we want to reduce the number of new

infections, and one way of reducing the number of new infections is making sure those that are living with HIV and on treatment, do it faithfully, they adhere well, they reach viral load suppression, and they do not pass on the HIV.

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CLM Focus Group session underway at Chimwawa in Chiradzulu district.

INCREASING IMMUNIZATION RATES THROUGH MEN INVOLVEMENT

By Christer Kalukuska

In a Malawian cultural context, men are supposed to be the bread winners and women take care of the children's health which involves vaccines and immunization processes. Child health in Malawi is perceived as solely a mother's responsibility.

Like many men in his community, Matthews Magombo the husband to Cecilia; Secretary of Grace Care Mother Group (MCG) in Dowa district has never considered taking an active role in his children's health. However, the coming in of Malawi Health Equity Network (MHEN) with MCGs in the community; gender norms within his community began to shift. Matthews got into a profound transformation—challenging long-standing beliefs about men's role in child health.

“With all my children, I never went with my wife for her vaccinations because I thought mothers were responsible for that,” Mathews recalls. “But now I understand how important it is. That fathers also play a crucial role in ensuring their children get all the support in the process of their growth. Thus; the initiative by MHEN through our women has challenged entrenched norms by promoting awareness and encouraging fathers to take part in child health care decisions.

Deustedit Siment; a Health Surveillance Assistant (HSA) for Kainja Health Centre where Kainja Mother Care Group is operating emphasises continuous sensitization by the Mother Care Groups.

“MCGs have engaged parents on every platform; door to door, follow ups, markets, community gatherings led by the Traditional Authorities (TAs).

In this way even churches and mosques are shifting the perception that health care is solely a woman's duty. An experience achieved through ongoing, community-wide sensitization. This effort seeks to create a more inclusive approach to child health care especially immunization which empowers both mothers and fathers.

As health care workers we consider men who come with their children to go first before women which has encouraged men and increased the number of men's participation thereby reducing mortality rates of children in the community. It's not easy for everyone to understand that fathers must be involved, but the training by MHEN to the MCGs has greatly impacted our communities as much as immunization is concerned.” Simenti acknowledged.

Kenius Mkanda Cold Chain Technician at Dowa District Health Office who supervises issues of immunization there highlights this positive change.

“There has been a remarkable increase in child immunization through the initiatives that MHEN brought, especially male



Chief Kainja.

involvement. Fathers are gaining more knowledge about immunisation and now bring their children without hesitation.”



Deustedit Siment

In October 2024 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 4 groups of women in Dowa, each comprising of 20 and one Traditional Authority (TA) and named these Mother Care Groups for identity according to their area of origin. MHEN empowered these women to advocate and educate fellow mothers on the importance of child health including immunization and sensitize men on the importance of participating in Child health care.

“In this context, male involvement encompasses not only attending appointments but also providing other critical forms of social support, such as helping with transportation, arranging childcare and ensuring the entire family is informed about the benefits of immunisation.”

The results are clear. From October 2024, the number of fathers attending child welfare clinics has increased and the number of immunization rates has also increased from 70% to 92% in all the facilities that MHEN has introduced MCGs; Chankhungu, Grace, Kainja and Thonje facilities.



Grace MCG members

NAC ZOOMS IN ON CLM IN MALAWI

Can CLM Be Used Beyond Health?

Yes, because here we are talking of a health service program that is using CLM and specifically HIV program. But CLM can be used in other areas as well. I am a board member of World Vision Malawi World Vision Malawi uses what they call community voices and action. Community voices and action also empowers communities to raise their voices, to monitor something. They also use scorecards. They also monitor indicators. Health indicators, education. indicators, nutrition indicators, gender equality indicators, and also wash indicators,

which is water and sanitation and hygiene indicators. They have all these areas and once alongside all the technical programs or thematic areas, they have found out what is going on. They also engage with the duty bearers to demand or to agree on the action points and follow up on the outcomes of those dialogues. I observed this when I went out with World Vision just to assess things that are going on the ground. When I saw it, I was like, this is the same CLM that we are doing in HIV programming or in the monitoring of HIV led by communities.



2025 Quarter 1 CLM Coordination review meeting in progress

NAC ZOOMS IN ON CLM IN MALAWI

Deesn't CLM Need To Scale Up In Malawi

Indeed; CLM is relatively new. I think we are currently in only 13 districts and around 154 health facilities that have communities being involved in monitoring service delivery interventions at both community and health facility levels. What I would like to see is that in the districts, even if there are no partners, because mostly these have been supported through Global Fund, through UNAIDS, through CDC, Bill and Melinda Gates Foundation and other partners. But I want to see this as a strategic initiative, as a stimulant. The tools that are being developed through these specific projects should be able to scale up, to be used as routine monitoring tools by the communities.

So at the district council through the District AIDS Coordinating Committees; can take up this as a responsibility whereby when they are doing self-monitoring because NAC supports the district councils with self-monitoring of HIV programs; so when they are doing self-monitoring they should also work with the communities. Maybe empower the communities to monitor what the communities are doing. And we would like that whatever they are doing should be shared with us. Previously they were sending reports to their funders or they were sending reports to the implementing partner. As NAC, we are developing standardized tools so that when each partner, regardless of who is funding them, is doing this, the data should be coming to NAC. We should be able to monitor what is going on and we should be able to advise and guide in a standardized manner. That's why we are part and parcel of these CLM Coordination review meetings so that we are supporting what is going on nationally. If we leave it at implementing partner level, chances are high that others will just be doing one thing and others yet another thing. We have already seen others doing different levels of indicators. Others are comprehensive, others are on one specific area according to what the funder wants. But what the funder, if there's any funder, wants should be minimal. But the comprehensive package should be according to what the country needs.

And what the country needs now is integration.

What Is Integration in CLM?

We would like to move towards integration. If we are monitoring, let's say, uptake of some service, but while there we find that there is a nutrition issue; we don't need to pay a blind eye. The tool should be able to support communities to monitor the other areas as well. So what we want to do is to come up with comprehensive and integrated tools for monitoring what is going on at community level. Whether it's a Non Communicable Disease (NCD) or HIV but using the funding that is available. This for me is leveraging both the resources and the empowerment that the communities have already been given. Those that were implementing the PAMODZI project, which is a CLM project under USAID can no longer do that now with that funding. But even without that funding, the empowerment that communities have been given to monitor and raise voices should continue. They should not stop monitoring because there is no money. Maybe certain things will stop because no one can come from the central level to come and visit them. But can't the community organize itself with the support of the district council to continue with the work that they started?

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RELIGIOUS LEADERS TOLD TO DESIST FROM INTERRUPTING IMMUNIZATION.

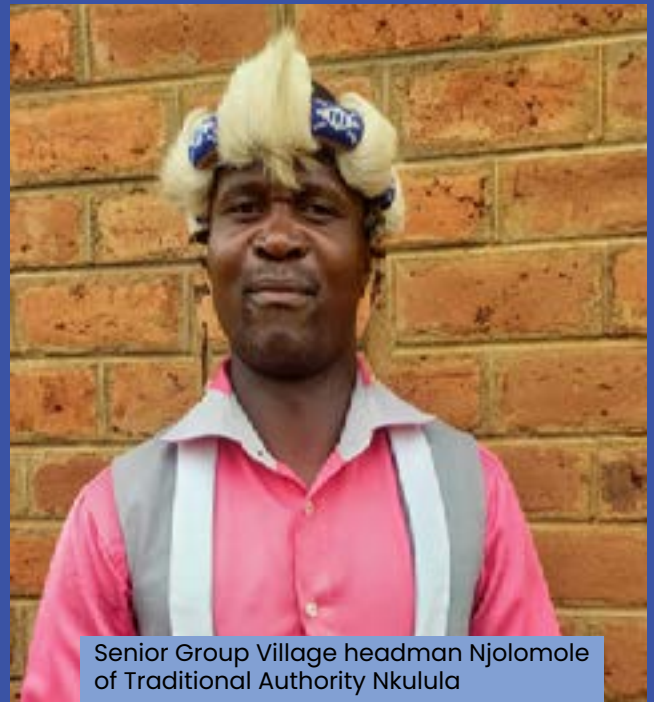
By Maggie Chisi

While most major religions do not explicitly prohibit vaccination and immunization, some churches and individuals cite religious beliefs as a reason for opting out of vaccines. A case of Dowa district where Malawi Health Equity Network (MHEN) is implementing a one-year project on Zero-Dose identification and strengthening routine immunization.

MHEN formed 4 Mother Care Groups (MCGs); Kasinja, Thonje, Grace and Chankhungu where each group consists of 20 women and 1 traditional leader from the community. MHEN empowered these women to sensitize, and advocate for fellow mothers on the importance of child health including immunization.

In all four Mother Care Groups it was discovered that among the reasons that influence mothers in the communities not to take their children for immunization religious beliefs is one that ranks highly.

Vice Chairlady for Chankhungu Mother Care Group, Mercelina Vison explained that some churches like Zion do not allow their followers to visit hospital facilities regardless of the situation.



Senior Group Village headman Njolomole of Traditional Authority Nkulula

“During the sensitization and door to door follow ups in the communities we discovered 20 children on zero dose and all were from families that follow churches with strict faith healing and do not allow people to visit the hospital facilities.” Vison explained.

Adding to her remarks, Elizabeth Biliati from Thonje Mother Care Group said apart from long distance, religious beliefs is the main reason for immunization interruption. She therefore called for stakeholders to engage communities and civic educate mothers to lead with the purpose of prioritizing child immunization.

“It is sad that some religious leaders entice their followers to ignore immunization with an understanding that God is the only healer but, in the end, we continue to lose our innocent children to different diseases. We have noted that mostly people live their children without care, they develop a carefree attitude towards immunization and their children’s health altogether. It is therefore imperative that we develop civic education campaigns across the country aimed at mindset change as this does a lot of damage to developmental work of a society.” Biliati said.



Chankhungu MCG members

To overcome these challenges, Mother Care Groups work hand in hand with the Traditional leaders to impose punishments for parents who do not take their children for vaccination when discovered during the door-to-door sensitization. Senior Group Njolomole of Nkulula Traditional Authority in Chankhungu commended the Mother Care Groups for putting to light such practices in the community.

“Before the Mother Care Groups, we didn’t know about such churches restricting their followers to immunization. When they started working, they explained to us how religious leaders operate and we took a step in questioning them and putting in place some punishments to the people who conduct self pregnancy delivery and not allow their children get vaccinated at designated centres. Through this movement we managed to bring back all the children who had interrupted and those on zero dose back to immunization.

Kainja Mother Care Group brought back 8 defaulters and 7 on zero dose, Chankhungu MCG brought back 39 defaulters and 20 zero doses, Grace MCG followed up on 519 children where 6 were on Zero dose and Thonje MCG had brought back 11 defaulters and brought to care 12 children who were on zero dose.” Njolomole explained.

MHEN with financial support from the Global Alliance on Vaccination and Immunisation (Gavi) through Ministry of Health (MoH) embarked on a project in October 2024 to combat the reluctance of women to get their children immunized in hard-to-reach areas. The project is being implemented in Dowa, Mzimba North, Mchinji and Blantyre.



Elizabeth Biliati

FROM PAGE 13

NAC ZOOMS IN ON CLM IN MALAWI*How is CLM in Malawi Mainstreamed?*

So CLM is aligned with pillar 8 of the Revised and Extended Malawi National Strategic Plan for HIV and AIDS 2023-2027 (NSP), which is resilient and sustainable systems of health. And what is happening with CLM is in line with what we wanted as a nation. That's why it appears within the NSP. However; the initiation or making sure that this thing has started, for example the training that the people needed has been supported by partners. But after this, people will not be trained forever. Whatever has been started, will be taken as a strategic initiative, meaning an initiative that should be continued? Can the government, take it up to make sure that we continue with it? So there are partners, affiliates that we work with.



can we make sure CLM is integrated?

We work with MANASO, we work with Civil Society Advocacy Forum (CSAF), we work with the Malawi Interfaith AIDS Association (MIAA), we work with the Malawi Network Of Religious Leaders living with or affected by HIV (MANERELA), we work with Network of Journalists Living with HIV (JONEHA) etc. Within the work that all these affiliate bodies do in CLM, can we make sure it's integrated? So it should be mainstreamed, as in everything that we are doing, let's mainstream CLM rather than taking it as a project.

'Within the work that all these affiliate bodies do in CLM, can we make sure it's integrated? So it should be mainstreamed, as in everything that we are doing, let's mainstream CLM'....

NAC ZOOMS IN ON CLM IN MALAWI

What is Sustainability of the HIV Program in Malawi?

In every area we need to sustain the gains that have been made. And for HIV and AIDS, there are a lot of milestones that have been achieved. For the last four decades since HIV was known in Malawi and globally, we have seen that we have moved from so many deaths in a year to reduced level of deaths, it's almost a 79% reduction in new infections and also a considerable reduction in deaths. But what we don't want is once there is no external funding, then all that gain should be neutralized. So sustainability is about country ownership, country-led, but also increased domestic financing. Currently there is a sustainability roadmap whose part A with high-level outcomes we had already developed, but maybe our thinking was that it's going to be a smooth transition between high external dependency to the country's domestic financing. While with what happened in January 2025, we have seen that in certain areas like prevention programs we have been forced to move very fast towards increased domestic funding, if we can, so that these services can be sustained, especially the outcomes.

So the questions we should be asking ourselves are: Are we sustaining the impact, are we delivering at the same level? Maybe the answer is no. Maybe some areas need more resources. Maybe we can look at how can we make it with less resources but achieve the same efficiency. For example, if we were dependent on partner staff that were receiving high salaries but now maybe we are going to deploy government staff but doing the same work as long as we don't compromise on quality. So let's sustain the impact without compromising the quality. But also looking at how can the government lead on what interventions are cost effective, what interventions we should focus on, and what we should be asking for help and support while we are leading in the process.

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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.